ALLOHA

Street -1
Kabul, Afghanistan
Phone: 0093
777329275
E-Mail:
aloha.asia@gmail.com
Web:
http://alloha.org/

Old people, in most of the cases are the only breadwinners of their families in Afghanistan

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Project concept sheet

Background:

Population ageing is one of the most discussed global phenomena in the present century. Countries like Afghanistan with non-controlled population have a large number of people now aged 60 years or more (6%). The population over the age of 60 years has tripled in last 50 years in many of the Asian countries and will relentlessly increase in the near future.

The increases in the elderly population are the result of changing fertility and mortality regimes over the last 40-50 years. The elderly process is considered to be an end product of demographic transition or demographic achievement with a decline in both birth and mortality rates and consequent increase in life expectancy at birth and older ages. The expectancy of life rose from 45 for women and 47 for men in 2006 to 61 and 62 years, respectively. (Afghan Mortality Survey (AMS), 2011).

However, very little effort has been made to develop a model of health and social care in tune with the changing need and time. The developed world has evolved many models for elderly care, e.g., nursing home care, health insurance etc., As no such model for older people exists in most of the third world countries particularly Afghanistan, as well as most other societies with similar socio-economic situation, it may be an opportunity for innovation in the health system development, though it is a major challenge.

The requirements for health-care of the elderly are also different for our country. Afghanistan still has family as the primary care giver to the elderly. Presently, the elderly are provided with a non-functional health-care by the general health-care delivery system in the country.

As the elderly population is likely to increase in the future, and there is a definite shift in the disease pattern, i.e. from communicable to non-communicable, it is high time that the health care system gears itself to growing health needs of the elderly in an optimal and comprehensive manner. There is a definite need to emphasize the fact that disease and disability are not part of old age and help must be sought to address the health problems of Old people. There are four immediate areas of intervention/needs relating to Old People in Afghanistan to be addressed through systematic development-oriented relief programs:

 1. The concept of **Active and Healthy ageing needs** to be promoted among the elderly, which includes preventive, promote, curative and rehabilitative aspects of health.

2. In addition to health needs, the older people in Afghanistan, due to continuous four decades war and loss of young lives, have to support children and women members of their families. Thus in most of the cases older people become the only breadwinners of their families and it in turn lead to **old-age labor** which has worst socio-economic consequences than the child labor.

3. A third challenge posed by elder people phenomena is the **neglect of Old People's cumulative knowledge** and field tested experience of the older people, which needs to be utilized to heal war related human and physical suffering and advise the reconstruction and modernization process of this war devastated country.

4. There is also an unhelpful and **ill way of thinking about older people** as being non-productive and anti-youth, which hampers the healthy and constructive way of cooperation among different ages. Thus we need to fight against ageism equally as we do against gender inequality. This will compose one of the main intervention areas of the ALLOHA while we struggle for the wellbeing and rights of the older people.

All the four areas of the problem statement has not been, so far, addressed systematically and programmatically neither by the civil society nor the government, except for the passive old fashion pension platform of the government, seriously disabled by administrative corruption and weak capacities.

The message that ALLOHA wants to signal and flag is: " **elder people are a burden, but yet has great potential to deliver and compensate their own cost and even more than that".**

Problem and opportunity analysis:

Afghanistan is a Muslim conservative culture of an extended family system, dominated by male elders of the family and society. Older women play secondary role in parallel to the older male in the society and thus both male and female older people need equal level of attention in both addressing the needs of this class as a burden and also in utilization of their great potential in advising, coaching and leading the country and the societies toward a new beginning. Older people are traditionally and culturally, respected by both families and larger society. And thus they can play vital advising and consultative role while maneuvering during the state and nation building process in Afghanistan. Almost 6% of the Afghan population is older men and women above 60.

Almost 64% of them, according to ALLOHA recent survey, need health support, but the survey reveals that almost 88% of them can be re-employed as well experienced, cost-effective and highly knowledgeable advisors/experts and consultants by government, civil society, and private firms, provided we re-orient and re-classify them in new working, consultative and advisory thematic and appropriate geographical social groups and technical setups, through a gentle and skillful facilitation and bridging. To use the potential of old people and change them into active, productive and honored members of their society, ALLOHA would embark on the following programmatic areas of interventions:

Intervention Area-1:

A common thinking to be changed (Advocacy):

Creating an enabling environment for older people:

Main part of old people's challenge and cause of inability is posed by the dominant ill social thinking about older people. Older people have different expectations these days, and that will continue to change. Looking to the trend of majority aged people, certainly they don't want to end up their life in isolation from society, nor do want to be perceived as non-efficient members of their families and society. Experience had shown that many older people have just wanted to stay dignified in their own homes and society. It's about choice, having the services in place to support people to make choices about how they want to live, and be supported when necessary in later life.

Probably broadly the things people worry about are the same throughout life; finances, wellbeing, loneliness etc but as people get older their feeling of being able to control these things changes. Poverty in Afghanistan is the main reason make the old people change their primary desires. It's very important for young people to appreciate the experiences and skills of older people and vice versa so that we foster greater understanding between age groups of people. There is also an unhelpful way thinking of older people as being anti-youth, which hamper the healthy and constructive way of cooperation among different age. Thus we need to fight against ageism equally as we do against gender inequality. This will compose one of the main intervention areas of the ALLOHA while we struggle for the wellbeing and rights of the older people.

There are a number of opportunities to increase the abilities of older people. It's a cultural shift that's needed so that young people growing up understand the value of older people the many benefits they can bring to the workplace. There is evidence of age discrimination in the workplace and this, interestingly; forces older people to become self-employed or stay isolated inside houses. It's more democratic for the

media to be available for all and not a commodity to be purchased by a few. Thus media can play important role in using and facilitating work of the older people and changing the dominant social mentality on the older people. **So SONA aim at wider level advocacy campaign for the rights and work of older people.**

Supportive interventions:

a. Advocacy and awareness through media, and organizing workshops and seminars on old people abilities, capabilities and challenges.

b. Lobbying for the rights and support of old people through legislation and influencing decision makers,

c. Leading old people towards productive and life and engagements, consoling through social gathering and technical workshops.

Intervention Area-2:

Creating an enabling environment for older people (Cure and Access):
Older people need a bit support in term of social and physical facilitation such as access, mobility and sociality. Having facilitated this input, older people can deliver in most of the cases equal to young, yet with low cost. Old people have a wealth of skills and experiences, they have lived through situations others cannot even imagine, and yet we continue to dismiss these lifetimes of experiences when they begin to need care and support and instead people become a list of care needs.
Older people contribute on a macro level to the workplace and financially and at a local level to their communities and individual networks in terms of experience. They have also contributed for many decades, something which is often forgotten and must be valued and must be utilized.
Employment is not always meaning to have financial implications but it can bring honor, dignity and moral satisfaction to the people, especially this is the case in old age. However, working in later life needs acknowledgement, flexibility especially when human staying power might be reduced. Job sharing, part-time work, consultation, coaching, opinion brainstorming, policies and strategies reviews and think-thanking can be ideal work platform for old people issues of national interest and other national and local major issues can be discussed and solutions could be proposed to government and other decision makers.

Supportive interventions:
a) Health care and psychosocial consoling, b) Mobility and access, c) Reorganization in technical working groups and social hubs:

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b. Mobility and access,
c. Reorganization in technical working groups and social hubs:
Old people can be best advisors for Army, Police, judicial system, Academia, composing traditional conflict and dispute solving forums/shoora, and they can establish cost effective local extra curriculum education hubs in villages and cities. At country level we can establish Senior Afghan Consultative Jergas (SACJ) at provincial and national levels, where

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