

The Role of Research in the Work of HelpAge International in Africa

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Introduction

The World Health Organization (WHO) (2002) points out that population ageing may be one of humanity's greatest triumphs but it is also its greatest challenge. This holds true for the continent of Africa where older people are engulfed in raging flames of abject poverty and untold suffering in a continent that is extremely endowed with natural and human resources. It is a continent where bad governance, conflicts, economic problems, natural disasters, disease, HIV/AIDS and a deterioration of family relationships are wreaking havoc. The negative attitudes that societies have towards older people, moreover, mean that solutions are being sought for all other population groups except the old.

In such a situation, research can play an important role of not only highlighting the plight of disadvantaged population groups but also help in devising ways in which that plight can be addressed. To do that, however, it must be relevant, accessible and usable.

Since its establishment in 1983, HelpAge International (HAI) has benefited from its own research and that of others in implementing some of the most effective programmes addressing the needs of older people in Africa.

While HAI has relied on both quantitative and qualitative methods of research, it has mainly developed, funded and implemented participatory research. This is based on Participatory Learning and Action (PLA) methodology, which draws on a mixture of methods and a systematic learning process. Some of the methods are similar to those used in qualitative research and others feature diagramming and visual sharing of information, which facilitate the involvement of the participants in the whole research exercise. Underpinning the methodology is an interest in power relations and thus an interest in giving voice to even the most marginalised people. Those who do not read or write, for example, are able to participate and develop complex analyses using visual techniques of sharing information. A key feature of the methodology is triangulation - the sharing of information from different sources and using different methods. This encourages continuous crosschecking, age and gender analysis, and analysis of diversity. Following are some of the methods and tools used.

- Time lines – a construction of chronologies that record major events and crop trends by carrying out semi-structured interviews with key informants.
- Participatory mapping – maps drawn by community members, which illustrate village infrastructure and basic social services as well as natural resources.
- Guided tours/walks – walks through the community guided by key informants, observing, probing and investigating infrastructure, layout, basic social services, land use, etc.
- Historical profiles – representation of trends in resource availability and well being through interviews with community participants.
- Seasonality diagramming – schematic diagrams of relative trends in prices, diseases prevalence, availability of food, etc., scored by month (or other local designation) using a fixed number of beans or stones (used as a counting device).
- Ranking – matrices of main problems and wealth/poverty indicators ranked against community criteria.
- Diagrams - pie charts, which illustrate the proportional distribution of crops, assets or other factors; as well as flow diagrams, which show cause and effects of well-being.
- Semi-structured group interviews – guided group interviewing and listening.
- Participant observations – being with the community and observing activities and behaviour.

Although clearly still extremely limited in scope, this research has played a critical part in shaping HAI's interventions and advocacy work. This paper outlines the six key areas in which research has played such a practical role, and then reflects briefly on the substantial gaps that still remain in both the conduct of ageing studies and the dissemination and sharing of findings.

Key areas of HAI work that has been informed by research

1. Addressing the needs of older people at the community level

Since 1983, HAI has worked in many parts of the continent, responding to the needs of older people. By far

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the most effective work among communities has been that informed by pieces of research no matter how small that research has been.

Between 1994 and 1996, HAI worked with HelpAge Kenya to develop eight community based projects that went a long way into addressing the needs of older people in the country. The projects were developed following PLA studies. However, a new component added to the pieces of research was the identification and development of projects, resulting in the methodology being referred to as Participatory Project Identification and Development (PPID). This enabled programme partners to undertake participatory needs assessments with older people in their communities, and, based on the findings, to develop a programme of community activities designed, managed and monitored by older people themselves.

In South Africa, probably the most effective community based projects being implemented by HAI partners, Elim Hlanganani and Muthande Society for the Aged (MUSA), started with PLA studies conducted in 1995 and 1996, respectively (HAI, 1995a, 1996). At Elim Hlanganani, 36 older people and 20 younger women took part in group discussions and exercise. Interviews and exercises were carried out with 28 older people. 105 people attended community meetings. Elim has developed grassroots response mechanisms for older people that are unmatched throughout the continent.

In four rural communities of Tete and Gaza provinces of Mozambique, HAI used a number of participatory methods, including group work and semi structured interviews, to support 242 older people in describing their vulnerability and identifying activities to address the situation. The result has been a development of strong programmes providing older people with basic needs and an ability to support their families.

2. Responding to the needs of older people in emergencies

One of HelpAge International's major interventions in response to emergencies was to deal with the situation of the Mozambican older refugees in camps in Zimbabwe in 1988. The work was very challenging as there was very little experience and information about working with older people in the refugee camps.

A small needs assessment survey using basic questionnaires was carried out at one of the five refugee camps (Nyangombe); its results shaped the whole HAI programme in the camps (HAI, 1994b). The survey was small and by no means perfect, but it provided valuable lessons on how to design interventions for older people in emergencies. The PLA research carried out by HAI in Tanzania (HAI, 1994a) subsequently lay the foundation upon which interventions for older people in refugee camps around Africa were tailored. In this research, two refugee camps were selected and 140 older refugees and refugees with disabilities took part in 14 focus group discussions and exercises. 16 others took part in individual interviews inside their homes.

Finally, two comprehensive PLA assessments were carried out in Zimbabwe (1994) and Mozambique (1995) to determine the needs of older people after their stay in the refugee camps (HAI, 1994b, 1995b). In the Zimbabwe study, two refugee camps were targeted, selected to provide contrast in size of camp,

origin of refugee population, environmental conditions and repatriation activities. In Chambuta camp, a total of 11 older men and women took part in semi-structured interviews and a total of 112 older men and women took part in group exercises and discussions. In Mazowe camp, 16 older men and women participated in semi-structured interviews and 43 took part in group discussions and exercises. In addition, interviews were conducted with camp and UN High Commission for Refugees officials.

The studies shaped the way in which the process of repatriation of older people was conducted in terms of preparation, actual repatriation, resettlement and programmes developed thereafter.

3. Addressing the nutritional situation of older people

While working in the refugee camps in Zimbabwe, HAI was faced with the challenge of providing the best minimum food requirements for older people. Older people were given the same types of food as younger people and were generally malnourished.

In partnership with the London School of Hygiene and Tropical Medicine, HAI sought to respond to the needs of older people and the many questions that arose regarding the nutritional status and needs of older people. The research was conducted between 1991 and 1997. The study covered 2,523 subjects aged 50 years and over in three sites: urban slums in India, refugee camps in Tanzania, and rural areas of Malawi. All studies gathered basic demographic information using questionnaires; assessed functional ability using self-report assessments, observation and physical performance tests and obtained anthropometric measurements where weight, height, arm span, half span, mid-upper arm circumference and triceps skin folds were measured. In all studies, clinical assessments were carried out to measure the medical conditions of respondents. In-depth case studies provided additional social, psychological and other information. Analyses ranged from simple descriptive statistics to complex multivariate modelling.

The direct result of the project was the development of a Regional Nutrition Programme for older people implemented by HAI between 1999 and 2003. Universities in Kenya, Ethiopia, South Africa, Benin, Senegal and Sudan have drawn on the results in conducting their own research and introducing curricula on the nutrition of older people. In many of cases, collaboration with HAI partners has also led to programmes aimed at improving the nutritional status of older people. HAI produced a number of nutritional materials that are being used in hospitals, institutions of higher learning and programmes in various settings, including emergencies.

4. Addressing the violation of older people's rights

An extensive piece of research, carried out in the Magu district of Tanzania by HelpAge International (1999) highlighted the gross abuse and violation of older people's rights where accusations, assaults and killing of older people suspected to be witches was commonplace. A focus group methodology was used as the major tool of investigation, as it was found to effectively stimulate discussion and elicit the information that was required.

In light of the research findings, a programme was developed to create awareness of the issues, educate communities and lobby for the protection of older people's rights, and develop community-based projects to support older people and their families. One immediate impact of the programme has been the change in practices at community level, government efforts to address the problems and the development of similar programmes in other African countries. Building on this, HAI further developed an Africa-wide rights initiative, which is being implemented in countries across the continent: for example, legal challenges aimed at addressing the violation of property rights of older people are taking place in Swaziland, Kenya, Ghana, and South Africa.

5. Responding to the impact of HIV/AIDS on older people and their families

HelpAge International's efforts in trying to understand the impact of HIV/AIDS on older people began in 1992 with a survey in the Hurungwe District of Zimbabwe (Jadzowska, 1992). The principal data collection method used was a combination of questionnaires and semi-structured interviews. The questionnaires were used specifically to elicit information on village contexts: total population, breakdown of population according to age and school attendance, education facilities, type and distribution of health facilities, water and sanitation situation, number of People Living With AIDS (PLWAS), and the extent of NGO activity in the area. Semi-structured interviews were conducted with older people who were caring for their sick offspring and with key informants.

The survey not only demonstrated the burden experienced by older people, especially older women, in providing care to PLWAS and orphans but also led to the development of a community programme designed to provide assistance to such older people.

Since this initial survey, additional participatory research conducted in Uganda, Mozambique, Tanzania and Ethiopia has led to the development of specific HIV/AIDS programmes in these countries. In Mozambique in 2002, for example, HAI examined the impact of HIV/AIDS on older people in three selected districts. Semi-structured interviews, focus group discussions, direct visits and observations and seasonal calendars were amongst the various participatory tools used. The research led to the development of the 'Living Together' programme in Gaza, Maputo and Tete. The programme has been one of HAI's flagships in the area of HIV/AIDS, providing good evidence of its beneficial impact on older people, PLWAS and orphaned and vulnerable children (OVCs). In Ethiopia, HAI conducted research on the impact of HIV/AIDS on older people in 1999. It resulted in a programme being developed to create awareness and practically respond to the needs of older people and their families.

6. The case for cash transfers to poor communities

One of the issues that HAI and its partners have consistently raised in recent years is the value of pensions to address the abject poverty of poor people and their families. In making their arguments, they have built strongly on findings from targeted research carried out in South Africa, Brazil, Nepal and India (HAI, 2004).

In particular, they have drawn on relatively large-scale comparative research carried out by HAI in Brazil and South Africa using questionnaires administered to 1000 households in selected areas in each of the two countries. Semi structured interviews were conducted with small groups of people aged 55 years and above (HAI/IDPM, 2003). The findings clearly show that providing a pension to poor people, no matter how small, has a huge impact on addressing poverty among the poor people and is affordable even by the poorest countries (HAI, 2004). In the same vein, recent research carried out by GTZ (Gissellschaft für Technische Zusammenarbeit, Germany) in Zambia (Schubert, 2004), has documented that giving a cash transfer to the poor not only lifts people from abject poverty but provides them with choices beyond their wildest dreams. In light of these findings, HAI and its collaborating organisations are now developing programmes to test the concept of cash transfers and spread it to as many countries in Africa as possible.

The gaps

Despite the progress made by HAI and others in the conduct of policy- or practice-focused research on ageing and older people in Africa, huge gaps still remain (Ferreira, 1999; Nhongo, 2000).

Compared to the challenges facing older people and ageing populations in Africa, pitifully little research is taking place to inform the development of appropriate interventions and policy responses at different levels of society. HAI itself finds it continuously hard to secure funding to carry out urgently needed research. The result is a dire lack of information and understanding, in particular in the following key areas of concern:

- A lot of guesswork still goes on even around essential, basic questions such as the number of older people in Africa, the situation of older people and the nature of family structures.
- Much as the message that HIV/AIDS is impacting negatively on older people and that older people are taking care of families is slowly being heard, an analysis and sound understanding of the social, psychological, physical and economic effects is still lacking.
- Very little research has so far focused on the crucial need for analysis and evaluation of existing policies or programmes for older people, and for identification and documentation of 'best practice'.
- The plight of older people that have been displaced internally or across borders is still largely unknown.
- Very little work has gone into understanding the issues around older people with mental problems.
- Very fundamental questions about the models for development support to be pursued still remain unanswered. Is, for example, an approach in line with the Chinese principle of 'teaching a man to fish rather than giving him a fish' appropriate to addressing the needs of the very poor older people?
- Finally, there is a pressing need for a greater understanding of the ageing process and advancing of old age as it relates to individuals'

life course – an understanding that can only be furnished by longitudinal research.

Concluding remarks

Advancing research to fill the above gaps is crucial if African countries are to be able to effectively address the ageing of their populations. The vital role that research *has already* played in informing policy and programme development has been amply demonstrated in this paper: it is hoped that this can serve as an argument and stimulus for its expansion.

References

- Ferreira, M. (1999). Building and advancing African gerontology. Editorial. *Southern African Journal of Gerontology*, 8, 1–3.
- Helpage International (HAI) (1994a). *Needs assessment with Rwandese refugees for activities programmes in Chabilisa and Kagenyi Camps, Tanzania*. Nairobi: Helpage International.
- HelpAge International(HAI) (1994b). *HelpAge refugee programme in Zimbabwe: Review*. Nairobi: Helpage International.
- Helpage International (HAI) (1995a). *Assessment into the needs of older people in Mabodlhongwa, Northern Province, Republic of South Africa*. "Ntshuxekani Vakokwana. Nairobi: Helpage International.
- HelpAge International (HAI) (1995b). *Needs assessment in Changara District for development of the resettlement programme in Tete*. Nairobi: Helpage International
- HelpAge International (HAI) (1996). *Participatory needs assessment with Muthande Society for the Aged in Clermont Township, Durban, South Africa*. Amandla Kubantu Abadala. Nairobi: HelpAge International.
- HelpAge International (HAI)(1999). *Report on Sukumaland Older Women's Programme, Tanzania*. Dar es Salaam: Helpage International.
- HelpAge International/ Institute for Development Policy and Management (HAI/IDMP) (2003). *Non-contributory pensions and poverty prevention: A cooperative study of Brazil and South Africa*. London: HelpAge International, and Manchester: IDPM.
- HelpAge International (HAI) (2004). *Age and social security: How social pensions can deliver effective aid to poor older people and their families*. London: HelpAge International.
- Jazdowska, N.(1992). *Elderly people caring for orphans and people with AIDS in Hurungwe District*. HelpAge Zimbabwe/HelpAge International.
- Nhongo, T. M. (2000). Research for practice and development in Africa. *Southern African Journal of Gerontology*, 9, 1–5.
- Schubert, B. (2004). *The pilot social cash transfer scheme Kalomo District – Zambia*. Zambia: GTZ.
- World Health Organisation (WHO) (2002) *Active ageing. A policy framework*. Geneva: WHO.

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