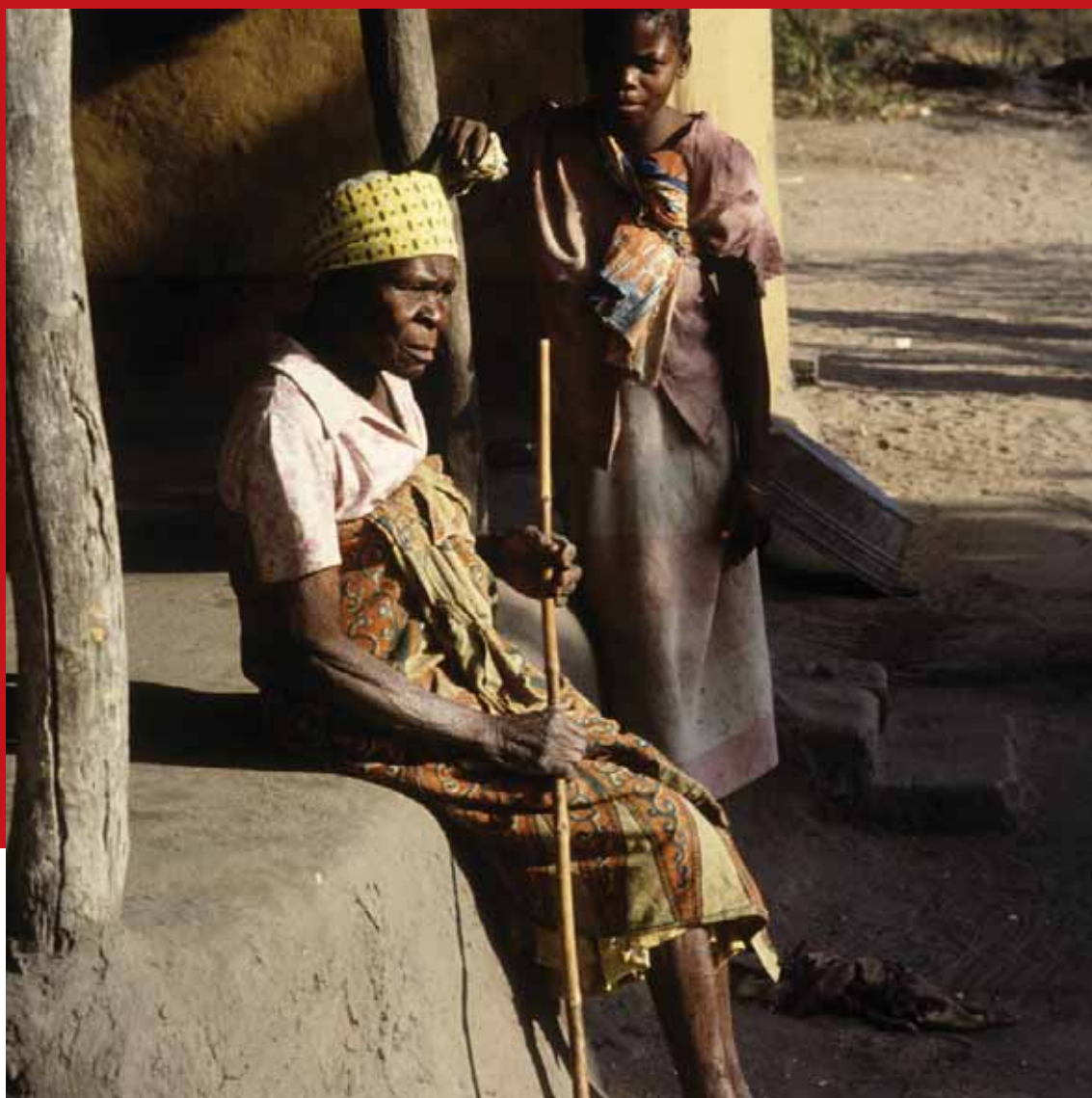


# POPULATION AGEING IN MALAWI: UNDERSTANDING CHALLENGES, RESPONDING TO OPPORTUNITIES



**Proceedings of the meeting organized jointly by the Bingu Silvergrey Foundation for the Elderly and the Food and Agriculture Organization of the UN**

**Lilongwe, Malawi, 28-29 November 2007**

Suggested citation:

FAO and BSF, *Population ageing in Malawi: understanding challenges, responding to opportunities: Proceedings of the meeting held in Lilongwe, Malawi on 28-29 November 2007* (FAO-Rome, 2008).





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# ACRONYMS AND ABBREVIATIONS

<b>ADMARC</b>	Agricultural Development and Marketing Corporation
<b>AIDS</b>	Acquired Immunodeficiency Virus
<b>ASSOM</b>	Aged Support Society of Malawi
<b>AU</b>	African Union
<b>AU SARO</b>	African Union Southern Africa Regional Office
<b>AWEDA</b>	Aged Welfare and Development Association
<b>BSF</b>	Bingu Silvergrey Foundation for the Elderly
<b>CBO</b>	Community Based Organization
<b>DAES</b>	Department of Agricultural Extension Services
<b>CSO</b>	Civil Society Organization
<b>ECOST</b>	Elderly Community Support Trust
<b>FAO</b>	Food and Agriculture Organization of the United Nations
<b>FBO</b>	Faith Based Organization
<b>GDP</b>	Gross Domestic Product
<b>HIV</b>	Human Immunodeficiency Virus
<b>HOFE</b>	Hope for the Elderly
<b>MBC</b>	Malawi Broadcasting Corporation
<b>MGDS</b>	Malawi Growth and Development Strategy
<b>MIPAA</b>	Madrid International Plan of Action on Ageing
<b>NAC</b>	National AIDS Commission
<b>NGO</b>	Non-governmental Organization
<b>SADC</b>	South African Development Community
<b>UN</b>	United Nations

# 1. BACKGROUND

Population ageing – the increase in the proportion of older people in a population – is fast becoming one of the main demographic processes shaping the world today. Population ageing is a major achievement of modern society: we can all expect to live longer than our ancestors. However, population ageing also poses major challenges for society as a whole. In Malawi, where the process of population ageing is in its infancy, older people are increasingly recognized as a group particularly vulnerable to poverty, food insecurity, social exclusion, and generally poor living conditions. The majority of the elderly population in Malawi are perceived as being vulnerable because they are often not able to change their situation should unexpected shocks occur. Furthermore, the high prevalence of HIV/AIDS among the reproductive age groups in the country exacerbates the burden borne by older persons as this not only deprives them of support from the younger generation, but it also increases their responsibilities as care givers and economic producers. These factors cause immense hardship and suffering for the elderly, notwithstanding their resilient character.

In recent years, policy makers at all levels, as well as development practitioners working with poverty reduction, social protection, health care, education, agriculture, rural development and related fields, have become increasingly sensitive of the need to develop specific welfare interventions to improve the well-being and economic security of the growing numbers of older Malawians. The president of Malawi, Dr Bingu wa Mutharika, recognising the contribution that the elderly population are making – socially, economically, politically, culturally and ecologically – has devoted and established the Ministry of Persons with Disabilities and The Elderly to tackle these issues at policy level as well as operationally. This recognition is one of the main reasons for convening this meeting in Malawi in collaboration with the Bingu Silvergrey Foundation for the Elderly (BSF), and it is in line with the FAO mandate to raise levels of nutrition, improve agriculture and better the lives of rural people of all ages.

Since 2006, FAO has been implementing activities in Malawi under the project *Building the Capacity of Agricultural and Natural Resources Sectors for Effective Implementation of the Malawi Growth and Development Strategy (MGDS), with Special Focus on HIV and AIDS*. The project has been made possible through funding from the Government of Norway and is being implemented by an FAO interdisciplinary taskforce (comprising the FAO Representation in Malawi and several technical units in FAO headquarters in

Rome) in close collaboration with the Government of Malawi and numerous national as well as international stakeholders and partner organizations. The joint BSF-FAO meeting on population ageing, which was held in Lilongwe on 28-29 November 2007, was organized as part of this project. The meeting was a follow-up of an FAO workshop held in July 2007 in Lilongwe, where preliminary results of an FAO-led study on population ageing and livelihoods in rural and peri-urban Zomba district were disseminated. One of the recommendations made at this meeting was to hold a national meeting on population ageing in Malawi, in order to: (a) share experiences and the results of the FAO study with others working with or interested in ageing issues, (b) create a network of individuals working with population ageing.



## 2. AIMS OF THE MEETING

The overall aim of the meeting was to contribute to promoting the empowerment of elderly in Malawi by assessing the dynamics of the ageing process of the Malawian population and its implications for food security, livelihoods, and rural development. The specific objectives of the meeting were as follows:

- to bring together key national partners working in the area of population ageing;
- to discuss the linkages between population ageing and socio-economic development in order to develop a common understanding of determinants and impacts;
- to identify challenges and opportunities emanating from population ageing and discuss ways of addressing them through research, policy, community engagement and institutional responses;
- based on the above, generate ideas for policy and programmatic action to be implemented by the Government and relevant partner institutions;
- to form an informal, needs-based network of practitioners, researchers and communal institutions interested in collaborating on ageing-related issues;
- to define priorities for further programmatic and policy work.

This report provides an overview of deliberations and recommendations of the meeting. The report was prepared by members of the meeting's organizing committee: Ms Frances Mkandawire and Mr Zifa Kazeze (Bingu Silvergrey Foundation for the Elderly, Malawi), Ms Linley Chiwona-Karltun (Department of Urban and Rural Development, Swedish University of Agricultural Sciences, Uppsala), Ms Michelle Remme (FAO Representation in Malawi) and Mr Libor Stloukal (Gender, Equity and Rural Employment Division, FAO Rome).

## 3. SUMMARY OF SESSIONS

### 3.1 OPENING CEREMONY

The opening ceremony started with welcoming remarks by **Mr Zifa Kazeze**, master of ceremony. On behalf of the Board of BSF, **Mr Tony Kandiero** thanked the organizers for preparing the meeting and recalled what the President of Malawi has declared as the general purpose of the BSF: “It is about making the elderly useful”. Speaking on behalf of the FAO Representation in Malawi, **Mr Vincent Langdon-Morris** reminded the meeting of the many linkages between population ageing and agriculture, and stated that population ageing is not a threat, but an important achievement which needs to be seen as an opportunity for improving the lives of people of all ages. Thereafter, all participants took their turn to introduce themselves, stating their names, institutions they represented, and their expectations of the meeting. Next, **Mr Libor Stloukal** provided a short introduction to the meeting, specifying its objectives, desired outcomes, and modalities of work. To conclude the opening ceremony, **Ms Frances Mkandawire** said that the meeting was an opportunity to network, link up and work together for the benefit of elderly Malawians, especially as regards their access to nutritious food and health services and their right to be treated with respect and dignity.

The short **discussion** that followed started by debating the specific roles of the government, civil society, international organizations and other stakeholders in addressing ageing-related issues. Participants agreed that during recent years, Malawi has been blessed with political will and a favourable political environment to develop responses to the multiple threats, challenges, and opportunities resulting from population ageing. Some institutions – such as the Malawi Defence Force or several church-based organizations – have an even longer history of providing for the well-being of older persons, and thus have rich experience to share. In addition, several institutions (including the National AIDS Commission, the Ministry of Women and Child Development, and others) have successfully piloted projects to explore different ways of assisting older persons and the households to which they belong. The discussion also made it clear that serious obstacles remain at many levels, including: limited institutional capacity to target older persons who need assistance; lack of funding to develop concrete interventions; inadequate policy and legal frameworks to effectively support the elderly; and lack of best practices

to make the most of older persons' knowledge and capacity to contribute to economic, social and cultural development. Many participants felt that the meeting was a timely activity as it could contribute to raising awareness and designing appropriate responses to population ageing in Malawi.

## 3.2 THEME 1: IDENTIFYING CHALLENGES AND OPPORTUNITIES OF POPULATION AGEING

The theme was introduced by a presentation by **Mr Libor Stloukal**, starting with a short overview of global trends in population ageing over the last 50 years and expected developments into the next half century. At present, Malawi still has a young population structure, although the proportion of persons aged 60 years and over is projected to increase from 4.6% in 2000 to 6.5% in 2050. In absolute terms, the numbers of persons aged over 60 will grow from the current figure of about 550,000 to over 2 million in 2050. The situation of older persons is changing because of three inter-dependent factors: demographic change (increasing numbers of the elderly, feminization of population ageing), modernization and development (urbanization, industrialization, weakening of traditional systems of care, growing inter-generational differences), and the impact of HIV/AIDS (increased responsibilities of the elderly to care for orphans and other vulnerable family members, loss of support from children who have died). In rural areas, ageing is further intensified by rural-urban migration, which comprises mainly young adults leaving to find work in cities. Population ageing in rural settings thus generates major social and economic challenges which – unless addressed properly – can threaten efforts to promote sustainable agriculture, natural resource management and rural development.

At the same time, there are many positive aspects to population ageing. For instance, many older people are able to make significant contributions as income-earners, providers of care, sources of knowledge and experience, and guardians of traditions. Since the effects of the ageing process are certain to continue for many years to come, agriculture and rural development will be increasingly dependent on older persons. Therefore, policy makers must find better ways to ensure that older people are able to “age successfully”: have good health, be physically and mentally active, and remain actively involved in community life.

The presentation by **Ms Linley Chiwona-Karlton** focused on the connections between ageing in Malawi and nutritional issues. There is a paucity of information when it comes to nutrition and the elderly – in research, policies and programmes – not just in Malawi but in most low-income countries. There has been a tendency to focus on nutrition issues mostly on women of reproductive age, infants and children. However, experience shows that we know less about energy requirements, micronutrient issues and the effect of decreased muscle mass in the elderly. The presentation highlighted the importance of understanding the role of physical status as well as mobility and how these affect nutritional status in the elderly. Being mobile and physically fit in a poor rural context makes a world of difference in accessing resources, cooking for oneself, and being able to fend and feed oneself. Studies in Malawi show that elderly men are more likely to have poor nutritional status and have poorer physical ability than elderly women. This

gender difference could be attributed to the knowledge and skills that women have when it comes to food processing, preparation and nutrition content of the foods that they prepare. This was illustrated with an example of cassava processing, whereby women in rural Nkhata-Bay district possessed knowledge on how to detoxify bitter cassava roots and consumed cassava leaves very often. Cassava leaves, though frequently frowned upon as “modern vegetable”, when prepared as a relish has higher nutrient density than the exotic vegetables such as cabbage and rape. This knowledge is taken for granted, however the implications for food security and nutrition are so important, and in the context of knowledge gaps between the younger generations and the elderly this needs to be underscored.

The presentation also highlighted the links between nutritional status and infection. Infections fester when coupled with poor nutritional status, especially in the elderly population. Due to poor immunological status, the elderly often endure more severe malaria episodes. While some diseases such as diarrhea and salmonella and giardia infections can be prevented, the lack of hygiene and good sanitation exposes many elderly residing in poverty to these un-necessary infections. We should remember that there are some portions of the ageing population in Malawi who are not poor and whose disease pattern differs. In such a category, insulin metabolism may be more of an issue, dietary transition and non-communicable diseases such as obesity, high blood pressure and type 2 diabetes may be of major concern. Whether ageing in poverty or plenty, we cannot escape one overriding issue of ageing, that is the feeling of being needed, useful and wanted. Isolation often leads to depression that may lead to loss of appetite and the will power to do something about oneself. The neglect of the elderly becomes a burden on society, and the lack of political will to safeguard their health only leads to a reservoir of disease and infection and increased health costs. For Malawi, the loss in years in life expectancy due to HIV/AIDS may call for a younger cut-off age of entry into old age because of the harsh environment that many women and men have to function in on a day-to-day survival. If we do not take care for this ageing population already in its younger days, we will not only lose individuals but also irretrievable libraries of food and nutrition security knowledge. We need to promote this knowledge by supporting the health and nutrition of the elderly through the care and involvement of the elderly in promotive lifestyles for the younger populations who will later become the elderly. The presentation ended by calling for more professional expertise in the area of nutrition and the elderly, as these emerging issues require more trained human resources.

Lastly, **Mr John Kadzandira** made a presentation of findings from an FAO-commissioned study of the elderly in rural areas of Zomba District, which he conducted between December 2006 and April 2007. The study collected cross-sectional data in Kuntumanji, Chikowi and Mwambo traditional authorities. It used the technique of snowball sampling to select and interview over 250 elderly respondents (one elderly person per household). To complement data from individual interviews, six focus group discussions were carried out in individual study sites. The study provided a wealth of insights about various manifestations of poverty among the elderly: high levels of ill-health and disability, low household production, low cash flow, poor housing conditions, limited ability to buy from the market, irregular meal consumption patterns and food insecurity, and problems related to caring for sick children and orphans. Furthermore, the findings revealed the various roles played by the elderly within their households and communities (e.g. advisors of members of younger generations on social and sexual matters, traditional healers, etc.), as well as the obstacles they face in social participation (such as superstition

and various forms of age-based abuse, including witchcraft accusations and property grabbing). The study paid special attention to access to natural resources and found that it is becoming particularly difficult for the elderly to access firewood, clean water and fish products, with serious negative consequences for their nutritional status and standard of living. The study also highlighted important gender differentials: in general, households headed by females seem to perform poorly on socio-economic issues, whereas those headed by elderly men perform poorly on sanitation and food consumption.

The three formal presentations were followed by a general **discussion**. Several participants mentioned that most social problems associated with ageing have to do with a lack of awareness of how the elderly are affected by social and economic change, combined with the still prevalent societal perception of older people as inactive and dependent. The issue of witchcraft was raised as being a widespread belief in Malawi; however, believing in witchcraft is no excuse for claiming that all older persons are witches. Poverty is obviously a major issue for the elderly; however, improving economic security should not be seen as an end in itself, but rather as a means to ensure that the elderly can enjoy good physical and mental health and participation in social life. Remittances from migrant children (their quantity and regularity, as well as how they are used to contribute to older persons' livelihoods) need to be studied much more systematically than has been the case so far. Likewise, political participation of older persons remains poorly understood: for instance, not much is known about voting attendance of the elderly, yet at the same time it is evident that most politicians in Malawi are older people and so higher age is an important prerequisite for becoming a policy-maker.

Furthermore, the discussion revealed a wealth of social protection initiatives now underway in Malawi, some of which are government-owned and some community-based. There is ample room for extending these programmes (for instance, to include nutritional assistance, psychosocial care, geriatric assistance, etc.) and bringing the information about existing initiatives to community and local levels. Practitioners working on ageing issues need to collaborate and exchange information in order to strengthen effective approaches and avoid fragmentation of efforts. There is also need for more collaboration between practitioners on the ground with scientists (e.g. medical researchers, nutritionists and agro-experts), and the existing extension services can play a catalytic role in this regard. The discussion also touched upon perceptions towards food processing methods perceived as unhygienic (such as cassava fermentation) and how there is a need to communicate the popular science behind this so that these perceptions are dispelled and the advantages and good nutrition implications are understood. Participants representing the Government informed the meeting about policy initiatives that are already in the pipeline (draft policies on the elderly and social protection). In this context, many participants regretted that some key Ministries were not present and therefore the meeting could not capture the full range of developments in policy-making on ageing in Malawi.

After the plenary discussion, Mr Stloukal introduced **Group Work 1** in which participants were asked to: (a) discuss various dimensions of population ageing, (b) identify challenges and opportunities, and (c) assess the quality of existing knowledge and identify options for improving understanding of ageing-related issues. The results of Group Work 1 are summarized in Table 1 below.

## TABLE 1: SUMMARY OF GROUP WORK 1

CROSS-CUTTING ISSUES: GENDER INEQUALITY, LONELINESS, POOR HOUSING, ILLITERACY

	<b>Economic and Food Security</b>	<b>Health and Nutrition</b>	<b>Social participation and access to services</b>
<i>What are the key challenges/constraints facing older people?</i>	<ul style="list-style-type: none"> <li>- low/no income</li> <li>- limited capacity to generate income</li> <li>- high unemployment</li> <li>- labour constraints</li> <li>- lack of farm inputs/fertilisers</li> <li>- lack of savings</li> <li>- property grabbing</li> <li>- no support from children</li> <li>- lack of tailor-made programmes/support</li> <li>- lack of Pension Act/scheme</li> <li>- no approved policy yet</li> <li>- limited information about commodity markets</li> <li>- more vulnerable to external shocks</li> <li>- illiteracy</li> </ul>	<ul style="list-style-type: none"> <li>- lack of safe water (esp. in rural)</li> <li>- disease vulnerability (poor housing, sanitation)</li> <li>- limited visual aids</li> <li>- loneliness impacting on health</li> <li>- gender inequality impacting health and nutrition</li> <li>- limited access to nutritious food</li> <li>- limited (physical) access to health care services</li> <li>- lack of specific care</li> <li>- lack of health insurance</li> <li>- limited knowledge of dietary diversification</li> <li>- lack of health education</li> <li>- illiteracy</li> </ul>	<ul style="list-style-type: none"> <li>- stigma and discrimination (not invited to participate in social activities)</li> <li>- lack of access to justice/legal aid</li> <li>- poor housing conditions</li> <li>- cultural abuse (disrespect of elderly)</li> <li>- limited access to basic necessities (clothing, blankets, etc)</li> <li>- loneliness</li> <li>- not given preferential treatment (health services, water points, ADMARC, etc.)</li> <li>- isolation due to prejudice</li> <li>- lack of involvement by service providers</li> <li>- expected roles and responsibilities (due to stereotypes)</li> <li>- limited political participation</li> <li>- illiteracy</li> </ul>
<i>Does population ageing bring any opportunities for improvement?</i>	<ul style="list-style-type: none"> <li>- pressure on government to address issues of elderly</li> <li>- less burden of care for orphans if parents live longer</li> <li>- reduced dependency</li> <li>- provide better care to orphans as last resort</li> <li>- more institutional knowledge/memory</li> <li>- play leading role in various economic activities</li> <li>- population ageing → higher life expectancy → increased long-term investments</li> </ul>	<ul style="list-style-type: none"> <li>- knowledge of traditional medicine</li> <li>- new specialisation in medicine: gerontology</li> <li>- care for sick</li> <li>- bank of knowledge on preparation of indigenous nutritious food</li> <li>- unique knowledge of control of crop and animal diseases</li> </ul>	<ul style="list-style-type: none"> <li>- bank of wisdom/experience</li> <li>- counsellors for the community</li> <li>- conservation of cultural values</li> </ul>

<p><b>How do we know about such challenges and opportunities?</b></p>	<ul style="list-style-type: none"> <li>- media</li> <li>- contacts/networking</li> <li>- research-based information/technologies</li> <li>- workshops</li> <li>- international fora</li> <li>- churches, FBOs</li> <li>- politicians</li> <li>- CBOs</li> <li>- NGOs</li>   <li>- experience</li> <li>- observations</li> <li>- consultations</li> </ul>	<ul style="list-style-type: none"> <li>- media</li> <li>- contacts/networking</li> <li>- research-based information/technologies</li> <li>- workshops</li> <li>- international fora</li> <li>- churches, FBOs</li> <li>- politicians</li> <li>- CBOs</li> <li>- NGOs</li>   <li>- experience</li> <li>- observations</li> <li>- consultations</li> </ul>	<ul style="list-style-type: none"> <li>- media</li> <li>- contacts/networking</li> <li>- research-based information/technologies</li> <li>- workshops</li> <li>- international fora</li> <li>- churches, FBOs</li> <li>- politicians</li> <li>- NGOs</li> <li>- CBOs</li>   <li>- experience</li> <li>- observations</li> <li>- consultations</li> </ul>
<p><b>What are the key knowledge gaps about population ageing?</b></p>	<ul style="list-style-type: none"> <li>- appropriate civic education to plan for old age</li> <li>- impact of inflation on pensions</li> <li>- economic activities of elderly</li> <li>- sources of income of elderly</li> <li>- economic needs of elderly</li> <li>- expenditures of elderly</li>   <li>- no records kept, hampering planning</li> <li>- magnitude of issue unknown</li> <li>- role of remittances</li> <li>- post-employment livelihoods (challenges urban/rural, agricultural/non agricultural)</li> <li>- best practices on support for elderly</li>   <li><i>How to bridge the gaps?</i></li> <li>- research in Malawi</li> <li>- use existing outcomes from international research</li> </ul>	<ul style="list-style-type: none"> <li>- appropriate civic education</li> <li>- loss of memory</li> <li>- Parkinson syndrome</li> <li>- health and nutrition</li> <li>- diabetes</li> <li>- health education</li> <li>- physical changes</li> <li>- nutritional value of different foods</li> <li>- security for elderly</li> <li>- mental depression</li>   <li>- few gerontologists</li>   <li>- no psychosocial support</li>   <li>- best practices on support for elderly</li>   <li><i>How to bridge the gaps?</i></li> <li>- research in Malawi</li> <li>- use existing outcomes from international research</li> </ul>	<ul style="list-style-type: none"> <li>- appropriate civic education to promote acceptance of old age</li> <li>- impact of lack of interaction</li> <li>- cultural practices</li> <li>- access to social opportunities</li> <li>- effective policies</li> <li>- lack of understanding of existing policies</li>   <li>- growing intergenerational gap: youth view elderly and their views as archaic</li>   <li>- no preparation for retirement</li>   <li>- best practices on support for elderly</li>   <li><i>How to bridge the gaps?</i></li> <li>- research in Malawi</li> <li>- use existing outcomes from international research</li> </ul>



### 3.3 THEME 2: OPPORTUNITIES IN DEVELOPING AND IMPLEMENTING POLICIES TO PROTECT AND SUPPORT THE ELDERLY

To introduce the theme, **Mr Zifa Kazeze** made a presentation on social protection in Malawi. Factors determining the well-being of the elderly in Malawi were noted and these were similar to those reflected in the 2002 Madrid International Plan of Action on Ageing (MIPAA) and the 2002 African Union (AU) Policy Framework and Plan of Action on Ageing. The determinants include: active participation in society and development; access to knowledge, education and training; intergenerational solidarity; eradication of poverty; income security, social protection; access to health care services; prevention and reduction in HIV and AIDS; good housing and living environment; reduction and prevention of abuse of elderly persons; and creation of positive images of ageing.

The presentation deplored the fact that Malawi, like many developing countries, suffers from intergenerational transmission of poverty. It then argued that some form of social protection, including social pensions, would go a long way in reducing poverty and vulnerability among the elderly and their families. Mr. Kazeze pointed out that it would be difficult for most developing countries, including Malawi, to achieve the Millennium Development Goal of reducing poverty by half by 2015 without some form of social protection.

Mr. Kazeze then appealed for the need for the Malawi Government to take action on the 2006 Livingstone Call for Action on Social Protection. Among the actions recommended was the call for African governments to prepare costed cash transfer plans within two to three years and that these be integrated into national development plans and national budgets, which development partners can supplement. The presentation noted that Malawi did not have a comprehensive social protection programme. Existing social protection related to a small proportion of retirees from the public service. Even for this group, the pension benefit was not sufficient. Thus the pilot cash transfer project initiated in the district of Mchinji in 2006, and currently being extended to six other districts, would provide a safety cushion to the vulnerable, including the elderly.

Examples of social pension programmes from Zambia, Lesotho, South Africa and Brazil were highlighted in the presentation. The general lessons from these countries were that social pensions: empower the elderly; help reduce extreme poverty and hunger and improve health; contribute to the human rights agenda including gender equality; improve the life chances of orphans and vulnerable children; are feasible and create economic opportunities; can be implemented at minimum cost (which may be less than 3 per cent of a country's GDP); strengthen the social contract between the government and its citizens, thereby enhancing social cohesion; strengthen intergenerational solidarity within households/families; improve the economic situation of households where the elderly provide care to the vulnerable children whose long-term prospects are thus enhanced; strengthen the ability of households to manage assets and respond to risks, vulnerabilities and opportunities; and contribute to gender equality and help in promoting the empowerment of women.



Finally, the presentation proposed a number of recommendations addressed to various development actors. These recommendations form the basis of section 4 of this report.

Next, **Mr Harry Mwamlima** talked about the piloted social cash transfers scheme in Malawi. He started by briefly discussing overall statistical data about poverty and vulnerability patterns in Malawi, and then described key parameters, targeting criteria, financing arrangements and implementation structures of the Government-sponsored cash transfer scheme which has been piloted in Mchinji, Likoma, Machinga and Salima districts since late 2006. Despite capacity problems at various levels of administration, preliminary results clearly show that the cash transfer scheme is effective in improving beneficiaries' food security, standard of living, access to education and health services, as well as household agricultural production. Preparations are underway to scale-up the scheme to three additional districts in 2008, and to enhance monitoring and evaluation procedures. Importantly, lessons learned through the pilot helped to include cash transfers into the draft Social Protection Policy as a core strategy.

The last formal presentation under Theme 2 was by **Mr Libor Stloukal** on international initiatives in the area of population ageing. A brief recapitulation of key historical milestones in international action on ageing was followed by a more detailed presentation of the goals and recommendations of the Madrid International Plan of Action and the African Union Policy Framework and Plan of Action on Ageing (both adopted in 2002). Next, some emerging trends in policy-making on ageing since 2002 were highlighted. The presentation concluded by identifying major challenges to building "a society for all ages" and suggested some possible ways to overcome them.

The **discussion** that ensued touched several key issues associated with cash transfers and older persons, such as: soundness of criteria for selecting beneficiaries; practicable methods of targeting approved recipients; ability of household-targeted cash transfers to really help older people (who may lose out when they find themselves in competition with younger household members); gender-equality in access to cash transfers; monitoring of transfer mechanisms and validation of indicators of success; the question of whether or not pensioners should be included in social cash transfers; side effects as well as multiplier effects of cash transfers at household and community levels, etc. However, there was unanimous agreement that this initiative of the Government is to be welcomed; that its overall costs are much less than most people fear; and that the lessons learned in the current pilot scheme should be disseminated as widely as possible.

Experience of other sectors can also be useful, such as the cash transfer scheme to ex-servicemen and their families which was established by the Kamuzu Foundation Trust in 1967 and is administered through the Malawi Defense Force. Participants agreed that a major challenge is to make social cash transfers sustainable and that political commitment is crucial in this regard. The discussion eventually moved to more general aspects of social protection in old age, including issues of defining who is old and the need to educate the public, relevant professionals (politicians, researchers, development workers, etc.), as well as the private sector about the rights and capacities of older people.

### 3.4 THEME 3: WHAT ARE THE PRIORITIES FOR FURTHER WORK AND HOW ARE WE GOING TO ADDRESS THEM?

The third theme of the meeting started with a presentation by **Ms Frances Mkandawire** on the mission, goals, and mechanisms of work of the Bingu Silvergrey Foundation for the Elderly (BSF). She noted that the Foundation was a non-government, non-religious and non-political organisation founded by Dr. Bingu wa Mutharika, President of the Republic of Malawi, in 2005 to promote and safeguard the interests and welfare of the retired and elderly people over the age of 60. The Foundation has a Board chaired by the Founder and a Fund Raising Committee, although as the Foundation grows other committees will have to be set up. The Secretariat is run by the Executive Director who is responsible for its day-to-day administration and planning of outreaches and programmes in consultation with the Founder and members of the Board.

The Foundation's mission is to provide a new and unique platform for the elderly to impart their skills and experiences to the younger generations, and to ensure that their common interests and welfare are safeguarded. Although the Foundation continues to distribute much needed food items, clothing and other basic necessities to the elderly throughout the country, the Foundation aims at setting up centres for the elderly in the North, South, Centre and Eastern Regions of the country and, eventually, in all districts. Such centres will provide venues where the elderly can obtain health care, spiritual support, nutrition, interaction with one another and the younger generations and, if needed, give shelter to the truly destitute. Such centres will also provide skills training to encourage the elderly to remain active in their old age.

The Foundation has reached out to several commercial companies with the view of seeking donations as well as encouraging them to take up their social responsibility and thus become part of the solution of caring for the elderly. At the same time, the Foundation plans fund raising activities to sustain its operations and reaches out to donors who might be willing to assist, although the desire of the Foundation is to eventually become self-sustaining. The Foundation sees the need for organisations dealing with issues of the elderly to interact one with another while at the same time the media needs to become actively involved in sensitizing the general public to the challenges the elderly people face.

Subsequently, **Mr M. S. Nyirenda** spoke about activities of the Ministry of Persons with Disabilities and the Elderly, which is (since 2006) in charge of the portfolio of ageing-related matters. The presentation focused on five key areas of the Ministry's work: policy formulation, provision of nutritious food to those in need, civic education and awareness-raising about the elderly, collaboration with BSF, and production of printed materials. The Ministry is currently in the process of drafting a national policy on the elderly which – after a series of regional consultations as well as coordination discussions with the Ministry of Women and Child Development and the Ministry of Economic Planning and Development – will eventually be submitted to the Government for approval. Other immediate plans of the Ministry include developing a national register of all NGOs that deal with issues of the elderly, and building emergency centres for destitute elderly. One problem the Ministry is facing is an acute shortage of staff with qualifications in the area of ageing, but the missing posts are likely to be filled soon.

The concluding **plenary discussion** revealed, once again, that there are many institutions in Malawi engaged in ageing-related activities, but that coordination among them is poor or non-existent – and this fact is not explainable just by limited resources. The poor coordination of ageing-related activities is exemplified, for instance, by the numerous policy training workshops taking place every year that, however, rarely result in new initiatives being actually developed and implemented. A partnership between the Ministry of Persons with Disabilities and the Elderly, the Ministry of Education, the Ministry of Women and Child Development, the National AIDS Commission and BSF represents a promising framework for collaboration, which should be built upon. Participants agreed on the necessity to improve information-sharing and networking among government and non-government bodies working on ageing-related matters, as well as on the need to develop joint, longer-term policy and fundraising initiatives. The issue of building the capacity of professional staff was identified as crucially important, especially at the central level. Excessive reliance on external donors should be avoided because action needs to be taken primarily by Malawians for Malawians (which would also make it easier for donors to come in). Although each and every stakeholder can contribute to improving coordination and collaboration, there is no doubt that the key role must be played by the Ministry of Persons with Disabilities and the Elderly as the lead government body to guide national initiatives on population ageing.

### 3.5 THE WAY FORWARD

In order to make concrete agreements on the way forward after this workshop, the group work that followed the plenary discussion on Theme 3 decided to focus efforts on three major areas of intervention:

*a) What networking arrangements could be designed to sustain these initiatives?*

It was agreed that a **Technical Working Group on Ageing** should be convened by the Ministry of Persons with Disabilities and the Elderly, comprising various stakeholders, including key ministries, NAC, NGOs, FBOs, CBOs, the UN family and academia. Additionally, participants considered it important that the output of this meeting be used to feed into the ongoing formulation of a national policy for the elderly. The task of sharing the report with the Ministry was delegated to the organisers of the workshop. To this end, two participants from this meeting also participated in the last two days of the workshop on *Ageing in African Cities: revisiting the issues, responses and outcomes* hosted by Chancellor College and The Nordic Africa Institute in Zomba on 29 November – 1 December 2007. They informed the meeting of the BSF-FAO initiative and a presentation of the BSF was done by Mr Zifa Kazeze. This was part of consolidating activities being undertaken in the field of ageing in Malawi, and the two members joined the network for future collaboration (see <http://www.nai.uu.se/events/conferences/ageing/index.xml> for proceedings of this workshop).

*b) What are the research and capacity building needs?*

The priority research needs that were identified include:

- Making a compilation of state-of-the-art research on population ageing in Malawi
- Conducting a needs assessment of capacity in gerontology in Malawi
- Conduct specific policy research on ageing in Malawi

- Reviewing existing legislation affecting the elderly
- Conducting research on a national scale to identify national challenges and opportunities for the elderly
- Ensuring that the national population census collects useful gender-disaggregated data on the country's elderly.

The overall consensus was that academia, and Malawian universities in particular, should take the lead on bridging the knowledge gaps. In terms of data at national level, the National Statistics Office, the Centre for Social Research and the Ministry of Persons with Disabilities and the Elderly should be the leading actors.

*c) How can we build public awareness and political commitment?*

On the last topic, participants emphasised the need for enhancing public awareness, while political commitment is already considered to be strong given the President's personal dedication to improving the lives of old Malawians. Three appropriate entry points were identified:

- **Media:** participants recognised the importance of informing the media to minimise negative stereotypes of the elderly and to focus on the opportunities presented by population ageing.
- **Schools:** the inclusion of civic education on issues related to the elderly in the school curriculum is expected to be effective in positively changing behaviours towards ageing and the elderly.
- **The community:** action is needed within communities to raise awareness on the plight of the elderly. Theatre is expected to be a good vehicle for conveying such messages.

## 3.6 CLOSING CEREMONY

**Mr Mazlan Jusoh** started by thanking all the participants for coming to the meeting, which he said had been fruitful and inspiring. He told the participants that FAO remains committed to working on rural ageing issues in Malawi and will make sure that comments and suggestions from the meeting are taken into consideration.

In her closing remarks, **Ms Frances Mkandawire** expressed her overall satisfaction with the meeting. However, much still needs to be done to ensure that population ageing is fully taken up and addressed by policy-makers, academia, practitioners and the civil society. Looking after the interests of older generations, as well as providing material assistance and empowerment to marginalized elderly men and women in Malawi, represents the core of the Bingu Silvergrey Foundation's work. The Foundation is open to collaboration with interested partners in order to identify effective policy and programmatic strategies to respond to the various challenges and opportunities of population ageing. Finally, Ms Mkandawire emphasized the need to maintain the ties that had been established during the meeting, urging all participants to continue collaboration and networking for the benefit of elderly Malawians.

The meeting concluded with a prayer said by **Rev. Dr. Silas S. Ncozana**, Member of the Bingu Silvergrey Foundation Board.

## 4. RECOMMENDATIONS OF THE MEETING

In the light of the presentations and discussions at the meeting, the following **recommendations** are proposed for further action to the Government of Malawi, the public and the private sectors, civil society organizations, academic institutions and other development partners:

1. The Government of Malawi, the public and private sectors, the civil society organizations (CSOs) and other relevant partners should work together to create a conducive environment that promotes greater awareness on ageing issues and encourages, as well as enables, older people to continue making contributions to the country's social, economic and ecological development.

2. The Government of Malawi, the public and private sectors and the CSOs need to incorporate and mainstream population ageing issues into the development process and earmark resources.

3. The Government of Malawi should respond, in a proactive manner, to the Livingstone Call for Action on Social Protection and Cash Transfers.

4. In view of the policies under preparation on ageing and social protection, the Government of Malawi needs to strengthen technical and human capacity of those to be involved in the implementation of these policies. Furthermore, institutional mechanisms for policy implementation should be strengthened and adequate resources should be allocated in the national budget. Development partners (UN agencies, the private sector, and CSOs) should support the Government in this regard financially as well as technically.

5. The Government of Malawi should consider the provision of non-contributory pensions as a significant component of income and social security in old age.

6. The Government of Malawi, depending on the findings of the existing pilot cash transfer project, should consider expanding the project to cover the whole country on an evidence based needs assessment basis and not on parliamentary vote. Development partners should provide the necessary financial and technical support to such a national social assistance scheme.

7. Researchers and members of the academia should conduct policy-relevant research in order to respond to the needs of the ageing population.

8. Development partners need to continue supporting Malawi in its efforts to address the plight of vulnerable groups, including the ageing population.

9. Given that support from development partners is finite, the Government of Malawi has to ensure sustainability of programmes and projects initially supported by development partners before inception.

10. Government and those involved in programme design and implementation concerning ageing populations need to involve and consult the elderly, wherever possible.

11. The Government of Malawi, research institutions and individual researchers should systematise data collection, analysis and dissemination with respect to population ageing. The National Statistical Office in the 2008 Population and Housing Census should collect age- and sex-disaggregated data on socio-economic characteristics to better understand the situation of the elderly.

12. There should be coordination in the implementation of various national policies including those on ageing and social protection being formulated.

13. The Government of Malawi should support and convene a network of professionals, academicians and civil society representatives working on ageing issues in Malawi and link the Day of the Elderly with an annual meeting/forum for sharing and disseminating current issues and concerns on population ageing in Malawi.

# **ANNEX I: LIST OF PARTICIPANTS**



Name	Position	Organisation/Address	
Baduya, Mr. Charles	Project Officer	Global Hope, P/Bag 144, Lilongwe	
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Chintsanya, Mr. Jesman	Lecturer	Department of Population Studies, Chancellor College, P.O. Box 280, Zomba	
Chirwa, Brigadier General Marcel R.D.	Director of Personnel	Malawi Defence Force, Kamuzu Barracks, Chidzanja Road, P/Bag 43, Lilongwe	
Chiwona-Karltun, Dr. Linley	Research Associate	Swedish University of Agricultural Sciences, Dept. of Urban & Rural Development, P.O. Box 7012, 75007 Uppsala, Sweden	
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Jose, Mr. Rodney S.	Head of Training	Malawi Police Service, National Police Headquarters, P/Bag 305, Lilongwe 3	
Kachule, Mr. Francis G.	Economist	Ministry of Finance, P.O. Box 30049, Lilongwe 3	
Kadzandira, Mr. John	Deputy Director	Centre for Social Research, P.O. Box 278, Zomba	
Kalua, Ms. Miriam	Policy Officer – Socio-Economic	National Aids Commission, P.O. Box 30622, Lilongwe 3	
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Mahatta, Mr. Faneil W.	Editor/Journalist	Malawi News Agency, Dept. of Information, P/Bag 310, Lilongwe 3	
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Malindi, Dr. Grace	Director of Agriculture Extension Services	Ministry of Agriculture & Food Security, DAES, P.O. Box 30145, Lilongwe 3	
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Thom, Ms. Ellen	Programme Assistant	World Food Programme, P.O. Box 30571, Lilongwe 3	
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# ANNEX II: TIMETABLE OF THE MEETING

<i>Time</i>	<i>Activity</i>	<i>Facilitator/Presenter</i>
<b>DAY 1: 28 November 2007</b>		
8.30 – 9.00	Registration	
9.00 – 9.30	Official opening  Master of Ceremony: Zifa Kazeze	Opening remarks by: <ul style="list-style-type: none"> <li>• Tony Kandiero, Vice-Chairman, Bingu Silvergrey Foundation Board</li> <li>• Vincent Langdon-Morris, Coordinator of Emergency and Rehabilitation Unit, FAO Representation in Malawi</li> </ul>
9.30 – 9.50	Introduction of participants	
9.50 – 10.05	Introduction to the Meeting: <ul style="list-style-type: none"> <li>• purpose</li> <li>• expected outcomes</li> <li>• process</li> </ul>	Libor Stloukal, Frances Mkandawire
10.05 – 10.15	Discussion	
10.15 – 10.45	Coffee break and group photo	
Theme 1: Identifying challenges and opportunities of population ageing Chair: Dr. Grace Malindi, Ministry of Agriculture and Food Security		
Formal presentations:		
10.45 – 11.00	FAO perspective on rural ageing	Libor Stloukal
11.00 – 11.15	Ageing in Malawi and nutritional issues	Linley Chiwona-Karlton
11.15 – 11.30	Main findings of FAO study on rural ageing in the Zomba district	John Kadzandira
11.30 – 12.00	Discussion	
12.00 – 13.00	Lunch break	
13.00 – 13.15	Introduction to group work 1	Libor Stloukal
13.15 – 15.15	Group work 1 What are the most important challenges and opportunities of population ageing in Malawi? How do we know they are “important”? How well do we understand the various drivers, impacts, opportunities and challenges of population ageing? On what topics is more information/research needed?	
15.15 – 15.45	Coffee break	
15.45 – 16.30	Plenary	groups reporting
16.30 – 16.45	Close of day 1	Libor Stloukal

<b>DAY 2: 29 November 2007</b>		
8.45 – 9.00	Reflections on day 1	Michelle Remme
Theme 2: Opportunities in developing and implementing policies to protect and support the elderly Chair: Mr. Tony Kandiero, Vice-Chairman, Bingu Silvergrey Foundation Board		
Formal presentations:		
9.00 – 9.30	Social protection and ageing in Malawi	Zifa Kazeze
9.30 – 10.00	Social cash transfers in Malawi: from pilot to scaling up	Harry Mwamlima, Ministry of Economic Planning and Development
10.00 – 10.30	Where do we stand in international action on ageing?	Libor Stloukal
10.30 – 12.00	Discussion	
12.00 – 13.00	Lunch break	
Theme 3: The way forward: what are the priorities for further work and how are we going to address them? Chair: Reverend Dr. Silas Ncozana		
Formal presentations:		
13.15 – 13.30	Bingu Silvergrey Foundation introduces itself: mission, goals, and mechanisms of work	Frances Mkandawire
13.30 – 13.45	Presentation	Mr. M.S. Nyirenda, Chief Disability Prevention and Awareness Officer, Department of Social Welfare, Ministry of Persons with Disabilities and the Elderly
13.45 – 14.15	Discussion	
14.15 – 14.25	Introduction to group work 2	Libor Stloukal
14.25 – 15.30	Group work 2: What mechanisms (institutional, legal, operational, etc.) need to be put in place to improve the well-being of older people in Malawi and to maximize the developmental benefits that population ageing can bring? Who needs to do what? How are we going to collaborate from now on?	
15.30 – 16.15	Plenary	
16.15 – 16.30	Participants' evaluation of the Meeting	Libor Stloukal
16.30 – 17.00	Closure of the Meeting	Closing remarks by: <ul style="list-style-type: none"> <li>• Mazlan Jusoh, FAO Representative in Malawi</li> <li>• Frances Mkandawire, Bingu Silvergrey Foundation</li> <li>• Harry Mwamlima, Ministry of Economic Planning and Development</li> <li>• Mr. M.S. Nyirenda, Representative from Ministry of Persons with Disabilities and the Elderly</li> </ul>



## **ANNEX III: PRESENTATIONS**

Libor Stloukal:

**The FAO perspective on rural ageing.**

Linley Chiwona-Karltun:

**Ageing and nutritional issues.**

John Kadzandira:

**Rural ageing and livelihood challenges: findings from FAO study conducted in rural areas of Zomba District, Malawi.**

Zifa Kazeze:

**Social protection and ageing in Malawi.**

Harry Mwamlima:

**Social cash transfers in Malawi: from pilot to scaling up.**

Libor Stloukal:

**Where do we stand in international action on ageing?**







# The FAO Perspective on Rural Ageing: Challenges and Opportunities

**Libor Stloukal**  
**FAO, Rome**

**FAO/BSF Meeting on Ageing**  
**Lilongwe, 28-29 November 2007**



## Outline of the presentation

- 1) demographic determinants and consequences of global population ageing
- 2) basic facts and forecasts about population ageing in Malawi
- 3) challenges of population ageing in Malawi
- 4) why is rural population ageing specific?
- 5) population ageing as an opportunity

2

## Background: the big picture

- o Worldwide, the age structure of the human population is changing dramatically – probably irreversibly.
- o Many developing countries in the midst of the demographic change are experiencing rapid shifts in the numbers of older persons.
- o The changing population age structure is becoming a major concern and the focus of heated political debate, as Governments struggle to address the growth of ageing-related issues and expenditures.
- o The changing age structure directly affects policies on: employment, poverty reduction, health care, housing and social protection, for example.

3

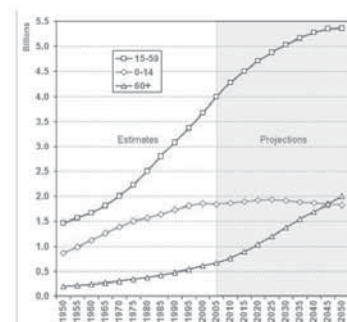
## Demographic determinants of ageing

demographic transition involves 3 stages:

1. increased survival of young children ~ proportion of children rises ~ rejuvenation of the age structure
2. fertility reduction ~ proportion of children starts declining ~ proportion of working-age adults rises
3. after lengthy periods of fertility and mortality declines, proportions of both children and working-age start to decline ~ the proportion of older persons starts to rise

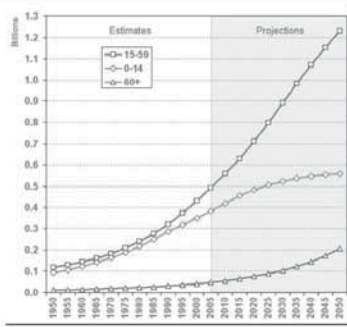
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## World population by age groups: 1950-2050



5

## Africa's population by age groups: 1950-2050



Africa stands out as the only major region in the world whose population is still relatively young and where the number of elderly, although increasing, will still be far below the number of children in 2050.

6



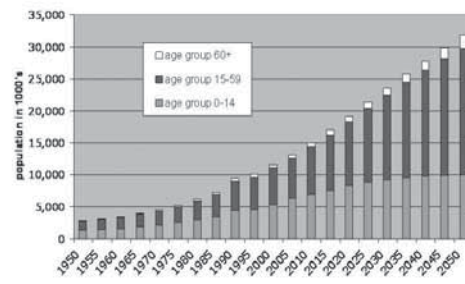
Legend: yellow = 0-9, orange = 10-19, red = 20-24, purple = 25-29, green = 30+, grey = no data  
Source: <http://www.un.org/esa/population/publications/ageing/ageing2006chart.pdf>



Legend: yellow = 0-9, orange = 10-19, red = 20-24, purple = 25-29, green = 30+, grey = no data

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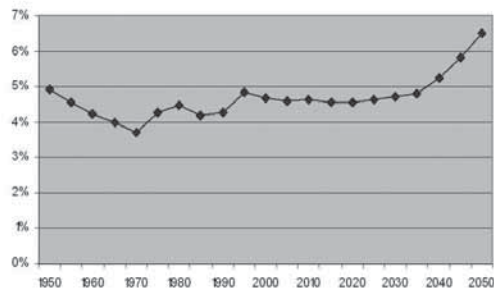
## Population of Malawi by age groups, 1950-2050



Source: World Population Prospects: The 2006 Revision <http://esa.un.org/unpp>

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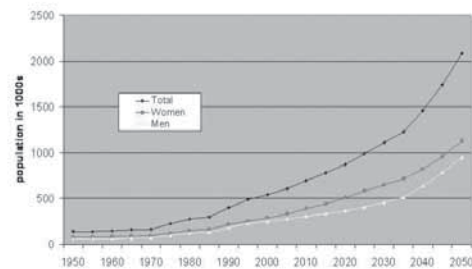
## Percentage of population aged 60+



Source: World Population Prospects: The 2006 Revision <http://esa.un.org/unpp>

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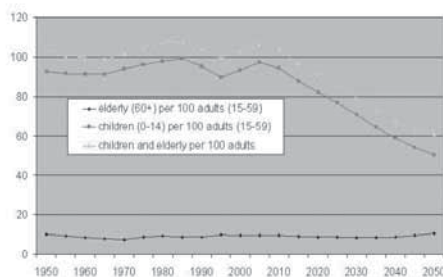
## Absolute numbers of population aged 60+



Source: World Population Prospects: The 2006 Revision <http://esa.un.org/unpp>

11

## Trends in "dependency" ratios

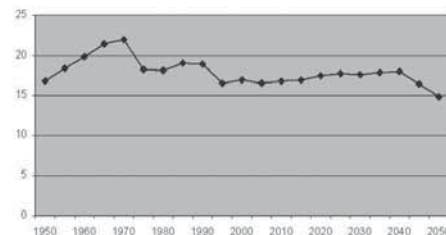


Source: World Population Prospects: The 2006 Revision <http://esa.un.org/unpp>

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## Potential support ratio (population 15-64 / population 65+)

- an index of the support-base for the elderly
- assumes that the working population (15-64) provides direct or indirect support to the non-working dependent population (65+)



Source: World Population Prospects: The 2006 Revision <http://esa.un.org/unpp>

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## So why should we be concerned about ageing?

- multi-dimensional nature of ageing
  - ageing of individuals
  - ageing of families and households
  - ageing of populations and sub-populations:
    - labour force, geographic regions, the elderly...
- ageing has consequences on:
  - family, economy, education, health, environment, culture, value systems, social relations...
- the situation of older persons is changing because of:
  - demographic change
  - social change = modernization and development
  - the impact of HIV and AIDS

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## Expected demographic change

### Malawi's elderly population (in thousands)

Year	2000	2010	2020	2030	2040	2050
Population 60+	545	696	876	1110	1461	2085
Population 65+	351	455	591	764	955	1387
Population 80+	38	55	80	115	154	211

### Feminization of Malawi's elderly population

Year	2000	2010	2020	2030	2040	2050
% of women in the 80+ age group	57.9	60.0	61.3	63.5	66.9	65.9

Source: World Population Prospects: The 2006 Revision <http://esa.un.org/unpp>

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## Modernization and development

### some relevant trends:

- weakening of traditional care systems
- improvements in formal education, leading to greater independence and autonomy of young adults
- growth in salaried income and growing consumerism among younger cohorts
- reduction in subsistence agriculture
- reduced valuation of traditional skills
- reduced use of local indigenous languages
- inter-generational technology divide

### but perhaps we also need to add:

- rising economic hardship, leading to growing incapacity on the part of the younger generation

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## The impact of HIV/AIDS: 4 dimensions

- RESPONSIBILITIES: increased responsibilities of caring for orphans and other family members (incl. in ensuring adherence to ARV regimes)
- ECONOMIC IMPACT: reduced ability to earn income, loss of financial and social support from children
- HEALTH IMPACT: physical demands, emotional strain, exposure to infections adversely affect older people's health
- EMOTIONAL IMPACT: many experience emotional suffering and a sense of loss: of social status, of belonging to society, of control over their (and family) destiny

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## The importance of nutrition

### Good nutrition is essential in old age:

- ageing inevitably weakens the immune system, slows metabolism, reduces muscle mass
- insufficient calories, lack of protein and micronutrients increase the risk of infectious and other acute diseases
- undernourishment also increases risk of falls and slows recovery after sickness
- even small micronutrient deficiencies can lead to declines in cognitive ability
- weight loss is associated with reduction in functional ability and increased need for caregiving

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## The importance of rural ageing

- in most countries, ageing is pre-dominantly a rural phenomenon
  - out-migration of younger adults
  - return migration of urban retirees
  - age-specific impact of HIV/AIDS mortality
  - exodus of younger adults due to conflict or natural disaster or climate change
- the importance of rural ageing will accelerate in future
  - key driver: shift away from agriculture to more diversified, urban-oriented livelihoods



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## Ageing in rural areas

- older people are a diverse part of rural communities
  - key contributors (child care, conflict resolution, livelihood support)
  - they are a diverse group with range of needs and wants
  - most are dependent on agriculture for day-to-day survival
  - most have extremely limited access to services
  - some are very poor and isolated/excluded
- the institutional context matters:
  - existing development paradigms often see agriculture as a "low profile" sector
  - many rural areas typified by: weak economic performance and limited institutional capacity to promote development
  - strong reliance on family solidarity – but rural families are changing in due to out-migration and urbanization, HIV/AIDS, cultural change, etc.
  - scarcity of "best practice" examples on managing rural population change

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## How ageing affects agriculture

- effects are co-determined by:
  - bio-physical environment, social organization, household dynamics, population density, economies of scale, technology, infrastructure & services, policy context
- in some settings, ageing can add to existing problems
  - reduced labour availability
  - shift to less labour-demanding farming practices
  - livelihoods predominantly subsistence-oriented
  - insufficient protection of natural resources (e.g. land) and rural infrastructure
  - increased gender- and age inequality

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## Challenges faced by rural elderly

- **development tends to reduce the value of agricultural assets, skills and products**
  - this diminishes the status, well-being and power of rural elderly
- **frail elderly are often less valued and respected**
  - they often receive poor, sometimes death-hastening treatment
- **elderly have reduced capacity to adapt to changes & shocks**
  - when things go bad, they are often unable to cope
  - when things go well, they are often unable to take advantage
- **vulnerability in old age is closely associated with:**
  - being a woman
  - lack of savings and assets
  - lack of education
  - poor health and/or disability
  - living in an HIV/AIDS-affected household
  - unavailability of kin
  - residence in remote rural area

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## Positive aspects of population ageing

- demographically, ageing is the outcome of planned parenthood, improved child survival, and increasing longevity of adults
  - it's a major success story!
- the elderly contribute in many ways:
  - income-earners, providers of care & accommodation
  - socio-cultural functions within community
  - sources of knowledge, guardians of traditions
- ageing can also open up new opportunities, such as:
  - elderly as knowledge banks
  - return migration of elderly rich in capital and expertise
  - greater scope for intergenerational relationships (e.g. grandparent-grandchild)

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## What determines quality of life in old age?

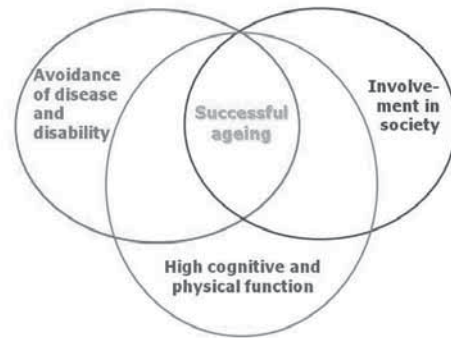
Gerontologists have developed many theories of "good" ageing:

- productive ageing = ability to contribute
- healthy ageing = ability to remain fit
- successful ageing = ability to maximize desired outcomes, minimize undesired ones

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## Determinants of successful ageing

Adapted from Rowe and Kahn, 1997



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# Ageing and Nutritional Issues

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*Photos: copyright Linley Chiwona-Karlton*



## The Later Years

- The way you live and think in your early years affects your life at 50 or 70 years
- In Malawi life expectancy is 40 yrs (UNICEF 2005)
- Possible life span for human species 130 years
- There is no specific diet or nutrient supplement that will prolong life beyond this *best before date!*



## Status of Nutrition among the Ageing

- **Paucity of information** in research, policies & programmes
- Nutrition intervention programmes primarily **not targeted for elderly**
- **YET, we know less about**
  - Energy requirements and dietary guidelines in elderly
  - Effect of decrease in muscle mass and decreased basal metabolic rate
  - Energy requirements and activity interactions
  - Micronutrient needs especially, Vitamin B12 and iron, Vitamin D,
  - Antioxidants: Vitamin C & Vitamin E importance for vision- importance of non-nutrient carotenoids (dark green leafy vegetables)
  - Minerals; Calcium prevent bone fractures;
  - Zinc: immune response; appetite and taste



## 1. What we Know

- Physical changes of ageing affecting nutrition
  - **Digestive tract:** sluggish motility = constipation; reduced acid output impairs digestion & absorption; discomfort
  - **Hormones:** less insulin secretion leading to abnormal glucose metabolism
  - **Dentition:** Tooth loss; gum disease; reduced saliva = choking
  - **Sensory Organs;** diminished acuity especially taste & smell
  - **Body Composition:** weight loss; reduced in lean body mass can be overcome with physical activity



## 2. What we Know - other factors affecting dietary intake

- Mobility & Physical activity limits access
- Drug and nutrient interactions especially in treating chronic diseases
- Access to water and fluids
- Poverty and economic uncertainty





### Nutrition – Infection Complex

- The double burden of malnutrition
  - Dietary inadequacy and overnutrition
- Dietary inadequacy studies in Malawi
  - Body mass index <18,5
  - Men more under nourished 36,1%
  - Women less under nourished 27%
  - Mid-upper arm circumference (accounting for change in muscle)
    - <21.7 cm = severe malnutrition
  - Undernutrition associated with functional ability; hand grip strength; psychomotor speed; co-ordination, mobility etc.. (Chilima & Ismail, 2000)



### Malnutrition in elderly men – who cares for them?



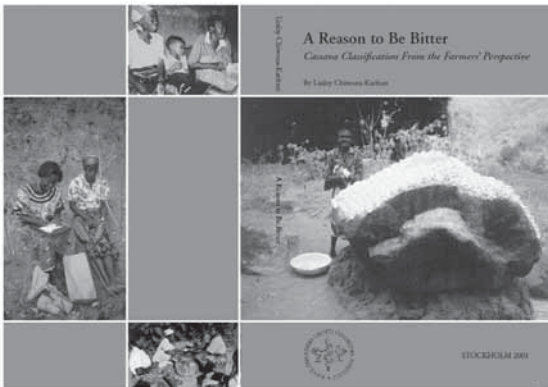
### Nutrition – Infection Complex cont.

- Dietary patterns & inadequacy
  - Meals not nutrient dense
  - Very little fresh fruit consumption
  - High cereal diet with a low mean protein intake
  - Meals comprise: maize nsima and vegetables with protein meal maybe once a week



### Nutrition – Infection Complex

- Nutrition Transition
  - Moving away from traditional unrefined carbohydrate and fiber rich dietary habits to highly refined carbohydrates, more fat and sugars
  - More visible in urban areas but also in economically well-off rural households
  - Body mass index  $\geq 30$  four times higher in urban blacks in Cape Town than rural area and different between ethnic groups (Charlton & Rose 2001)
  - The interesting question is if the pattern would be different between ethnic groups in Malawi; or rural vs urban



### Cassava field on Likoma Island Is farming still an option?



### Nutrient density

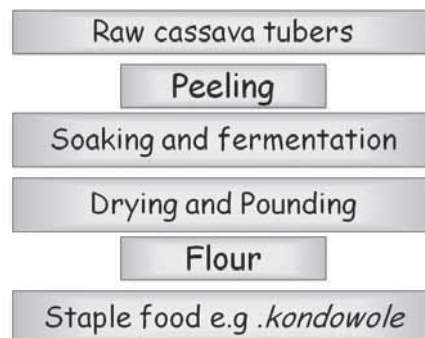
Table 3. Approximate composition (% of fresh weight) of cassava leaf, amaranth leaf, soybean and yellow maize. (In brackets the percentage on dry matter basis)

	Moisture	Protein	Fat	Carbohydrates	Fibre	Ash
Cassava leaf	72.0	7.0 (25.0)	1.0 (3.6)	14.0 (50.0)	4.0 (14.3)	2.0 (7.1)
Amaranth leaf	84.0	4.6 (8.8)	0.2 (1.3)	7.0 (43.8)	1.8 (11.3)	2.9 (18.1)
Soybean	11.0	34.0 (38.2)	18.0 (20.2)	29.0 (32.6)	4.7 (5.3)	5.0 (5.6)
Maize (yellow)	10.0	10.0 (11.1)	4.8 (5.3)	72.0 (80.0)	2.0 (2.2)	1.2 (1.3)

Source: West et al., 1998



### “Bitter-toxic” Cassava Safe by Processing – food safety knowledge





## Frequent consumption of cassava but low exposure

Table 5. The mean age and household size of the different kondonole consumption frequencies were compared by t-test at the 95% significance level. Means followed by the same letter are not significantly different from each other.

	Kondonole consumption frequency			
	Daily n=98	Weekly n=44	Never n=33	Total n=175
Mean Age	44.6±1.5 <sup>a</sup>	32.5±1.3 <sup>b</sup>	37.4±2.7 <sup>a</sup>	
Mean Household size	6.0(±0.3) <sup>a</sup>	4.9(±0.3) <sup>b</sup>	5.4(±0.5) <sup>a</sup>	
Head of Household	47 (48%) <sup>a</sup>	10 (23%) <sup>b</sup>	10 (30%) <sup>c</sup>	67 (39%)
Low Wealth Status	80 (82%) <sup>a</sup>	33 (75%) <sup>b</sup>	20 (60%) <sup>c</sup>	133 (76%)
Thiocyanate (µmol/L) Lecithin (µmol/L)	57 (±7) <sup>a</sup> 14 (±1) <sup>a</sup>	48 (±6) <sup>b</sup> 13 (±1) <sup>a</sup>	29 (±5) <sup>c</sup> 13 (±1) <sup>a</sup>	50 (±4) 14 (±1)

Means followed by different letters are significantly different from each other by chi square or t-test ( $P < 0.01$ ).



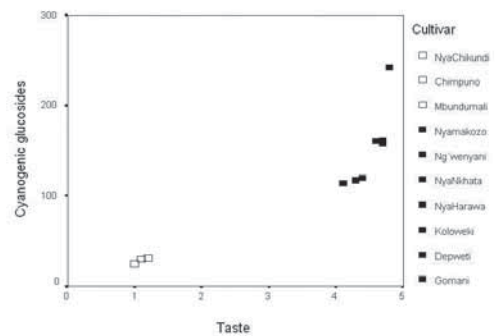
## Food Safety, Food Processing, Food Security & Preservation of Knowledge



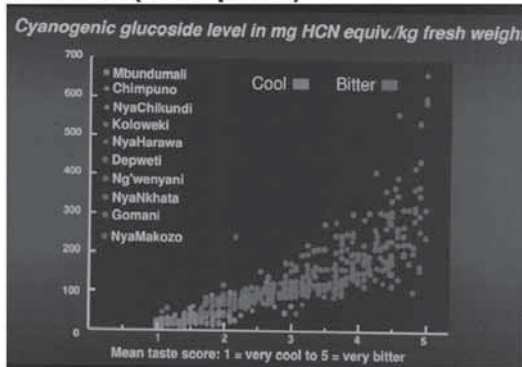
"leaders of academic institutions should be asking themselves how their organisations can do more to combat poverty" (*Nature* 25 Oct, 2007)



## Farmers' ethno-classification



## Correlation taste - cyanogenic glucosides (taste panel)



## Demographic ageing – infectious diseases patterns

- Malaria –immunological protection low in elderly = higher mortality especially if poor nutrition
- Helminthiasis e.g. hookworm egg count increases with age and exacerbated with anaemia
- HIV/AIDS – symptoms wasting, weight loss, diarrhoea, fever (catabolic processes) = higher mortality in >50 years in rural Malawi (Crampin et al 2002)
- Impact of HIV/AIDS deaths on elderly



## Mental Depression & Premature Deaths



## Demographic ageing – infectious diseases patterns cont.

- Diarrhoea
  - second cause of death for >60 years in low income countries (WHO 2002)
- Causes:
  - bacteria e.g. salmonella; viruses e.g. rota virus and protozoa e.g. giardia
- Prevalence reflects level of hygiene & sanitation
- Influenza: poor surveillance = high morbidity, high mortality vaccination effective



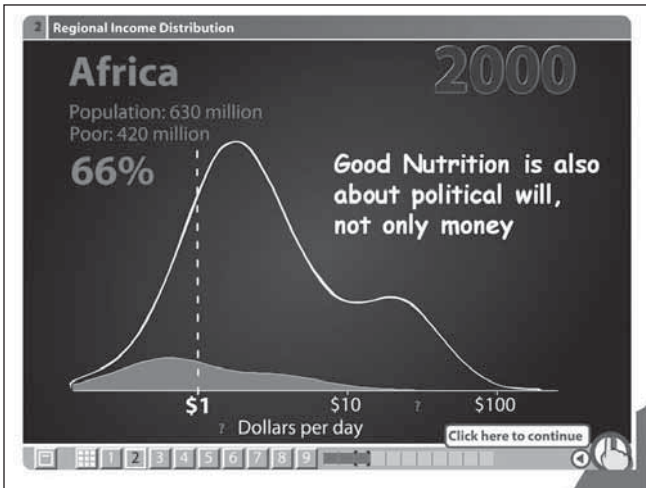
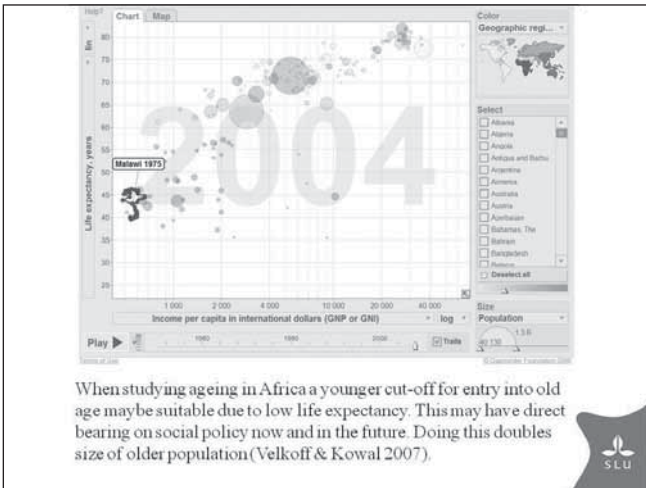
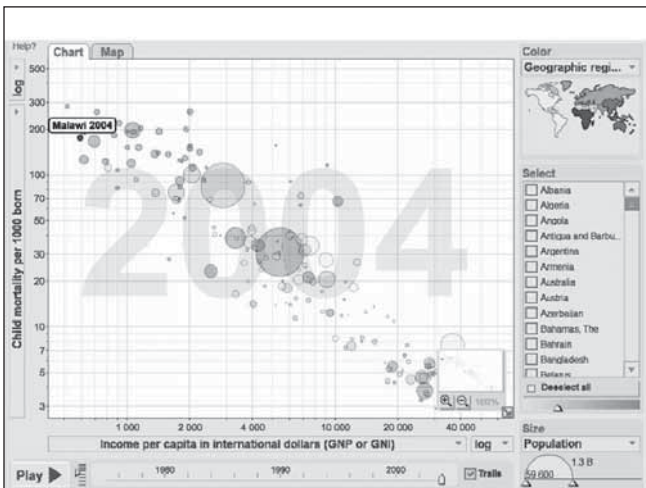
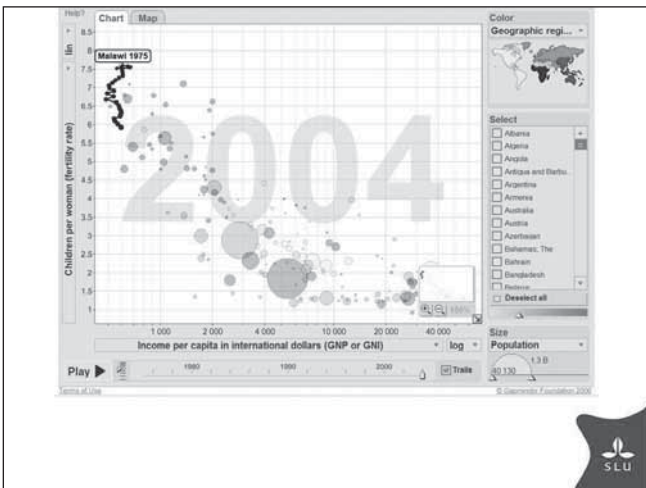
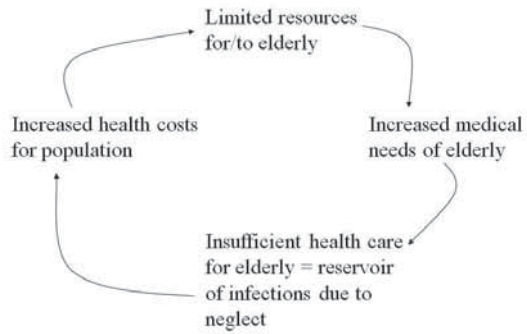


## Demographic ageing & non-infectious diseases

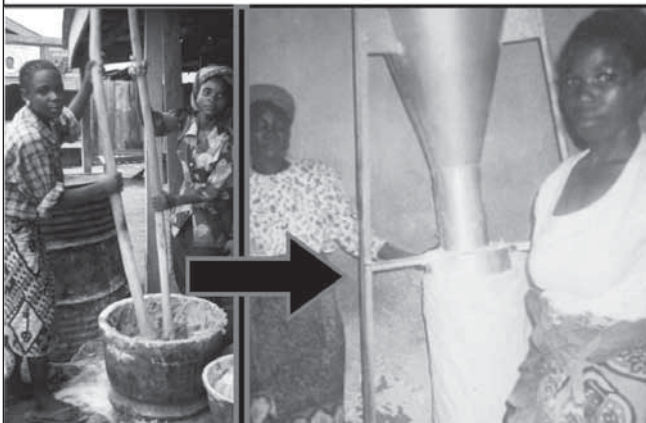
- Changes in metabolism and insulin sensitivity = diabetes
- Nutrition transition
  - Obesity
  - Hypertension
  - Cardiovascular complications
  - Diabetes
  - Gout
- Isolation & depression, mental ill-health, dementia
- Poverty
  - Hygiene
  - Water & food sanitation
  - Veterinary surveillance
  - Access to drugs & health services



## Public health, the elderly & socio-economic impact



## Its about - Reducing drudgery, workload



## Keeping the elderly physically active & mobile



**About Preserving Knowledge & Dignity**  
**“When an old man dies, a library burns**  
**down”** *Amadou Hampate Ba, Malian poet*









# Rural Ageing and Livelihood Challenges: Findings from FAO study conducted in Rural Areas of Zomba District, Malawi

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## Outline of the Presentation

- **Study Design**
- **Findings**
  - Challenges being faced by the elderly
  - Health and health conditions of the elderly
  - Socio-economic characteristics of the elderly
  - Food consumption patterns
  - Access to natural resources (water, firewood, fish and land)
  - Access to social protection Programmes
- **Summary of Key Findings from the Study**

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## Background

- Traditionally, old people are taken care of by their descendants and the general community
- However, this is changing as more young people become educated (leave villages to town) and the burden of HIV and AIDS
- Young people often fail to look after the ailing grandparents due to economic pressure and the changing social values
- The elderly are increasingly reverting back to 'active parents' and are being overburdened to care for their sick children and thereafter, orphans ([SKIP-GENERATION PARENTING](#))

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## Background cont'd

- Studies conducted in Zambia, Zimbabwe, Malawi, Uganda and Thailand between 2004 and 2007 show that over half of primary caregivers of sick people both in institutions (such as hospitals) and in homes are aged between 60 and 85
- Social protection is one of the 5 themes of the MGDS and is aimed at preventing the most vulnerable from plunging further into poverty and at assisting the development of their resilient mechanisms to absorb livelihood shocks (agricultural, health, economic etc)

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## This study

- FAO-Malawi, with support from the Government of Norway has been implementing a capacity building project for the agricultural and natural resource sectors
- This study was initiated within this project to unravel the linkages between rural population ageing, poverty, livelihoods, HIV/AIDS and natural resources

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### Study questions

- How do rural people conceive ageing?
- How is the process of ageing experienced in terms of livelihood systems, societal and family roles?
- What effects is HIV/AIDS bringing on the affected households especially on social organisation and food security?
- Which support systems do exist (formal and informal) for the elderly and their households?
- Which are the common health and social problems facing the elderly?

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### The study

- Study was conducted in Zomba district in the areas of T/A Kuntumanji, T/A Chikowi and T/A Mwambo
- The study was cross-sectional; data collection was done between December 2006 and April 2007
- Methods included:
  - Individual interviews (250 respondents), one elderly person per household
  - Focus Group Discussions (6 sessions involving 35 men and 39 women aged >60 years with 12 aged 22-50)
  - 4 of the FGDs involved either men or women in separate groups
  - Points of contact in each village were the villages heads and local support groups

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### Characteristics of the respondents – FGD

Characteristics	Sex of the elderly		All (N=74)
	Male (n=35)	Female (n=39)	
<b>Main occupation</b>			
% saying 'None'	5.7	0.0	2.7
% citing 'Farming'	91.4	92.3	91.9
% citing 'Business'	2.9	7.7	5.4
<b>Marital Status</b>			
Single	14.3	0.0	6.8
Married	77.1	48.7	62.2
Divorced	5.7	12.8	9.5
Widowed	2.9	38.5	21.6

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### Characteristics cont'd – Individual interviews

Characteristics	Sex of the elderly		All (N=250)
	Male (n=99)	Female (n=151)	
<b>Main occupation</b>			
None	8.1	27.8	20.0
Farming	70.7	62.9	66.0
Business	9.1	6.6	7.6
Fishing	2.0	0.0	0.8
Artisan work	7.1	1.3	3.6
Salaried job	1.0	0.0	0.4
Other	2.0	1.4	1.6
<b>Marital Status</b>			
Married	76.8	22.5	44.0
Divorced/separated	9.1	10.6	10.0
Widowed	14.1	66.9	46.0

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### Limitations of the study

- Sample is not representative of the elderly in Zomba and of the elderly in Malawi
- The Rural versus Urban differentials are not captured
- The study was cross-sectional (the findings may therefore reflect scenario of one season --- rainy season)
- The views represented in the report are not balanced – the survey respondents were the elderly only
- Issues of Pensioners, formal insurance etc. not covered

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### What is ageing? Being an elderly?

- Chronological age (as conventionally viewed) is silently used
- Ageing or being an elderly is defined:
  - **On the basis of declining physical fitness**  
 "our bodies get weaker everyday.....when we go to draw water we use a small pail...sometimes the water is so little that we cannot even bath..." - 75 year old woman, T/A Mwambo
  - **On the basis of phenotypic outlooks** (grey hair, wrinkled skin, bald head and walking using a stick etc.)
  - **Deteriorating health status** (rheumatism, backaches, memory loss poor vision and difficulties in understanding)
  - **Socio-economic status** (poor housing, difficulties in finding money and food etc)

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### Roles of the Elderly

- In the home/household
  - *Advisors of young children on social and sexual morals (although usually viewed as archaic)*
  - *Caring for young children when active parents are away*
  - *Caring for sick children (their own and grandchildren)*
  - *Health workers (Traditional healers)*
- In the community
  - *Selecting successive chiefs and advise them*
  - *Organizing funerals*
  - *Resolving conflicts (e.g. over land)*
  - *Initiation ceremonies*
  - *Health workers (e.g. TBAs, Traditional healers)*

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## Perceptions on ageing

- Generally, old people feel good to have lived that far
  - Not many of the present generation will reach old age
  - They enjoy being consulted for advice, history and wisdom
  - They enjoy seeing themselves living beyond them (through their descendants)
- However, **getting old while poor, with no support, ill-health and lack of food makes the process of ageing painful**
- Most elderly are becoming active parents again and they are caring for their sick children as well as grandchildren
- As more young adults die (probably due to HIV/AIDS), the elderly are blamed for witchcraft

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## Housing conditions

- Generally very poor

"... sometimes it may be an old building left by other people and may be extensively damaged on one side while we are using the other side" – 75 yr old woman, Linyama Village

"Most of us the elderly men live alone and it is difficult to fetch water and firewood.... You have to learn a woman's job, something our parents did not teach us" – 87 yr old man, Linyama village

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## Housing conditions cont'd

Characteristics	Sex of the elderly		Total (N=250)
	Male (n=99)	Female (n=151)	
<b>Type of roofing material</b>			
Grass	58.6	66.2	63.2
Iron sheets	40.4	31.8	35.2
Tiles	0.0	1.3	0.8
Other	1.0	0.7	0.8
<b>Type of wall materials</b>			
Mud only	7.1	11.3	9.6
Mud and pole	8.1	4.0	5.6
Grass and pole	6.1	0.7	2.8
Un burnt bricks	43.4	43.0	43.2
Burnt bricks	35.4	39.1	37.6
Concrete	0.0	2.0	1.2
<b>Type of windows</b>			
No windows	40.4	62.9	54.0
Timber	21.2	10.6	14.8
Grass	32.3	21.9	26.0
Other	6.1	4.6	5.2

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## Ownership of Livestock and Assets

- Ownership of livestock and assets was found to be low among the respondents, especially among the females
- 41% had chickens (50% of males, 35% of the females)
- 12% of males and 8% of females had goats
- Very low figures were reported for cattle (2%), sheep and goats (<1%)

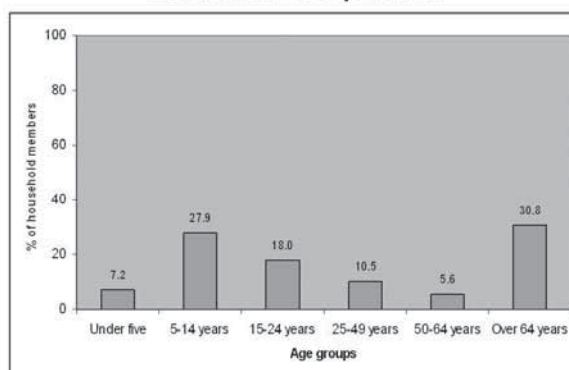
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## Ownership of Assets

Type of asset	Sex of the elderly		Total (N=250)
	Male (n=99)	Female (n=151)	
Bicycle	53.5	16.6	31.2
Radio	68.7	30.5	45.6
TV	7.1	2.0	4.0
Bed	37.4	20.5	27.2
Mosquitonet	74.7	57.0	64.0
Latrine	83.7	64.0	28.2

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## Household Composition



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## Proportion living with orphans

Number of Orphans in HH	Elderly males (n=99)	Elderly females (n=151)	All elderly (N=250)
0	78.8	65.6	70.8
1	10.1	14.6	12.8
2	7.1	10.6	9.2
3	1.0	6.0	4.0
4 or more	3.0	3.3	3.2

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## The elderly and Orphans cont'd

- 39% of 140 orphans in the survey had lost both parents; a similar proportion (39%) had lost their fathers while 22% had lost their mothers
- 79% of orphans had become orphans in the last 2 years
- 62% had lost their parents through long-term illnesses (3 months or more)
- The average age among the orphans was 8.7 years therefore requiring more than 10 years of surrogate parenting to reach adulthood
- 91% of orphans were grandchildren of the elderly

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### Orphans cont'd

- 47% of orphans started staying with their grandparents because there were not other relatives to take custody of them; 6% because they had been rejected elsewhere;
- Only 8% of elderly reported not to have lost any of their children; 25% had lost more than 5 children; 37% had lost 3-5 children; 30% had lost 1-2 children
- Over half of the children (53%) of elderly died from long-term illnesses
- Although not necessarily elucidated from the findings of this survey, HIV and AIDS are exacerbating the already fragile livelihoods of the elderly
- It would be good to design interventions that target orphans complete education beyond primary school e.g. free secondary and tertiary education

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### Access to natural Resources

- Firewood is the main source of energy for cooking for 98% of respondents; gas is used for lighting by only 1% of elderly males and none of females
- Electricity is used by 5% of respondents (6% of the males and 4% of the females)
- FGD participants expressed complaints over sources of firewood being very far, the costs of buying charcoal being high (>K700 per bag) while firewood costs K100 for three pieces of wood
- Venturing into firewood or charcoal business is not an option because tree cutting is illegal
- Individual or communal woodlots are not existent; land scarcity was cited as a limiting factor

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### Natural resources cont'd - water

- Water sources are very far and some of these dry up in the dry season
- Elderly males living alone find problems fetching water
- Boreholes (although very few and far), are main sources of water for 57%; unprotected wells account for 15%; tap water 23%

*"because there is only one borehole, there is too much congestion such that people like me find difficulties to line up and withstand the pressure ... the problem is that these young ones do not give respect to the elderly they say that respect is only given when we are in the village and not at a water point..." 73 year and 66 year old women (Ndelemani and Kasambwe villages, respectively)*

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*"some of the younger women kick out our plastic containers when we put them on the queue challenging that if we have the power we should retaliate and they kick them like football ...." – 73 year old woman, Ndelemani village*

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### Fish

- Fish is generally eaten by most of the households in the study (96%) although the regularity is lower in households where elderly females were interviewed
- FGD participants indicated preference for fish as source of proteins for the elderly than other meats (because of softness and cost)
- None of elderly females indicated fish or fishing as a livelihood resource hence they have to rely on the markets and vendors

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### Food Consumption Patterns

- Consumption of food is erratic among the elderly in the study arising from:
  - Shortages of food in the homes
  - Shortages of other supplies (water, firewood)
  - Lack of labour (especially in households with the elderly males only)
- 17% reported to eat three meals a day; 74% reported to eat two meals and 9% usually eats one meal only (mainly mid-day meals)
- Consumption of snacks was reportedly very low as well consumption of meats and milk

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### Food Consumption cont'd

	Sex of the elderly		
	Male (n=99)	Female (n=151)	Total (N=250)
% spent 1 day without food the whole day	24.2	27.8	26.4
% ate non-regular food because regular not available	56.6	57.0	56.8
% ate one meal only the whole day	56.6	62.3	60.0

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### Major Health Problems of the Elderly

Condition of health	Sex of the elderly		Total (N=250)
	Male (n=99)	Female (n=151)	
<b>Overall condition (personal assessment)</b>			
Physically fit	31.3	12.6	20.0
Frequently sick	21.2	37.7	31.2
On and off	40.4	39.7	40.0
Very old and frail	7.1	9.9	8.8
<b>Common disease problems</b>			
Rheumatism/backaches	64.3	63.6	63.9
Malaria	29.6	21.9	24.9
Diarrhoea	8.2	2.6	4.8
Upper respiratory infections	54.1	68.2	62.7

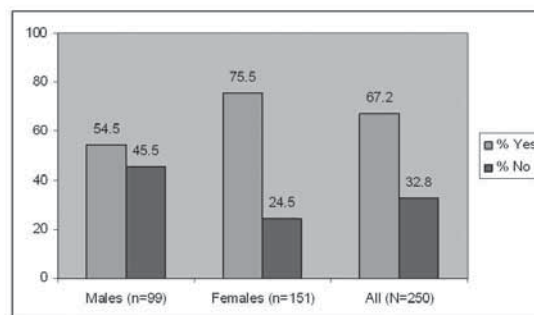
29

### Treatment seeking

- 19% of elderly females (n=130) and 11% of males (n=82) who reported some illness in last 3 months did not seek treatment
- Main reason for not seeking treatment was 'not seeing the need after several trials (76%); no caretakers to take them to hospital (15%)
- Ill-treatment by some staff at facilities was also reported by FGD participants

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### Health Problems cont'd – Disabilities related to ageing



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Nature of the disability	Sex of the elderly		Total (N=168)
	Male (n=54)	Female (n=114)	
Hearing problems	28.6	71.4	57.6
Vision problems	35.1	64.9	55.3
Memory Loss Problems	21.4	78.6	60.2
Psychological	50.0	50.0	50.2
Other (e.g. skeletal problems)	10.8	89.2	64.0

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- "sometimes I cannot see properly, I see hazy figures actually now when looking at you if I was far, I could have thought that you are all maize until you speak..." - (65 year old man, Linyama village)
- "Like myself, I can keep money today in my house and tomorrow I will go to borrow from my neighbours because I cannot locate where I had put the money..." - 67 year old woman, Kasambwe village

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### Access to Social Protection

- 42% of males and 38% of females reported that their households were visited by a CBO/FBO, NGO or government officer for external support in last 12 months
- The majority of these received food/nutritional support
- 58% of males and 56% of females reported to have received coupons from the 2006/07 ISP
- FGD respondents had reservations over distribution channels and criteria for releasing coupons (e.g. to show proof that one can afford K950; and participation in development programmes)

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### Other Problems being faced by the elderly

- Various forms of abuse (verbal and physical)
  - Both in households, community and at health facilities
  - 19% reported to have been accused of something in the village; 6% in their households
- Theft of property and/or property grabbing
- Isolation from development and other activities
  - 40% reported to have been rejected from development work such as road maintenance

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### Deaths and accusations of witchcraft

- Most longitudinal and short-term deaths are still being associated with witchcraft and the elderly are blamed (7% of the 151 females and 6% of the 99 males in the study)
- "They should not see a cat near your house, they say your fellow wizards have come to visit you and if they see you chasing them they say you are talking to your friends in your language"
- "if you go visiting a person who is very sick, they say you have come to finish off the person ....."
- Stigma and perceptions surrounding illnesses may be delaying proper treatment

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### SUMMARY OF KEY FINDINGS

- Poverty is real among the elderly manifested in:
  - Ill-health
  - Irregular meal consumption patterns and food insecurity
  - Low cash flow
  - Poor housing conditions
- HIV and AIDS exacerbating the already fragile livelihoods
- Households headed by females generally perform poorly on socio-economic issues whereas those with elderly men only perform poorly on sanitation and food consumption

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## SUMMARY CONT'D

- The incidence of surrogate parenting is increasing --- most of the orphans requiring >10 years of support before they complete secondary education
  - Support for school fees could be considered for orphans beyond the free primary education
- Social support not being accessed by all the elderly
- Cases of abuse and attaching illnesses and/or deaths in households and in the village to witchcraft are still prevalent and these may be delaying proper treatment

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# SOCIAL PROTECTION AND AGEING IN MALAWI

Zifa Kazeze\*

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# I. INTRODUCTION

Population issues in general have evolved over time in Malawi. It will be noted that population issues in the context of family planning was a taboo in Malawi till 1982 when the Malawi Government adopted a child spacing programme. Subsequently, the Government adopted a National Population Policy in 1994. That policy has objectives which include the lowering of population growth rate compatible with the social and economic development objectives. The policy is silent on issues of the elderly people. Under a Care Support Empowerment of the Aged (Project MLW/02/PO6), the United Nations Fund for Population Activities (UNFPA) provided funding to Aged Support Society of Malawi (ASSOM) during 2002 to 2004. UNFPA support focused on increasing public awareness of the needs of the elderly population in Malawi, particularly their role in the care of orphans, HIV affected and people living with AIDS. In 2004, UNFPA support to ASSOM was discontinued for a number of reasons, one of which was that the project seemed to have detracted from its original goal.

In 2003, ASSOM, with the collaboration and assistance from the Ministry of Economic Planning and Development and the University of Malawi, conducted research on **The Aged Persons in Malawi: Towards Understanding Their Situation and Challenges** (11). The study covered the districts of Zomba, Nsanje, Blantyre, Mchinji, Lilongwe and Mzimba. One Traditional Authority (TA) was selected in each of the selected districts and five villages were selected in each selected TA. The findings of the study highlighted the following:

- Generally, most people surveyed perceive aged persons in a positive way, however some view them as witches or wizards;
- Abuse of the elderly persons is common as nearly half of the respondents (48 percent) knew or had heard of some abuse of old persons;
- The abuses of old persons were within the households and communities and were hardly reported;
- Older women are more affected by ill health and economic hardships than older men;
- Poverty and lack of income were serious problems affecting the well-being and livelihoods of the elderly people;
- As the majority of the aged never worked in the formal sector, they have no pension to help them in old age.

Among the recommendations in the study were the following:

- Government and stakeholders should formulate a policy on the aged to guide programmes aimed at mitigating the impact of socio-economic challenges the elderly people face;
- Opportunities be created for income generating programmes for those elderly people who are able to work;
- Government should find long-term solution such as establishing a social security system to support the aged;
- Trained community based paramedical personnel to provide basic health care to the aged at the community level; and
- Civic education to be provided in the communities on the rights of elder persons to reduce the incidence of abuse of the aged.

The current Government of Bingu Wa Mutharika is the first to seriously focus on issues affecting the elderly in Malawi, for example,

a) The Malawi Growth and Development Strategy (MGDS), 2006 to 2011, has recognized the need to address issues related to social protection of the most vulnerable including the elderly people (1);

b) the Government has established a Ministry of Persons with Disabilities and the Elderly;

c) the Government has drafted a policy on the elderly;

d) the Government is currently drafting a policy on social protection of the vulnerable including the elderly;

e) the President has established an NGO called the Bingu Silvergrey Foundation for the Elderly (BSF). One of the objectives of BSF is to promote and safeguard the social security and welfare of the elderly;

f) the on going Pilot Cash Transfer Project includes the elderly.

The President has the commitment to improve the well-being of the elderly in Malawi. When officially launching the BSF on 18 November 2007, he said that being elderly did not mean that one was useless, but that one had something to contribute to society. Through the activities of the BSF, government and other organizations and development partners, the President expects that a bridge between the elderly and the younger generation (intergenerational solidarity) will be created so as to ensure that skills and knowledge continue to be passed on from one generation to the next.

Among the priority areas of the MGDS include agriculture, food security, prevention and management of nutrition disorders, HIV and AIDS. These are relevant issues of discussion for this meeting. Further more, it should be observed that the sub theme on conservation of natural resource base, the MGDS focuses on fisheries, forestry, environmental protection and Wild life. This is another important livelihood issue for the current meeting. In this context, the Government of Malawi, with assistance from the Food and Agriculture Organization (FAO), has prepared the Forestry HIV and AIDS Strategy, 2007-2011. FAO also assisted the Government of Malawi in conducting research and organizing a workshop on Rural Ageing and Livelihood Challenges in July 2007. FAO is also supporting the current workshop.

Malawi, like many developing countries, suffers from intergenerational transmission of poverty. Some form of social protection, including social pension programmes would go a long way in reducing poverty and vulnerability among older people and their families.



Furthermore, it would be difficult for most developing countries, including Malawi to achieve the Millennium Development Goal on reducing poverty by half by 2015 without some form of social protection for the elderly and other vulnerable groups. It is in this context that Professor Joseph Stiglitz (*Nobel Prize winner and former Chief Economist of the World Bank and founder of the Initiative for Policy Dialogue*) says, **“There is no subject of greater and increasing importance than ageing, correspondingly, there is a need to provide for the important population group composed of older people. This influences the very nature of our societies and affects not only older people but also all aspects of societies” (2)**

This paper attempts to present, in Section II, a global, regional and sub regional debate on ageing issues and social protection. Section III presents the current situation on social protection for the elderly and other vulnerable groups in Malawi while Section IV presents some examples and lessons from other countries on social protection. Conclusion and recommendations are in Section V.

## **II. GLOBAL, REGIONAL AND SUBREGIONAL DEBATE ON AGEING AND SOCIAL PROTECTION**

### **a) Global Level**

Global issues on ageing have evolved since 1982 when the International Plan of Action on Ageing was adopted at the First World Assembly on Ageing in Vienna. In 1991, United Nations Principles for older persons were formulated. The principles include areas such as independence, participation, care, self fulfillment and dignity.

The Second World Assembly on Ageing was held in Madrid, Spain from 8-12 April 2002. That Assembly adopted the Madrid International Plan of Action on Ageing (MIPAA). MIPAA calls for the need to integrate the evolving process of global ageing within the larger process of development. Specific issues on older persons in MIPAA include: (3)

- Active participation in society and development ;
- Work and the ageing labor force;
- Rural development, migration and urbanization;
- Access to knowledge, education and training;
- Intergenerational solidarity;
- Eradication of poverty;
- Income security, social protection / social security and poverty prevention;
- Emergency situation;
- Health promotion and well-being throughout life;
- Older persons and HIV and AIDS;
- Universal and equal access to health care services;
- Older persons and disabilities;
- Housing and the living environment;
- Care and support for care givers;
- Neglect, abuse and violence and;
- Images of ageing.

All the above issues are determinants of the well-being of the elderly. For each of the above issues, MIPAA has specific recommendations on addressing elderly people. MIPAA has identified poverty as the greatest threat to older people worldwide and has called on governments, public and private institutions to incorporate older people into development processes and allocate resources accordingly.

Social protection measures can assist poor people, including the elderly to respond to the effects of poverty and also contribute towards the achievement of the Millennium Development Goals including that on the reduction of poverty by half by 2015. Social protection can take different forms such as cash transfers (pensions; child support grants, child feeding programmes) or through the provision subsidized farm inputs (fertilizer, seed, etc) or public works. Cash transfers are particularly important to the elderly as their income earning capacity is lower than the younger adults and continue to decline with further advancement in old age.

MIPAA is implemented globally, regionally, sub regionally and nationally. It should be emphasized here that implementation at the national level is crucial and key towards the success of MIPAA. Thus national governments have the central role and primary responsibility in assisting their elderly. The first five year review will be reported to the United Nations General Assembly in 2008.

#### **b) Regional Level**

Regionally, the five United Nations Regional Commissions debated ageing issues. Each regional commission made input into the MIPAA. In the case of Africa, however, the Economic Commission for Africa (ECA) worked with the African Union (AU) and the input to MIPAA was AU Policy Framework and Plan of Africa on Ageing (4) adopted by AU Heads of State and Government in July 2002. The policy framework and plan of action serves as guide for all member states in the designing, implementing, monitoring and evaluating national policies and programmes to meet the needs of older people. The policy framework and plan of action focuses on key priority issues on ageing including: the rights of older people; poverty; food security and nutrition; housing and living environment; family; social welfare; employment and income security. All these are determinants of the well-being of older people in Malawi and any other country in the world.

Regarding social protection issues in Africa, an Intergovernmental conference on social protection was held in Livingstone, Zambia, from 20- 23 April 2006. It brought together more than a hundred ministers and senior representatives from 13 African Governments. Malawi participated at that conference. The aim of the conference was to examine new ways to tackle poverty and promote human rights of the poorest in Africa. The conference emphasized that political will was the driving force for long-term investment in social protection programmes.

The Livingstone conference defined ***social protection as a range of protective public actions carried out by the State and others in response to unacceptable levels of vulnerability and poverty, and which seek to guarantee relief from destitution for those sections of the population who for reasons beyond their control are not able to provide for themselves.*** The outcome of the Livingstone Conference was the Livingstone Call of Action on Social Protection which is reproduced in the box (5).

The AU is taking a lead role on continental issues on social protection. It has drafted

### **THE LIVINGSTONE CALL FOR ACTION**

- Greater cooperation between African and other countries in sharing and exchanging information, including experiences and action on social protection and cash transfer.
- Cash transfer programmes to be a more used policy option by African governments. Transfer programmes include social pensions and cash transfers to vulnerable children and households, older people and people with disabilities.
- Commitment at national and international levels to social protection and to the promotion of consensus between ministries and institutional coordination, to enable effective national plans.
- African governments to prepare costed cash transfer plans within two to three years that are integrated into national development plans and national budgets, which development partners can supplement.
- Increased investment in institutional and human resource capacity and accountability systems.
- Reliable long term funding for social protection, from national budgets and from development partners.
- The institutionalization of biannual conferences on social protection supported by the African Union.

Livingstone, Zambia, 23 March 2006

a Social Policy Framework which is aimed at fostering sustainable human and social development. The Social Policy Framework will provide guidelines which will assist member states in formulating national policies that address poverty and basic needs of poor people, especially the most vulnerable. An AU Conference of Ministers responsible for Social Protection is planned for 2008

### **c) Sub-regional and National Levels**

In the case of Africa, the debate goes on also at sub regional level and finally at national level. Both UNECA and AU have sub-regions.

It will be noted that in Malawi, a national policy on ageing has been formulated. Among the overall policy objectives include:

- Promoting the status, well-being and security of the elderly;
- Protecting the rights of older persons;
- Encouraging community-based care for elderly people;
- Combating abuse and exploitation of older persons;
- Empowering older persons to contribute and participate in the economic, political and social activities;
- Alleviating poverty amongst the older persons.

Consultations on the draft are expected to be conducted in each of the three regions by the end of 2007 while a national consultation is planned for early 2008. Thereafter, the draft will be submitted to the Cabinet. As for social protection, Malawi is currently drafting a Social Protection Policy.

### III. SOCIAL PROTECTION FOR THE ELDERLY IN MALAWI

#### OVERVIEW

In the recent past, social protection was not given any priority and yet most people are affected by high poverty level. Various economic and development strategies have not been successful in improving the well-being of the population in general. The elderly have been experiencing increased socio-economic hardship. Currently, the Government of Malawi estimates that 52.4 percent of the population live below the poverty line of US\$1 per day.

In the past, the elderly in Malawi used to depend on the economic and social support of their children and the community. With increased socio-economic difficulties and changing family ties, children fail to look after their ageing parents. Similarly, communities are failing to provide for the needs of the elderly. The plight of the elderly is made worse with the direct and indirect effects of HIV and AIDS. This pandemic has taken a toll on the lives of young people of working age groups. The result has been large numbers of orphans under the care of grand parents who are economically not equipped to provide support and care of their own needs. Help Age International (HAI) estimates that 50 to 60 percent of orphans live with grand parents in Malawi, Botswana, Namibia, South Africa, Tanzania and Zimbabwe.

Malawi does not have a comprehensive social protection programme. Existing social protection for those employed in the public service benefit very few retired employees. Even for the majority in this group, the retirement pension benefits are not sufficient. The Public Pensioners Association of Malawi (PUSEPA) is an NGO and was established in 1994. It negotiates with the Government on issues affecting retired public servants with a view to preserve, protect and promote their rights and dignity. Those people employed in the informal sector have no form of social protection. Thus the majority of rural population, which constitutes about 83 percent of the country's population, has no form of social protection. They are income insecure. There is therefore, a need for a non-contributory pension as a significant component of old age income security.

Since 2004, UNICEF has been influential in advocating for social protection especially the need to integrate social cash transfers into the Malawi Growth and Development Strategy (MGDS) and into the budget of funding organizations such as the Global Fund and the National AIDS Commission. The advocacy by UNICEF was successful and in 2005 UNICEF financed, on request from the Government, a consultancy to draft the terms of reference for operational research to draft a social cash transfer pilot scheme. In 2006, UNICEF financed study tours for Malawians to study cash transfer schemes in Zambia and Brazil. In July 2006, the Mchinji pilot cash transfer scheme started with financial and technical support from UNICEF.

A number of workshops and consultancies which were donor initiated since 2005 contributed to raising awareness in Malawi among policy-makers on social protection issues. Government realized the need to formulate a National Social Protection Policy Framework (NSPPF). To accelerate the process, the government established, in September 2006, a Social Protection Steering Committee (SPSC) on permanent secretary level and Social Protection Technical Committee (SPTC) on director level to

facilitate the formulation of a national policy on social protection. The Government has embarked on the process of drafting a National Social Protection Policy. The aim of the policy is to ensure a strategic coordination of new and existing social protection initiatives within a common institutional and funding framework.

In designing social protection policies in developing countries, including Malawi, attention should be paid to the following:

- A policy has to be formulated based on the specific circumstances of the country concerned;
- Special attention need to be given to strengthening family structure and traditional community support in caring for elderly people. These family/ community and traditional mechanisms have been weakened over the years due socio-economic hardship and changing family structures;
- Policies should take cognizance that the informal sector is very large in developing countries and continues to grow while there is no insurance pension for those in the informal sector;
- Generation of resources for social protection to address the needs of all older persons ;
- Linking social protection and development outcomes. Social protection is a development strategy in reducing poverty. Thus social protection and development complement each other; and
- Strong political commitment and effective institutional mechanism are a must in the delivery of social protection policies and programmes.

The current Government for the first time is addressing social protection issues in its MGDS. Under the theme on Social Protection and Disaster Risk Management, the government has indicated that protecting the most vulnerable will require the following actions: (1)

- Caring for the most vulnerable with limited factors of production (malnourished under-five children, school-going children, orphans, pregnant and lactating mothers and destitute families);
- Preventing the vulnerable from slipping into poverty due to economic shocks;
- Increasing the assets of the poor to enable them to engage in economic development activities; and
- Preventing disaster where possible and mitigating the negative impact of disasters on the vulnerable.

## **MALAWI PILOT SOCIAL CASH TRANSFER**

### ***Brief Background***

Malawi is one of the poorest countries with 52.4 percent of the population living on less than US \$1 per day. The project profile on the pilot cash transfer in Malawi shows that :(6)

- Over 4 million children in Malawi live in poverty, which is deep and widespread;
- Poverty is manifested by low income, low literacy, food insecurity , high rates of child malnutrition as well as high disease prevalence;
- 50 percent of children under the age of five are stunted;
- 13 percent of the country's 7.3 million children under the age of 18 have lost their parents, many due to HIV and AIDS; and
- More than 50 percent of children who should be in primary school have dropped out due to poverty, hunger and cultural barriers.



Concerned with the situation highlighted above, the government of Malawi would like to improve the livelihoods and welfare of the poorest and most vulnerable people through social protection. The Government, with financial and technical support from UNICEF initiated a pilot social cash transfer scheme in Mchinji District in July 2006. The project is being extended to six other districts (Likoma, Salima, Machinga, Chitipa Mangochi and Phalombe) with financial support from the National AIDS Commission (NAC)

## THE PILOT SCHEME

### *a) The Goal and target*

In context of comprehensive social protection programmes, the goal of the pilot cash transfer scheme is to contribute to national effort: reduce poverty and hunger in the very poor households; increase school enrolment and attendance; and improve the health, nutrition, protection and well-being of orphaned and other vulnerable children.

The project targets 10 percent of very poor households that are labour constrained without able-bodied members in the 19-64 age group fit to work, but have dependants. Such households are generally headed by the elderly who look after the orphaned and vulnerable children; child and female headed households debilitated by chronic diseases including HIV and AIDS.

The process of selecting the 10 percent beneficiary households is done through a multi-stage participatory process. It first involves the holding of a Village Development Committee (VDC) meeting to brief the people in the village on the pilot project; then choosing representatives of villages under the VDC; training the selected representatives as Community Social Protection Committee (CSPC); identifying the beneficiary household and ranking them; subsequently, interviews are conducted by the CSPC, and verification is done by the District Social Protection Sub-committee (DSPSC), supported by extension workers and approval of the final list of targeted households is carried out by the Social Protection Steering Committee (SPSC)

### *b) The Monthly Cash Transfers*

The monthly cash transfers are paid to the beneficiaries by District Assembly (DA) staff accompanied by police officers at a safe and secure place. The amount of the transfer depends on the household size and also takes into account if a household has children in primary or secondary school. Where there is a child enrolled in primary school, a bonus of US\$1.3 is added; in the case of a secondary school child, the bonus is US\$2.6. The child bonus is intended to encourage school enrollment and attendance. The monthly cash transfer amounts per household, without school entitlements, are as follows:

- 1 person household US\$4 (about MK600)
- 2 person household US\$7 (MK1, 000)
- 3 person household US\$10 (MK1, 400)
- 4+ person household US\$13 (MK1, 800)

Information on the social transfer scheme shows that by April 2007, 7,480 children from 2,442 households had benefited from social transfers, including an education bonus. About 80 percent of the child beneficiaries are orphans. Nearly 70 percent

of the beneficiaries of cash transfers so far are children. It is expected that with the extension of the scheme to 6 other districts that social cash transfers will reach 6,000 households by the end of 2007 and 12,000 households by the end of 2008. A one year evaluation report of the cash transfer scheme in Malawi is expected to be prepared by the end of March 2008.

### ***c) Institutional Machinery***

At the national level, the Ministry of Economic Planning and Development, in collaboration with the Ministry of Women and Child Development, oversees the design and implementation of the cash transfer scheme. Under the leadership of the Office of President and Cabinet (OPC), a Social Protection Steering Committee (SPSC) has been established, and together with the technical working group is mandated to oversee and provide technical support for the formulation of a social protection policy and programme.

At district level, the District Assembly (DA) is responsible for the implementation of the scheme. The structure at district level include: a multi-sectoral social protection sub-committee which validates information from the community based social protection committee (CSPC) and approve eligible beneficiaries. NGO's and community based organizations play an important role as members of the SPSC.

At the level of the community there is a community social protection committee (CSPC) which identifies the most needy households according to the targeting criteria.

### ***d) Financing of the Scheme***

Regarding financial support, NAC provides financial support especially with the extension of the scheme to 6 other districts .UNICEF provides technical and financial support to the design, testing, monitoring and evaluation of the project. It also assists with capacity building of government staff.

### ***e) Assessment of the Pilot Project***

At the time of preparation of this paper, no data was available on the assessment of the project. As noted earlier, some evaluation of the project will be completed in 2008.

## IV. SOME EXAMPLES AND LESSONS ON SOCIAL PROTECTION PROGRAMMES FROM OTHER COUNTRIES

### OVERVIEW

Countries in Africa that have some form of social pilot programmes include Lesotho, Namibia, Botswana, Kenya, Mauritius, South Africa, Senegal and Zambia. The programmes in South Africa and Senegal are large scale and are based on means tested and restricted to the older people. Means tested social protection pensions have the disadvantage of missing many people. Moreover, they are difficult to operate. As opposed to means tested programmes, universal non-contributory social pensions cover a wider sector of the population and hence help to improve the livelihoods of many people. Elsewhere in developing countries, social pension programmes are implemented in Brazil and Nepal.

### *Description of some Selected Programmes*

#### *a) Zambia Kalomo Pilot Cash Transfer Project*

The objectives of the project were:

- Reduce extreme poverty and hunger in 10 percent most destitute households in the region (about 1,000 households)
- Focus mostly on households headed by older people caring for orphans and vulnerable children, in which the bread winners are chronically sick or they have died
- Generate information on the feasibility, costs and benefits of a social cash transfer scheme as a component of social protection strategy for Zambia

The German Government supports financially this project. The payments are about ZK 30,000 (US\$6) per month per household. The amount is increased to ZK 40,000 (US\$8) for households with children. Transfers are made to local banks where beneficiaries are assisted to open accounts or in remote areas to schools or hospitals. It is estimated that the national version of the project would cost about .5 percent of the GDP. The pilot cash transfers scheme to older people caring for orphans has improved school attendance. The results of the pilot project in Kalomo have been encouraging. Consequently, both the government of Zambia and DFID and other donors have shown interest to replicate the project. Other African countries have shown interest in the Zambia pilot scheme.

#### *b) Lesotho Social Pension*

Social pension in Lesotho was introduced in 2004. Those aged 70 years and above, except those already receiving a government pension, receive 150 Maloti (US\$22) per month. Such pension is received at post offices throughout the country. Photo identification is required to register for pension. This pension is financed from state budget. Social pension constitutes 2.4% of the national budget or 1.43 percent of GDP. In 2006 almost 72,000 people, 96 percent of those eligible were receiving the social pension, more than half of them were women.

The results from the programme on social pension suggest that positive impact not only on the recipients but also beneficial impact on the local economy and community. There is debate on the need to increase coverage by widening eligibility to start from the age of 65 and also to increase the cash transfers. Research done on the Lesotho social pension shows that 18 percent of recipients spent part of their social pension on creating cash jobs for other people.

### ***c) South Africa Social Pension***

As noted earlier, South Africa implements a means-tested, non-contributory pension. This was first introduced in 1928, however, it was extended to all racial groups only in 1993. Coverage for eligibility is women over 60 years and men over 65 years. The monthly pension is about R780 (US\$109). The Department of Social Development administers the pension which is financed by the general taxation. The old age pension cost about 1.4 percent of the GDP. Country wide, about 2 million people receive old age pension, which is 94 percent of those over 65 years. It is observed that although the pension is means tested, it has a universal coverage of those over 65 years.

In terms of impact, the social pension reduces the number of those below the poverty line by 2.24 million. Further more, it increases the income of the poorest 5 percent of the population by 50 percent. Research by HAI conducted in South Africa indicates that social transfers including pensions facilitate access to create employment. Similar research in northern Namibia also shows that one quarter to one half of pension income is invested in productive enterprises.

### ***d) Brazil Pension Programme***

The 1988 Brazil constitution recognized the right to social protection for workers in the rural areas, particularly for those in informal employment. This led to the formulation and implementation of a new rural old age pension since 1991. Initially, the age of pension eligibility was reduced from 65 years of age to 60 for men and 55 years for women. Later on, entitlements to old age, disability and survivor pensions were extended to workers in subsistence activities in agriculture, fishing and mining as well as to those in informal employment. Prior to 1991 only heads of households were entitled to a pension. After the reforms the entitlements were extended to all qualifying workers thus expanding coverage to female rural workers who were not heads of household. Pension benefit was raised from half to one minimum wage (200 Reals as of December 2002, equivalent to US\$55).

The non-contributory pension programme in Brazil reaches about 5 million poor older people at a cost of 1 percent of the GDP. The programme is reported to be financially sustainable and commands strong political support. Social pension in Brazil increases the share of the poorest 5 percent in national consumption by 100 percent, the pension programme in Brazil is associated with increased school enrolment, and particularly girls aged 12-14. A pension in the family reduces a household probability of being poor by 18 per cent.

### **General Lessons**

From the few examples given above and research results by various organizations including HAI, as well as by individuals, it is clear that social protection pensions:

- empower the elderly;
- help reduce extreme poverty and hunger and improve health;
- contribute to the human rights agenda including gender equality;
- improve the life chances of orphans and vulnerable children;
- programmes are feasible and create economic opportunities;
- can be implemented at minimum cost which may be less than 3 percent of a country's GDP;
- strengthen the social contract between the government and its citizens, thereby enhancing social cohesion ;
- strengthen intergenerational solidarity within households/families;
- improve economic situation of households where the elderly provide care to vulnerable children whose long-term prospects are thus enhanced;
- strengthen the ability of households to manage asset and respond to risks, vulnerabilities and opportunities; and
- contribute to gender equality and promote empowerment of women.

The above are positive factors which impact on the well-being of the elderly, other vulnerable groups and society as a whole.

It should be noted that there are challenges in most developing countries that limit the initiation and implementation of social protection programmes, especially non-contributory pension. These include: weak political commitment, demonstrated by lack of priority accorded to social protection as well as non provision of budget for social protection; dependency on donor support , especially funding; sustainability of donor driven projects/programmes is seldom when donor funding stops; successful pilot projects are generally not replicated nation wide; weak human and institutional capacity. Where governments are committed, the above limitations can be overcome and pave way for the implementation of social protection programmes.

If leaders agree with Professor Joseph Stiglitz that “*There is no subject of greater and increasing importance than ageing, correspondingly, there is a need to provide for the important population group composed of older people. This influences the very nature of our societies and affects not only older people but also all aspects of societies*”, then they should take action and address issues of social protection for the elderly.



## V. CONCLUSION AND RECOMMENDATIONS

### ***a) Conclusion***

Older persons are important and have contribution to make in socio-economic development. It is important, therefore, that the implications of ageing issues in Malawi are understood, especially the challenges older persons face and to respond to the challenges and opportunities of ageing. To fully understand the challenges and opportunities, there is need to understand factors that determine the well-being of elderly persons. Among these are: active participation in society and development; work and the ageing labour force; rural development; migration and urbanization; access to knowledge, education and training; intergenerational solidarity; eradication of poverty; income security; social protection/social security and poverty prevention; health promotion and well-being throughout life; older persons and HIV and AIDS; universal and equal access to health care services; housing and living environment; care and support for care givers; neglect, abuse and violence etc.

MIPHA and the AU Policy Framework and Plan of Action on Ageing provide frameworks for mainstreaming ageing in the development processes. It is the primary responsibility of government, at national level to implement the recommendations in these policy instruments.

Social protection and development outcomes are linked. Social protection should be viewed as a development strategy in reducing poverty. As noted in the paper, poverty is the greatest threat to elder persons. Social protection and development complement each other. General lessons on social protection pensions show that these programmes are feasible and affordable. The programmes have positive impact on the elderly, other vulnerable groups and society as a whole.

### ***b) Recommendations***

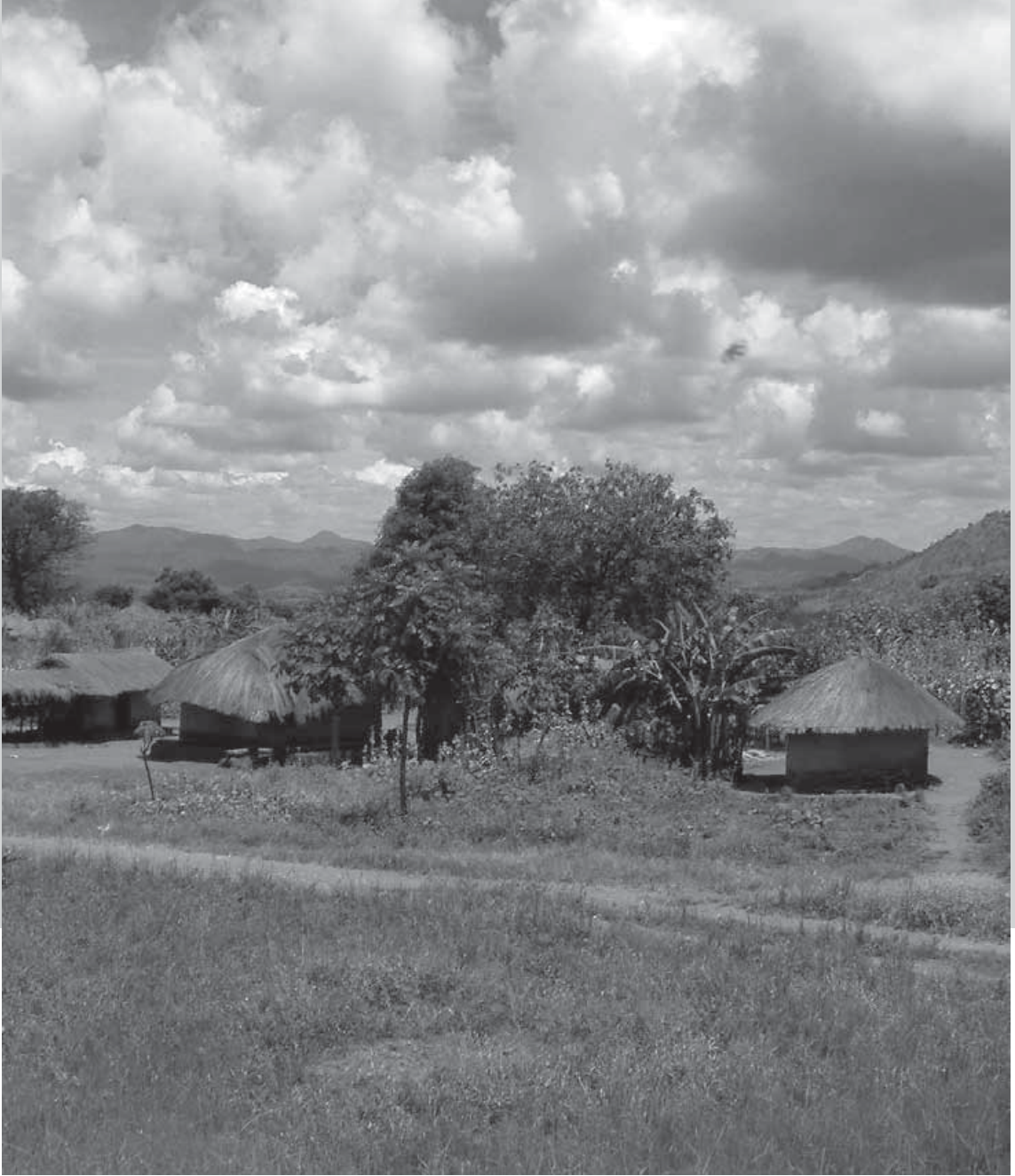
The recommendations that emerge from this paper include the following:

- The Government of Malawi, public and private sector, as well as civil society organizations need to work together to create a conducive environment that encourages the older people to continue making contribution to the country's socio-economic development.
- The Government of Malawi, the public and private sector and civil society organizations need to incorporate and mainstream older people's issues into the development process and allocate resource accordingly.
- The Government of Malawi should respond to the Livingstone Call for Action on Social Protection and cash transfer.
- In view of the policies under preparation on ageing and social protection, the Government of Malawi need to strengthen capacity of those to be involved in the implementation and follow-up on the policies after adoption. Furthermore, institutional mechanisms for implementation of the policies should be strengthened. Adequate resources should be allocated in the national budget for the policies;
- The Government of Malawi should consider the provision of non-contributory pension as a significant component of old age income security.
- The Government of Malawi, depending on the outcome of pilot cash transfer project should consider expanding cash transfer to cover the whole country.

- Development partners need to continue supporting Malawi, in its efforts to address the plight of vulnerable groups, including the older persons.
- As the support from development partners is not for ever, the Government has to ensure sustainability of programmes and projects initially supported by development partners.

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# Social Cash Transfers in Malawi: From Pilot to Scaling up



For every child  
Health, Education, Equality, Protection  
ADVANCE HUMANITY



unicef 

## Contents

- Profile of poverty and vulnerability
- Key parameters of cash transfer scheme
- Implementation structures
- Coverage and financing
- Impact on children
- Implementing the scaling up of the pilot
- Challenges
- Monitoring and external evaluation
- Some lessons learned
- Relevant website addresses



Malawi Population by District



## Profile of Poverty and Vulnerability

- 52% of 12,6 Million Malawians are absolutely poor;
- 22% of those are ultra-poor, living under 0.20 USD per day;
- 10% of total population is not able to participate in productive activities because they are destitute and labour-constrained;
- High and repeated exposure to shocks and risks;
- *Ex ante* strategies are limited, esp. for low income households.

## OBJECTIVES

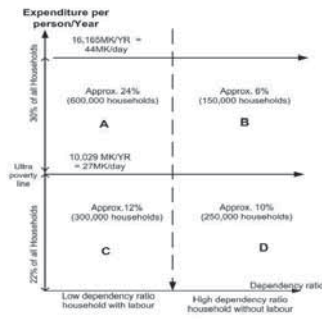
- To reduce poverty, hunger and starvation in all households living in the pilot areas who are *ultra poor* and at the same time *labour constrained*;
- To increase *school enrolment and attendance* of children living in target households and *invest in their health and nutrition status*;
- To *generate information* on the feasibility, costs and benefits, and on the positive and negative impacts of a Social Cash Transfer Scheme as a component of a national Social Protection Programme for Malawi.



## TARGETING CRITERIA

- Ultra poor: living below the lowest expenditure quintile and below the national ultra poverty line (only one meal per day, no valuable assets).
- Labour constrained: a household is labour-constrained when it has no able bodied household (HH) member in the age group 19-64 who is fit for work (chronically sick, disabled, elderly, child-headed) or when a HH member who is fit but has a dependency ratio of more than 3.

## TARGETING THE ULTRA POOR



## Levels of cash transfers

- 1 person household (HH): MK 600 / app. 4 USD
- 2 persons HH: MK 1,000 / approx. USD 7
- 3 persons HH: MK 1,400 / approx. USD 10
- 4 persons HH: MK 1,800 / approx. USD 13

Bonus for primary school going children of MK 200 and for secondary school going children of MK 400.

Average cost per HH p.m. is USD 13, annually USD 156 plus 20 USD for operational costs.

## Implementation structures

### At the national level:

- Social Protection Steering Committee
- Social Protection Technical Committee
- Social Protection Unit
- National Social Cash Transfer Secretariat

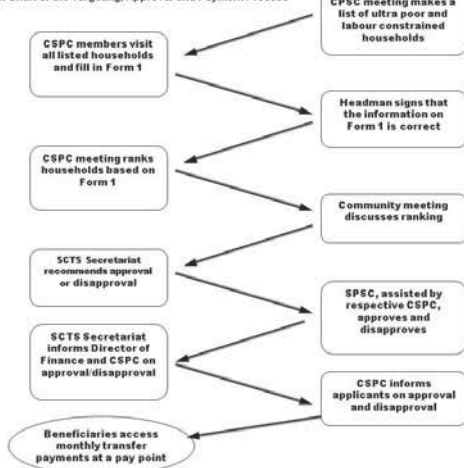
### At the district level:

- District Assemblies
- District Social Protection Sub Committees
- DSWO with social cash transfer secretariat

### At the community level:

- Village Development Committees
- Community Social Protection Committees

Flow Chart of the Targeting, Approval and Payment Process



## Payments deliveries



## COVERAGE

- In Mchinji, to date 3,094 households obtain a monthly cash transfer, reaching a total of 14,332 persons;
- 9,734 are children of whom 7,868 are orphans (81%);
- 2,018 (65%) are elderly headed, 2,028 (66%) are female-headed and 37 (1,2%) HHs are Child-headed;
- In Likoma, 194 households obtain bi-monthly cash transfer since the end of July
- In Machinga, 332 households obtained their first cash transfers in Sept and every month the SCTS increases with an additional 400 HH's
- At year-end, the aim it is planned to reach 6,000 households in four districts incl. Salima district

## FINANCING

- UNICEF has provided funds for TA to design and test the methodology for the scheme, for the cash transfers, the operational cost and the initial scale up to 3 additional districts;
- The Global Fund has committed USD 371,000 for the pilot in Mchinji in 2007 with the pool fund donors (WB, DFID, CIDA and NORAD);
- GF Round 5 has 9,1 M USD in support of the roll out of the Scheme. NAC is PR and this funding started in July 2007;
- USAID, Child and Family Applied Research Grant, UNICEF New York and Boston University School of Public Health are funding the external evaluation.

## Some results..

- High effectiveness of targeting, payments being made reliably and cost-effectively;
- Reduced operational cost 1.2% in May for the cash payments;
- Preliminary results show clear impact on meeting the basic needs, such as food, clothing, access to education (18% increase to primary school and 12% improvement in school performance) and increased access to health services;
- Many HHs have invested in their shelter, 75% of hh's report to have enough blankets for all hh members, livestock (61% hh's chickens, 46% goats), hh's harvested on average 12 bags of maize (of 50kg each) as well as groundnuts, soya beans as they used improved seeds and fertilizer;
- Persons Living with HIV's nutritious basis has improved.

## Impact on women and children... before the cash transfer



Number of meals taken yesterday			
None	One	Two	Three
2%	45%	51%	2%

- 73% of households went 8 or more days in the last month without enough to eat
- 79% report feeling 'hungry' or 'very hungry' after taking their meals



## IMPACT One year on....

Rec No	Frequency of taking a meal in a day	% of HHs	Confidence interval for Proportion of HHs		Sample Variance	Estimated Number of HHs		Number of sampled HHs
			LCL	UCL		Min	Max	
1	HHs taking 3 meals a day	75	0.62	0.88	0.007	37	53	21
2	HHs taking 2 meals a day	25	0.12	0.38	0.007	7	23	7
3	HHs that did not take a meal yesterday	0	0	0	0	0	0	0

Data from May monthly monitoring report Mchinji

## Impact on children?

- More than 60% of household beneficiaries are children;
- These are the most needy children, who are under privileged, deprived, socially excluded and vulnerable;
- 80% of these children are orphans;
- Lifting these households above the ultra poverty line empowers the caregivers to provide for all household members a better and diversified meals, access to health services, NRUs (as they can now afford transport), shelter, clothes and access to education;
- Hence, a social cash transfer programme focusing on ultra poor labour constrained households is at the same time a child welfare programme. By adding a child education bonus, the programme can benefit children over average, and be seen as an investment in human capital.

## Implementing the scaling up of the pilot

- Pilot was endorsed by Cabinet on 8 November 2006 and rapid scale up was requested to 6 additional districts by the end of 2008;
- Scaling up of the pilot started in June in Likoma, in September in Machinga and will begin today in Salima. Preparations are underway for the scaling up to 3 other districts in 2008;
- Government is committed;
- NSPTC has drafted the third draft Social Protection Policy. Cash transfer feature in the SP Policy as one core strategy.

## Monitoring and evaluation

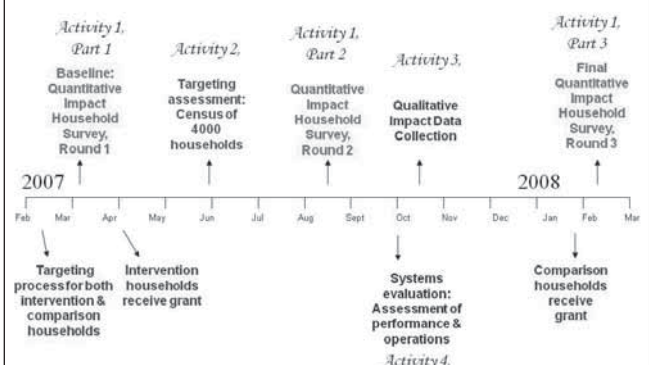
Different instruments have been established to monitor and evaluate the scheme, these are:

- District monthly monitoring reports.
- External Evaluation of the Mchinji social cash transfer pilot scheme by Boston University with Centre for Social Research/University of Malawi.
- External Evaluation of the Scaling up process of the Malawi SCT Pilot Scheme

## External evaluation of pilot stage

- Scheme's impact on households & recipients
  - e.g. Poverty reduction, health, human development
- Targeting approach to quantify inclusion and exclusion errors
  - Ineligible recipients and eligible non-recipients
- Systems and operational performance
  - Transparency, efficiency, linkages to other services
- Will inform future policymaking and the scaling up of the poverty reduction intervention

## Timeline



## External evaluation of scaling up stage

- Verify the core hypothesis of the scheme that social cash transfers implemented by District Assemblies are an affordable, technically feasible, cost-effective intervention;
- Identify good practices and/or performance deficits of the scheme and of the way the scaling up is managed;
- Analyze the causal factors for performance deficits and for realistic options for overcoming those deficits.
- Assess comprehensively the concept of the scheme with regard to its appropriateness for the frame conditions in Malawi;
- Recommend to the Government of Malawi and the cooperating partners with regard to the role of social cash transfers as a component of the social protection policy and with regard to how the further scaling up process of the scheme should be organized.

## Challenges and bottlenecks

- Government capacity at both national and district level;
- Delays due to bureaucracies, NAC, Government;
- Perceived distrust in capacity of District Assemblies;
- Other SP interventions for other ultra poor households have not been developed;
- Delay in design of Social Protection Policy due to different understanding by stakeholders of what should social protection constitute.

## Some lessons learned

- Address to households, not individuals;
- Inclusive versus exclusive targeting? HHs or vulnerable individuals?;
- Organize programmes as simple, as straight forward and as organisationally undemanding as possible – no frills!;
- Design and test in a systematic, transparent, participatory and well documented process;
- Provide appropriate and long term capacity building assistance.

FOR MORE INFORMATION Evaluation website:

<http://www.childresearchpolicy.org/mchinjicashtransfer.html>

Malawi social cash transfer website address:

<http://www.socialcashionfers-malawi.org>



# WHERE DO WE STAND IN INTERNATIONAL ACTION ON AGEING?

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## I. INTRODUCTION

Why is **international cooperation** on ageing important? Although individual countries vary greatly in terms of demographic conditions and trends, population ageing is a universal force that has the power to shape the future as much as globalization. International dialogue on various aspects of population ageing, and its implications for policies and programmes, is essential for several reasons:

- It helps in translating international policy guidelines on ageing – some of which are discussed in greater detail below – into national policy action. Thus, Malawi can benefit from a close study of the experiences of others for the identification of mechanisms necessary to adjust to ageing.
- It helps to overcome weak national infrastructure on ageing and the lack of expertise in policy-making and programme implementation, particularly in resource-poor settings.
- It helps the civil society to lobby for policy-action on ageing. As an NGO representative recently put it: “We need to know what our government is promising at an international level so that we can call them to account at home”.
- Some determinants of population ageing are transboundary in nature (e.g. migration) and international cooperation can help to deal with such factors.

## II. SHORT HISTORY OF INTERNATIONAL POLICY INSTRUMENTS ON AGEING

While the global process of population ageing can deservedly be labelled *revolutionary*, international policy responses to it have – at best – been *evolutionary*. Important historical milestones include:

- 1948: draft declaration on the rights of the elderly is submitted by Argentina, but the proposal fails to gain broader support.<sup>2</sup>
- 1968: Malta becomes the first country to raise the question of ageing as “a matter of international concern” at the United Nations.

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<sup>2</sup> It is worth noting that the Universal Declaration of Human Rights (<http://www.un.org/Overview/rights.html>) adopted by the United Nations in 1948 does not include any specific prohibition of age discrimination. Until today, the human rights of the elderly are ignored in many parts of the world.



- 1991 (43 years after Argentina’s proposal!): United Nations Principles for Older Persons<sup>3</sup> are adopted “to ensure that priority attention will be given to the situation of older persons“, with particular focus on the independence, participation, care, self-fulfilment and dignity of the elderly.
- 1999: The year is designated the **International Year of Elderly People**<sup>4</sup>, “in recognition of humanity’s demographic coming of age and the promise it holds for maturing attitudes and capabilities in social, economic, cultural and spiritual undertakings, not least for global peace and development in the next century”.
- 1982: World Assembly on Ageing is held in Vienna and adopts the **Vienna Plan of Action**<sup>5</sup> in order “to strengthen capacities of countries to deal effectively with ageing... and needs of their elderly”.

Since 1982, progress in achieving the **Vienna PoA** was assessed four times by the United Nations, but each time national efforts had been evaluated negatively – as can be seen from the language used:

- 1985: “progress has been limited”<sup>6</sup>
- 1989: “not sufficient”
- 1993: “a daunting task”<sup>7</sup>
- 1997: “minimal at best”<sup>8</sup>

A qualitative change came in 2002 with the **Second World Assembly on Ageing** which adopted the **Madrid Plan of Action on Ageing (MIPAA)**<sup>9</sup> and its challenge of “building a society for all ages”. The MIPAA focuses on:

- reducing poverty, with the aim to halve the number of older people living in extreme poverty by 2015,
- addressing social and health care issues, and
- introducing anti-discriminatory legislation for older people.

**MIPAA** is important because:

- it signifies a move away from a “welfare approach” that tended to overemphasize the care and benefits needed to support older persons, and to exclude them from the development policy dialogue;
- it aims to ensure that people can age with security and dignity, and continue to participate in their society as citizens with full rights;
- it emphasizes the right and potential of older people to participate actively in economic and social development;
- it is an international agreement which commits governments morally and politically to include ageing in all social and economic development policies, including poverty reduction strategies;
- civil society organization, especially older people’s associations, played a major role in formulating MIPAA and continue to act as its most dedicated champions.

It is nevertheless perceived by some that MIPAA lacks concrete and refined

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3 <http://www.un.org/esa/socdev/iyop/iyoppop.htm>

4 <http://www.un.org/esa/socdev/iyop/>

5 [http://www.monitoringris.org/documents/norm\\_glob/vipaa.pdf](http://www.monitoringris.org/documents/norm_glob/vipaa.pdf)

6 First review and appraisal of the implementation of the International Plan of Action on Ageing. Report of the Secretary-General (E/1985/6), paragraph 27

7 Third review and appraisal of the implementation of the International Plan of Action on Ageing. Report of the Secretary-General (E/CN.5/1993/7), paragraph 5

8 Fourth review and appraisal of the implementation of the International Plan of Action on Ageing. Report of the Secretary-General (E/CN.5/1997/4), paragraph 5

9 <http://www.un.org/esa/socdev/ageing/mipaa.html>

recommendations, and that it carries little convincing appeal to stakeholders such as the private sector and the media.

In response to the Second World Assembly on Ageing, the African Union Heads of States and Governments adopted in July 2002 the **African Union Policy Framework and Plan of Action on Ageing**.<sup>10</sup> This PoA represents an important instrument to guide African Union member countries in designing, implementing, monitoring and evaluating national policies on ageing to address the individual and collective needs of older people. Specifically, it provides recommendations on how to improve the quality of life and conditions of the elderly people in the following areas:

- the rights of older people;
- health;
- poverty;
- food and nutrition;
- housing and living environment;
- the family;
- social welfare;
- employment and income security;
- education and training.

In March 2006, a regional conference for east and Southern Africa on cash transfers as a social protection instrument took place in Livingstone, Zambia. The resulting **Livingstone Declaration**,<sup>11</sup> endorsed by 13 countries, calls for African governments to put together costed national cash transfer plans within three years that are integrated within national development plans and within national budgets, and that development partners can supplement.

Ageing and older persons represent important themes for the **United Nations** and a number of other **international organizations** (for instance, HelpAge International, International Federation on Ageing, AFRAN, American Association of Retired Persons, to name just a few). It is worth noting that each of these bodies has produced fact-sheets, analyses, reports, manuals, guidelines etc., many of which are available on-line. These products represent a valuable corpus of reference materials and practical tools for work and action on ageing.

10 [www.helpage.org/Resources/Policyreports/main\\_content/1118337558-0-11/AUFrameworkBook.pdf](http://www.helpage.org/Resources/Policyreports/main_content/1118337558-0-11/AUFrameworkBook.pdf)

11 <http://www.helpage.org/News/Latestnews/VlaB>

### III. EMERGING TRENDS IN POLICY-MAKING ON AGEING SINCE THE MADRID ASSEMBLY

In the years since the Madrid Assembly, governments have introduced a wide range of measures geared at addressing various challenges stemming from population ageing. Presently (2007-2008) **the first cycle of the review and appraisal of the Madrid Plan of Action** is underway and in a few months we shall have the results of this review exercise. With some simplification, the picture emerging can be summarized as follows:<sup>12</sup>

- The challenges resulting from population ageing are large but that they can be overcome through well-focused policies and without excessive strain on available resources.
- Governments, like individuals, tend to postpone decisions about ageing. In both cases, the result is an unhappy one.
- There is no single or “correct” way of developing policies on ageing. Each country has to identify opportunities and entry points for effective policy interventions, based on its stage of demographic and socio-economic development, cultural norms, institutional capacities, and so on.
- Population ageing requires a mix of policy interventions: promotion of income-generating opportunities for the elderly; reinforcement of social protection and health care systems; support to care-giving services; encouragement of life-long education for healthy and active ageing; elimination of all forms of abuse of and discrimination against older persons; support to research on population ageing, etc.
- The approach varies from country to country: some countries have chosen to integrate ageing issues into wider social policy, even if they do not have a specific national policy on ageing. The content ranges from policies that focus on the welfare and care of older people, to rights-based approaches, with more emphasis on older people’s participation.
- However, as a public policy issue, population ageing has to compete with other developmental problems. In Sub-Saharan Africa, for instance, one of the greatest challenges facing governments is the challenge of providing education to children and youth, and decent employment to the large and rapidly growing labour force.
- Thus, the task for national governments is to effectively respond to the societal implications of population ageing without neglecting other problems facing their countries. A basic principle for all policy-making should be the full recognition of the potential contributions to society that older persons can make.

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<sup>12</sup> For a recent comprehensive analysis of the implications of population ageing for development and policy-making, see *World Economic and Social Survey 2007: Development in an Ageing World*, UN 2007, <http://www.un.org/esa/policy/wess/wess2007files/wess2007.pdf>

## IV. EVALUATING POLICY RESPONSES

Demographic enquiries, opinion polls and other types of surveys show that, all over the world, older people want the same things: (1) economic security (including nutrition and housing), (2) access to health-related services (including water, sanitation, medical services and old-age assistance), and (3) dignity and opportunity for social participation. It follows that policies on ageing must first and foremost respond to these concerns.

One possible approach to think about (and assess) policy interventions to strengthen economic security in old age is to ask the question: How is consumption in old age financed? There are four principal sources on which the elderly can rely for their economic security, each calling for specific policy approaches:

Sources of economic security in old age	Possible policy interventions
own assets	promotion of savings and wealth accumulation over life-time
own labour income	promotion of labour participation through adequate work-force policies, access to production inputs, credit, etc.
intra-familial transfers	promotion of family cohesion and inter-generational solidarity
public transfers	provision of pension programmes and other types of public transfers to older people

Because differences between countries in pension coverage are vast, it is not surprising to find that in Thailand, for instance, public transfers account for 3 % of the consumption of the older population, while in the US they account for 37 % and in Japan for 65 %. With low public transfers, Thailand's elderly rely more heavily on their assets (43 %), familial transfers (31 %) and their own income (22 %) to fund their consumption.<sup>13</sup> No comparable data are available for African countries but it is likely that they have situations similar to that of Thailand. What this – obviously highly simplistic – international comparison indicates is that old-age pension systems need to be expanded in poorer countries as a matter of priority.

13 <http://daccessdds.un.org/doc/UNDOC/GEN/N07/212/85/PDF/N0721285.pdf?OpenElement>

## V. REASONS BEHIND INSUFFICIENT RESPONSES

Despite all recent achievements, **we are moving too slowly and doing too little** to address the challenges and opportunities of population ageing. At a conference held in September 2007, the UN Global Focal Point on Ageing stated that “in spite of various new initiatives around the world, the prevailing policy landscape remains unchanged: while awareness continues to grow, policy responses are lagging behind the needs of an ageing society”.<sup>14</sup>

There appear to be four main reasons for this state of affairs:

1. Many countries report lack of funding as the main reason behind their limited action on ageing. In national debates on budgetary allocations, ageing-related matters often have to compete for scarce resources with issues related to other population groups (children, youth, women, etc.) and typically end up marginalized.
2. The second major reason is the low priority of age-related concerns, particularly in countries where the proportion of the ageing population is still relatively small. However, such a stance is not only discriminatory and ethically problematic but also short-sighted, because population ageing will continue for many decades to come.
3. The third reason could be linked to weak national infrastructure on ageing, particularly in developing countries. The majority of poorer countries do not have a well-defined political body to manage ageing issues, and many politicians lack expertise in policy-making in this field.
4. Furthermore, international dialogue and action on ageing is fragmented and its main dimensions – research, policy development, and local programmes – are evolving in isolation.

It also does not help that ageing and older persons are practically absent from the international developmental debate and action. For instance, the most prominent UN document on development, the **Millennium Declaration**, does not make any reference to ageing among its eight **UN Millennium Development Goals**.<sup>15</sup> Thus, it is not surprising that most policy-makers continue to think of ageing primarily in humanitarian terms, while ignoring its developmental implications and potential.

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<sup>14</sup> A. Sidorenko: Plenary Presentation at the Third World Ageing and Generations Congress, St. Gallen, 6-8 September 2007. For details, see <http://www.wdassociation.org/>

<sup>15</sup> <http://www.un.org/millenniumgoals/>



## VI. SO WHAT ARE THE SOLUTIONS?

**Much work still needs to be done** to implement MIPAA and the African Union Policy PoA. It is crucial to pay attention not only to policy issues of immediate concern – such as old persons’ economic security, access to good healthcare, and participation in society (important as they are!) – but also to issues that require a more long-term effort. Specifically, there is need for:

- a mindset change in favour of more flexible views that accommodate the active participation in society of people of all ages, and
- building firm political commitment to adapt social protection systems, labour market, health and care services to the needs and capacities of older people.

Each country in the world is at a different stage of development and embodies unique cultural and institutional characteristics. Yet, despite these differences, there are **common strategies** that can promote the universal goal of ageing with dignity, choice and independence:

- fighting poverty and strengthening food security;
- building the capacity of governments to respond to the needs of older citizens;
- promoting saving for old age;
- promoting participation in income-generating activities of those elderly who want to work;
- strengthening family caregiving or surrogate support systems;
- improving health care, supporting healthy behaviours at all ages;
- protecting the rights of older people and dealing with negative attitudes;
- building civil society and NGOs;
- using the power of the market and modern technologies.

No policy will be implemented by governments if they are not convinced it is needed and politically feasible. How to convey the importance of population ageing to political elites? International experience shows that the following “messages” can be used as **tools for the mainstreaming of ageing issues** in policy debates:

- Ageing policies do not de-emphasize other policy areas, but seek to bring society in harmony with demographic trends – thus fostering sustainable, balanced and socially just development.
- Ageing policies benefit not only the aged, but the society as a whole: children, adults, old people, public as well as private institutions, etc.
- The aim is to integrate ageing into all policy areas, not just into policies on health and end-of-life matters.
- Ageing policies are about unleashing the underused potential of older people to contribute to development. Old apple trees do not produce old apples!





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