

HelpAge International UK

Publicly known as
ageInternational



**Annual report and trustees'
report and accounts 2020-2021**



“2020-21 was a year like no other... everyone’s life has changed.”

Table of Contents

Age International today	4
Chair's foreword	5
Trustees' report	6
Structure and governance	6
Objects of Age International	6
Objectives and activities	7
How we raise our money	8
How we spend our money	9
Our key achievements	10
Our impact in 2020-21	12
COVID-19 emergency response	14
Our emergency response	20
Protracted emergencies	22
Key programmes	28
Improving healthcare	34
Policy, advocacy and influencing	40
Meet the team	44
Where we work	46
Looking ahead: plans for the year	48
Trustees' annual report and financial statements 2020-21	49
Independent auditor's report	55
Financial statements	58
Thank you	77
Acknowledgements	78



Photo credit: Michael Tsegay, Ethiopia

Age International today

We are dedicated to responding to the needs, and promoting the rights, of older people in low and middle-income countries across the world.

We support older people in the poorest countries to improve their income, escape poverty, receive the right kind of healthcare, survive emergencies, and have their contributions to families and communities recognised and valued.

Our vision is a world in which women and men everywhere can lead dignified, healthy and secure lives as they grow older.

We want older people to be able to say:

“I am given the help and information I want in emergencies”

“I have the income I need, and enjoy the best possible health and care”

“My voice is heard by decision makers”

“I am safe and secure, free from all forms of discrimination, violence and abuse”

Age International is the international arm of Age UK, the UK member of the HelpAge global network and a member of the Disasters Emergency Committee (DEC).

Chair's foreword

2020-21 was a year like no other. The global COVID-19 pandemic has touched us all - from the older people Age International works to support around the world, our partner organisations, our staff, volunteers, supporters – everyone's life has changed.

In the UK, with lockdowns, our staff adapted to working away from the office and our trustees met remotely. Every aspect of our work has been adapted to respond to the new and urgent needs created by the pandemic. I am proud to chair an organisation that has stepped up in this crisis with such energy, creativity and commitment to deliver our mission for older people.

COVID-19 has exposed the deep inequalities between and within countries and its impact has fallen disproportionately on older people. Risk of death from COVID-19 has risen sharply with age, with people over 70 having far higher mortality than younger people. In addition to the disproportionate health impact, the secondary impacts of the pandemic were brutal for older people unable to earn a living or whose health and social care was disrupted or whose needs and rights were neglected by their societies. And finally, public health measures distanced people from one another, deepening loneliness for older people isolated from their social and family support networks. This year, the special vulnerability that older people faced in the pandemic, especially those living in poverty, made Age International's mission more critical than ever.

I hope as you read this report you will find the account of our work in 2020-21 encouraging and even inspiring. We have increased our practical support to older people affected by the pandemic, and continued to raise the profile, and promote the rights of those whom societies too easily ignore in a crisis. Yet feeling pride in our achievements can never be enough. Age International's experience of the last year has challenged and inspired us to do more to support our partners and the older people they serve in the poorest parts of the world. The pandemic has reminded us of the relevance of our mission and the value we can add, not only through the programmes we directly implement, but by influencing what governments and other organisations think and do in response to the needs of older people. So we have committed time to reviewing the focus of key areas of our work – in promoting relevant healthcare, of the central importance of health systems designed to meet the needs of people of all ages, of the essential role of social protection systems such as social pensions to provide vital support for people in later life, and of the need to draw attention to, challenge, and seek to change discrimination and abuse suffered by people as a result of their age.

We continue to be grateful to Age UK for the financial support that underpins our work. Their support is more than financial because, together, we are making real progress in Age UK's founding commitment to work in low-income countries as an integral part of its mission.

There are so many people for me to thank – all parts of Age International have worked in exceptional ways this year. But I must note that our last two founding trustees, Dianne Jeffrey and Mike Wade, have completed the final year of their terms of office. We owe them a great debt for the unstinting support, wisdom and generosity they have given as trustees.

Thank you for your interest in Age International. Please stay with us as we seek to extend our influence and impact and to change the world for its poorest older people.



A handwritten signature in black ink that reads "A. Keeling". The signature is written in a cursive, flowing style.

Ann Keeling
Chair, Age International

Trustees' report

Age International trustees publish this report and the accompanying financial statements of HelpAge International UK. HelpAge International UK is the registered

charity name but it is publicly known as Age International. All references to the organisation in this report and the financial statements will be in the name of Age International.

Structure and governance

Age International is an independent charitable company limited by guarantee. It is a subsidiary of Age UK (registered charity 1128267) and forms part of the Age UK Group. Age International is the UK member of the HelpAge International global network of organisations focused on ageing. The network has 158 members in 86 countries.

Age International is governed by a board of trustees and *Articles of Association*. The board meets quarterly and trustees have responsibility for the overall strategy and direction of Age International, and for financial and risk management. Trustees are recruited following external advertising, and their skills and experience are assessed against the role profile. Trustees serve for an initial term of three years, after which they are eligible, subject to review and the approval of the board, to serve another final term of three years.

All new trustees take part in an induction programme, and training opportunities are offered to all trustees, as well as opportunities to visit Age International programmes and partners (this has not been possible during the current pandemic). Age International supports the principles of the *Charity Governance Code* fully and we will continue to review our practice against the code's requirements as part of an approach of continuous improvement of our governance arrangements, as the code envisaged.

We intend to continue our emphasis when recruiting trustees on ensuring that the board retains a balance of relevant skills and experience, whilst also looking to broaden the diversity of our trustees. The Chair of Age International is Ann Keeling. The Managing Director is Chris Roles. Chris is appointed by the board and has day-to-day responsibility for the running of the charity.

Objects of Age International

The objects of the charity are the promotion of the welfare of older people in any part of the world in any manner deemed to be charitable according to the law of England and Wales.

Including but not limited to:

- preventing or relieving the poverty of older people
- advancing education
- preventing or relieving sickness, disease or suffering in older people
- promoting equality and diversity
- promoting the human rights of older people in accordance with the *Universal Declaration of Human Rights*
- assisting older people in need by reason of ill-health, disability, financial hardship, social exclusion or any other disadvantage
- such other charitable purposes for the benefit of older people as the trustees from time-to-time decide.

Objectives and activities

The following objectives were set for Age International in 2020-21.

1. Humanitarian response

'I am given the help and information I want in emergencies'

Age International's new humanitarian approach, with its focus on rapid needs assessment, inclusion and protection of older people, will inform programme planning, funding and communications.

2. Programme support and development

'I have the income I need, and enjoy the best possible health and care'

We will invest time and focus in deepening the support we offer to HelpAge regions in programme development and funding opportunities. We will place special emphasis on programme design that is gender-sensitive and we will document the economic contribution of older women.

3. Rights

'My voice is heard by decision-makers'

We will advance the case and support for a UN Convention for Older People, working as part of a global network, and with the UK Government and civil society. And we will place special emphasis on highlighting the needs and rights of older people in the case for Universal Health Coverage.

4. Accountability

'I am safe and secure, free from all forms of discrimination and abuse.'

We will implement a new annual safeguarding action plan and secure external verification of our Core Humanitarian Standards (CHS).

5. Communications

We will research and deliver a revised positioning and tone of voice for Age International and will utilise external expertise to devise policy and advocacy messages that resonate with our key audiences. We will gather and produce high-quality communications materials that focus on our flagship programmes.

6. Funding strategy and individual giving plan

Working in a new way, we will finalise a strategy for individual giving and launch a campaign to recruit new donors. We will set ambitious targets for securing income for new programmes from institutional sources. These targets will be backed up by a strong pipeline and set of secured contracts.

7. Network development

We will contribute to the development of HelpAge's 2030 strategy and determine our most appropriate contribution to the global HelpAge network.

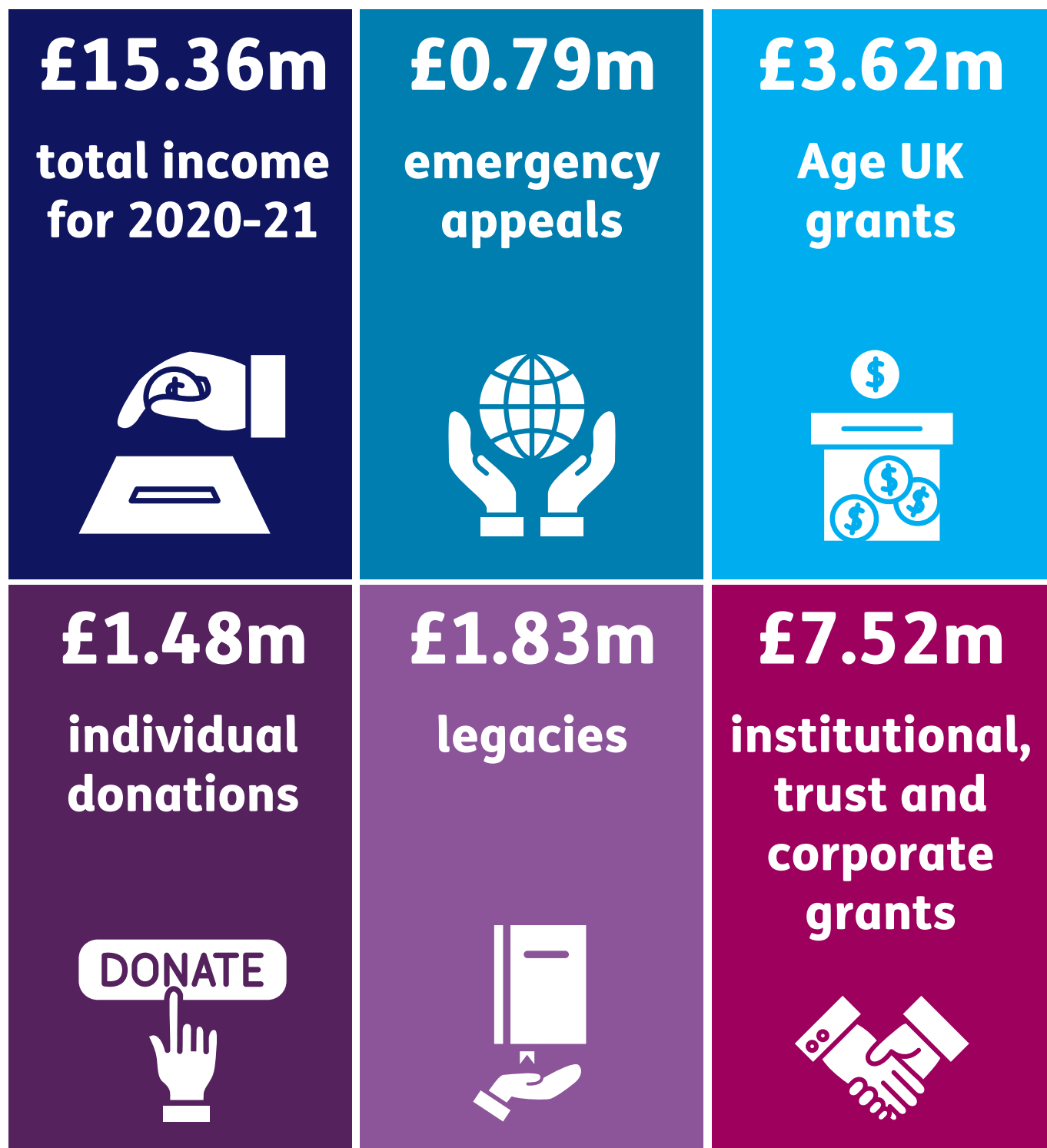
8. Organisational development

Our staff will each contribute to and benefit from a focus on learning, and we will raise our understanding of disability, and will launch and support working groups for gender and safeguarding.

How we raise our money

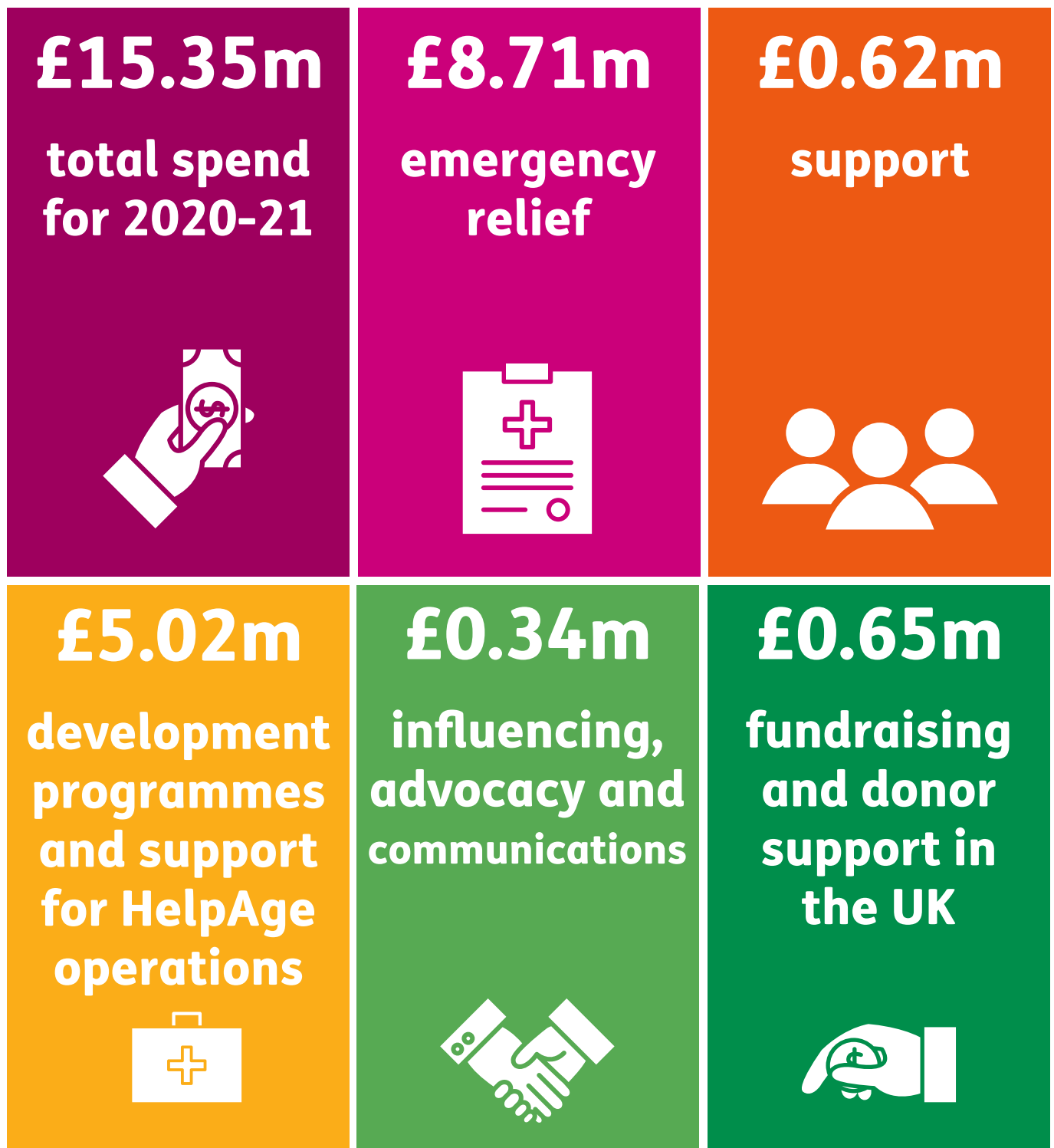
We receive grants and donations from UK individuals, Age UK, institutional, trust and corporate donors.

This year, responsibility for Age International's Individual Giving fundraising programme moved from Age UK to Age International.



How we spend our money

Most of our income is spent on emergency relief and rehabilitation, development, advocacy and influencing.



Improving the lives of older people: **our key achievements**

We aim to create long-lasting change for older people and their communities, improving the lives of the most vulnerable and excluded by providing emotional, social and medical support.

Lifesaving support for Rohingya refugees

An outbreak of COVID-19 could spread rapidly amongst the 855,000 refugees living in the overcrowded camps in Cox's Bazar, Bangladesh, with devastating consequences. 1 in 5 in the camps are older people.

We worked with our local partner HelpAge Bangladesh, to adapt and enhance existing services provided in our Age Friendly Spaces, which includes healthcare and psychological support, to help them prepare for the virus and reduce its spread.

We supported older people to follow the guidance on hygiene, provided community healthcare, gave counselling to over 4,600 people, installed handwashing points across the camp, distributed facemasks and hand sanitiser to over 6,000 vulnerable people, and hygiene kits to 400 families.

We provided training to staff and community volunteers and gave masks, medical gowns, gloves and key kit to doctors, paramedics, physiotherapists, counsellors and other frontline workers to enable them to continue to support older people without risking spreading the virus. We reached more than 15,000 older people with accessible health messaging, preventative measures and disease information.



Photo credit: Age International, Fabeha Monir

Helping older people to see again

Avoidable blindness is a major issue in Ethiopia, especially in poverty-stricken, rural areas where the healthcare system is not as accessible.

We conducted an outreach programme in rural Borena, Oromia, promoting eye care and providing older people with eye examinations, treatment, and surgery.

In four weeks, over 2,700 people received an eye care examination and screening. We distributed 100 pairs of glasses and were able to provide eye medicine and ointments to over 1,000 people. Almost 250 of the older people we screened went on to have cataract surgeries.



Photo credit: HelpAge International, Ethiopia

A voice for women

Older women experience multiple inequalities in their home, workplace and community.

Our *If not now, when?* report found that women seem to be under greater strain than men. They account for:

- 58% of those living alone
- 56% of those caring for others
- 56% of those with no healthcare access
- 58% of those without access to food
- 58% of those with no income.

These comparisons underline the importance of collecting data on older age groups broken down by sex to understand the different experiences of older women and men, and of taking a gendered approach to providing humanitarian assistance to older people. Over the next year, we will share our findings with governments and humanitarian organisations to address these inequalities.



Photo credit: Age International, Fabeha Monir

Our impact in 2020-21

We are proud to be the UK member of HelpAge International, working together to deliver our programmes and influencing work. Age International provide a majority of HelpAge International's income for programmes to support older people. With this support, HelpAge has improved the lives of millions of older people in the following ways:

"I have the income I need"

- **14 million older people** in 11 countries received a social pension; just over 1 million older people received support for the first time
- **Just over £1 billion** was paid to older people in 9 countries where we have actively worked on social pensions
- **12,600 older people** (63% women) across 13 countries had their financial and food security protected and supported through our humanitarian response.

"I enjoy the best health care and quality of life"

- **447,000 older people** in 14 countries received better health and care services or support through our work, the majority of whom were older women (60%)
- **1.6 million older people** benefited from new or improved government health and care policies
- **57,300 older people** (56% women) in 10 countries had their health, care, and nutrition requirements provided for and protected through our humanitarian crisis response.

"I am safe and secure, free from all forms of discrimination, violence and abuse"

- **597,600 older people** – 51% women – received humanitarian aid in 20 countries
- **72,850 people** across four countries took part in disaster preparedness work and training
- **166,450 older people** accessed support services related to violence, abuse, and neglect in Tanzania and Kyrgyzstan.

"My voice is heard"

- **827 Older People's Associations** in 10 countries monitored the delivery of social pensions, health services and other entitlements
- **6,849 older people** participating in community programmes and activities that strengthen their social connections in Moldova and Jordan
- **224 communities** have put in place accountability mechanisms that ensure older people are considered for public services
- **16 countries** have functioning national platforms, movements or campaigns to support older peoples' rights.



Response to COVID-19

- **154,440 older people (90,242 older women)** affected by COVID-19 were supported through HelpAge and network members' health and care projects and interventions in 10 countries
- **9 million older people (5.4 million older women) in six countries** received additional COVID-19 income support from their government
- **432,530 people of all ages** received COVID-19 humanitarian assistance from the HelpAge network
- **42,344 older people** received improved protection through psycho-social counselling and access to enhanced reporting systems which ensure safe and dignified humanitarian support.

Photo credit: SEMA

COVID-19 emergency response

In March 2021, the World Health Organisation declared COVID-19 a global pandemic. The data from the outset was clear – older people had the highest risk of serious illness from the disease.

We understood early on that the disease posed a huge threat to those already facing life-threatening challenges because of other health conditions, poverty, discrimination and humanitarian crises. For older people around the world living in fragile places, or having fled conflict, coronavirus brought renewed fear and hardship.

Since the onset of the pandemic, we worked hard with HelpAge International and local partners to reach thousands of older people in over 25 countries in Africa, Asia, the Middle East and Latin America with vital support, helping to protect them and prevent the spread of the disease. From initiating new emergency COVID-19 projects, to adapting long-running programmes, we have tailored our response to meet the needs of older people and their families.

Our support included distributing COVID-19 information, awareness campaigns and advocating for the proper inclusion of older people in local responses, providing mental health and medical support, health checks, hand-washing stations, hygiene kits, personal protective equipment (PPE), food, medicine, home visits and essential items.



Photo credit: Age International, Peter Caton

Bangladesh

We worked with local partners to ensure older Rohingya refugees were reached with vital aid.

We adapted and enhanced our existing services in Age Friendly Spaces, including healthcare and psychological support, to help older people prepare for the virus and reduce its spread. We supported community volunteers to raise awareness. More than 15,000 older people were reached with accessible health messaging, preventative measures and disease information. We increased our outreach health teams of pharmacists, doctors and counsellors to provide homecare services.

We provided training to staff and community volunteers and PPE to clinical and frontline workers to enable them to continue to support older people without risking spreading the virus.



Photo credit: Age International, Fabeha Monir

Uganda

We shared information about COVID-19 targeted at older people through a wide range of communication channels, including a radio campaign, TV shows, personal phone calls, text messages, megaphones and WhatsApp groups.



Photo credit: HelpAge International, Werné Fred Eimhannul - URAA, Joseph

Colombia

We worked with our partners during the crisis to provide 750 older people and people with disabilities with hygiene items such as hand sanitisers, gloves and soap.

Through our partners we provided water to informal settlements by installing water storage facilities.

COVID-19 information shared in Columbia has not reflected the specific considerations of older people and so through our partners we shared information on the care needs of older people and those with disabilities, providing training to healthcare workers on how to offer safe assistance to older people.

Those who are most vulnerable, including Venezuelan refugee and migrant families, received cash transfers and food packages to provide for their basic needs.

We were concerned about the mental health impacts of the pandemic and so our partners also offered a free online course in mental health for older people, and so far this has reached 150 participants across the region.



Armenia

We distributed personal protective equipment (PPE) to 500 older people receiving intensive in-home care, provided transport to support the distribution of PPE, hygiene kits, food packages and service provision to the older beneficiaries and shared awareness raising materials with 4000 older people.



Syria

We worked with local partners and outreach workers to prepare for the virus, reduce its spread, and delay the peak so health systems could cope better.

We coordinated with health authorities, prepared health facilities, provided training and PPE for healthcare staff and set up additional medically equipped facilities to treat patients.

Additionally, a community awareness-raising campaign was run in mosques, community centres and other key public areas alongside an online awareness-raising campaign targeting health workers to reduce the spread of the virus.



Photo credit: SEMA

Gaza

We raised awareness of COVID-19 to older people by distributing leaflets, sending text messages, sharing information on social media and radio and holding awareness raising sessions. We also supported older people with hygiene kits, oxygen cylinders and psychological support.

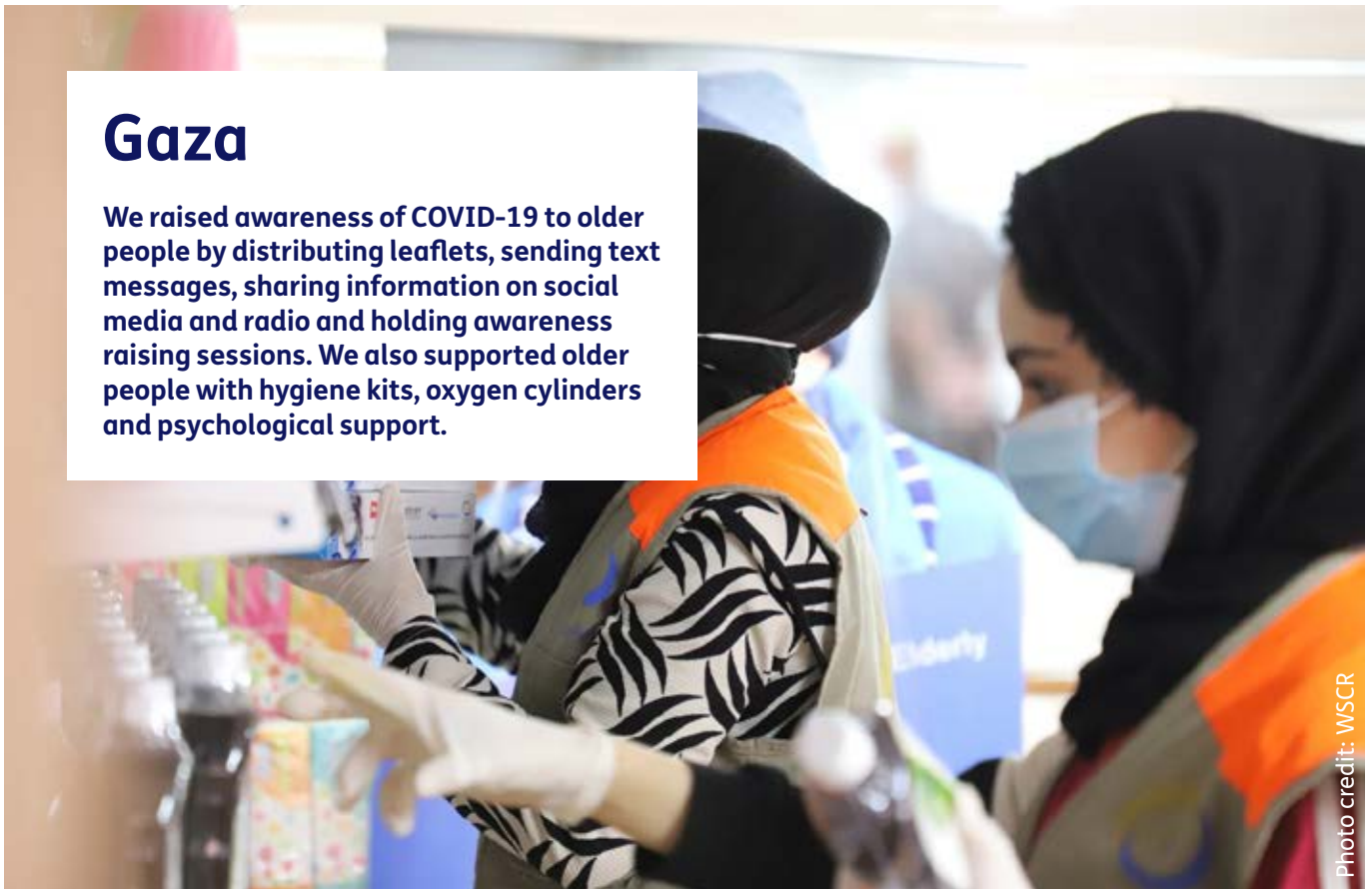


Photo credit: WSCR

COVID-19 and loneliness in Vietnam

When the coronavirus pandemic began to spread through Asia, Vietnam acted quickly to stop the virus in its tracks, but the lockdown measures left vulnerable older people isolated and without support.

Nguyen Thi My is 67 years-old and visually impaired. She has lived alone since the death of her mother 11 years ago, and her children and relatives live elsewhere, rarely visiting. She also has no phone or television, so had limited access to information about the coronavirus pandemic.

Mrs My is a member of our Inter-generational Self-Help Club (ISHC) and through the group has been able to receive help from homecare volunteers, who take care of her, and support her with her daily life. The group was able to support her when she was diagnosed with breast cancer last year, helping with her treatment. The diagnosis puts her in one of the most vulnerable groups for COVID-19 – a disabled older person with cancer. Although community activities have been put on hold, the ISHC volunteers have been given COVID-19 training and continue to support her and pass on vital prevention guidance.

“They (the ISHC’s volunteers) visit every few days to help with the weeding and the garden. Since the day the club was established, I feel much more happy and joyful. They keep visiting and support me with the weeding and talk to me.”

If it wasn't for the ISHC, she would be isolated during the pandemic. Age International's role supporting older people like Mrs My and championing their rights and needs has never been more important.



Photo credit: HelpAge International



COVID-19 in South Sudan

With a country of 12 million people but only one permanent infectious disease unit and just one laboratory capable of testing for coronavirus, South Sudan's healthcare system was already under severe strain when the pandemic hit.

With our partners we conducted a 'Rapid Needs Assessment' with displaced older people and those in urban areas to understand how they were affected by the pandemic and the restriction of movement.

"When coronavirus came the things we did normally, we had to stop. We couldn't meet other people, water wasn't there and we had no food... in the community people were afraid of coronavirus." Teresa Nyegiery, resident of Mangateen refugee camp, South Sudan

We adapted our programmes in the region to **prevent the spread of coronavirus:**

- We provided community outreach volunteers to regularly visit **1,000 households** with older people, to ensure they had access to information, food, clean water, and hygiene items
- **650 households** received clean water deliveries
- We recruited and trained older people in the community as volunteers, as well as sign language interpreters.
- We provided cash assistance to **250 of the most vulnerable households and older people**
- We worked with other humanitarian agencies to **ensure older people were considered in the planning and delivery of their programmes.**
- We continue to **raise awareness of health and care rights and provide advice for those at risk of COVID-19** on how to protect themselves, through local radio and our community outreach programme.

Photo credit: Age International, Peter Caton

Our emergency response

Older people are particularly vulnerable during conflicts, crises and natural disasters – yet they are often forgotten. We help them to survive. We respond to crises with emergency aid specifically designed to meet the needs of older people.

Volcanic eruption, the Philippines

In January 2020, Taal Volcano, around 70km south of Manila in the Philippines, erupted, leaving 736,802 people affected. Many older people suffered greatly, losing livelihoods, homes and suffering poor health.

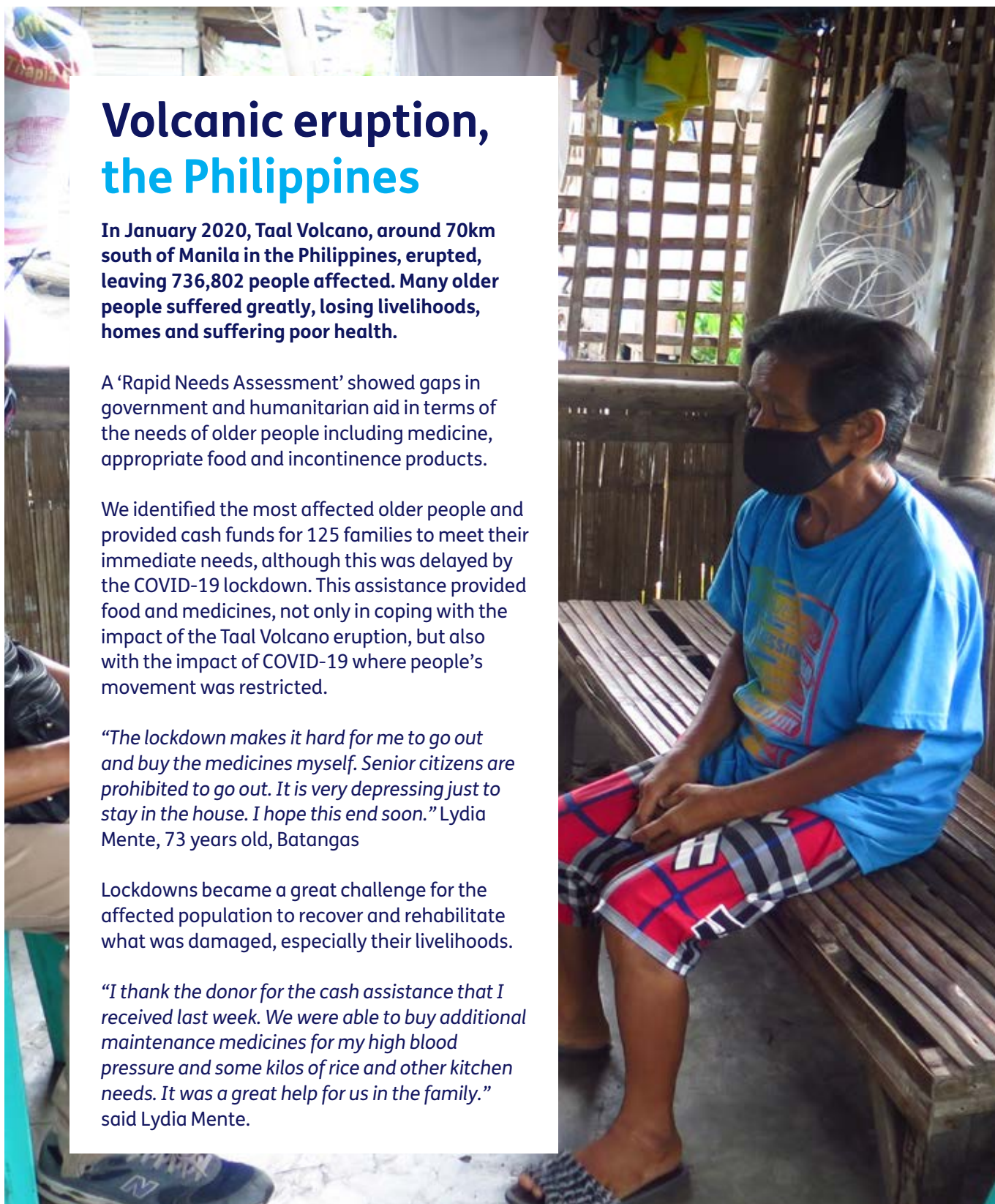
A 'Rapid Needs Assessment' showed gaps in government and humanitarian aid in terms of the needs of older people including medicine, appropriate food and incontinence products.

We identified the most affected older people and provided cash funds for 125 families to meet their immediate needs, although this was delayed by the COVID-19 lockdown. This assistance provided food and medicines, not only in coping with the impact of the Taal Volcano eruption, but also with the impact of COVID-19 where people's movement was restricted.

"The lockdown makes it hard for me to go out and buy the medicines myself. Senior citizens are prohibited to go out. It is very depressing just to stay in the house. I hope this end soon." Lydia Mente, 73 years old, Batangas

Lockdowns became a great challenge for the affected population to recover and rehabilitate what was damaged, especially their livelihoods.

"I thank the donor for the cash assistance that I received last week. We were able to buy additional maintenance medicines for my high blood pressure and some kilos of rice and other kitchen needs. It was a great help for us in the family." said Lydia Mente.



Explosion response, Beirut, Middle East

In August 2020, a large amount of ammonium nitrate stored at the port of the city of Beirut, the capital of Lebanon, exploded, killing at least 207 people, injuring over 7,500 people and leaving half the city destroyed.

The explosion had devastating effects for the most marginalised older people and their families who live there. Lebanon's health systems were already overstretched and struggling to cope with the COVID-19 pandemic and the destruction of all the hospitals in central Beirut made it even more difficult for older people to access the healthcare or medication they urgently needed.

Our partners HelpAge International in Lebanon and Amel Association understood the enormous challenges older people faced recovering from the psychological, health and economic impacts of the Beirut blast at a time when COVID-19 was on the rise.

We reached older and vulnerable people with provisions and services specially adapted to their needs, for example food packages and shelters that are accessible to everyone, and healthcare specifically targeted at older people.

We reached 438 older people, and 1,752 of their family members with support including:

- **Hygiene kits for 500 households** living in the target areas with an older family member and/or person with specific needs
- **250 elderly kits** to older people identified to be in need
- **500 PPE kits** to affected households to reduce the risk of COVID-19 transmission
- **Raised awareness** through community volunteers on **COVID-19 risk mitigation practices** emphasising good hygiene practices to reduce the spread of the virus
- **Homebased nursing care, medical and psychological care for 800 older people** and people with disabilities.



Photo credit: Patrick Baz/AFP

Protracted emergencies

In recent years, the world has seen a significant increase in long-term conflict and displacement.

Such protracted crises disrupt the lives of older people and those supporting them, including their economies and societies for longer periods of time. Age International is committed to supporting older people during the immediate aftermath of a crisis and throughout the long-term recovery.



Burundi refugee crisis in Tanzania

The Burundian refugee crisis began seven years ago, with many fleeing violence. Over 270,000 Burundian refugees still live in surrounding countries, unable to go home.

Refugees fled to Tanzania, Rwanda, Uganda and the Democratic Republic of Congo (DRC) to find camps full and only temporary shelters available; it's one of the most underfunded refugee crises globally. Over 100,000 refugees live in Tanzania mostly in three camps, half are from Burundi.

Older men and women face challenges in accessing water and carrying food and other core relief items to their homes. Community-based rehabilitation centres are inadequately equipped. Many older people become primary caregivers for their grandchildren in the camps. They also struggle with access to health services, separation from family members, physical harm, neglect, isolation, discrimination, and abuse by family members and the wider refugee community.

We provided cash grants and community-based rehabilitation including home adaptations for homebound older people, strengthened active ageing clubs, trained outreach teams and healthcare staff, and established support groups.

Photo credit: HelpAge International, Ben Small

COVID-19 in the Tanzanian camps

In March 2020, the first case of coronavirus was reported in Tanzania. In the overcrowded and slum-like conditions of the refugee camps, an outbreak of coronavirus could spread very rapidly and lead to a significant loss of life, putting older people at an even higher risk.

Older people and those who are vulnerable are at a higher risk of contracting COVID-19 due to underlying health conditions, physical stress, and reduced immune systems, compounded by lack of healthcare and accessible awareness and information.

Without essential information such as how to sterilise hands properly, how to use PPE effectively, and why social distancing is so important, people were left exposed to coronavirus and unable to protect themselves. Though this information was being circulated in the camps, we found that many older people weren't able to access it, due to barriers such as being housebound, or having hearing or sight problems.

The Evan Cornish Foundation donated £4,000 to Age International, to train 520 people as a specialist COVID-19 surge team of information champions, so they could raise awareness and share guidance on hand hygiene and personal protection to older people on a safe, 1-to-1 basis, across the three largest refugee camps in Tanzania.

Between June and November 2020, the surge team relayed these messages, helping to protect 13,000 people, including older people, across the three largest refugee camps in Tanzania, giving them a space to voice their worries about coronavirus, and an opportunity to have their questions answered. Older people said the COVID-19 surge team helped to make them feel “dignified”, “respected” and “built (their) hope”.

Photo credit: Age International, Chris Roles



Empowering older Burundian refugees with **health information**

Veronica Burakamphite, 84, is a Burundian refugee living in Mtendeli refugee camp, Tanzania. In 2016 she suffered a sustained spinal cord injury that left her unable to walk, take care of herself or participate in food aid collection and social gatherings.

In 2017 we stepped in to support her with hospital referrals, rehabilitation services and practical items including a commode chair and wheelchair so that she no longer had to crawl on the ground to move around.

During the COVID-19 pandemic, at one of her support visits, a Project Community Rehabilitation Officer carried out a detailed assessment on Burakamphite's situation and how her needs could be further met. She was visited by our team to inform her on the risks of coronavirus and how she could help protect herself from contracting it. She received a hygiene kit including a water container, soap and face masks to help prevent the spread of COVID-19 infection.

Veronica said: "... older and disabled people like me have always experienced limited exposure to health information including on the recent COVID-19. Initially we experienced a high level of anxiety because we didn't know the details including how to protect ourselves from the disease... The visit to me and my colleagues by the team was like an eye opener. We started regaining hopes that we can still serve our lives despite our frailty. However, most of us were still not able to buy the sanitary items after the awareness because of our poverty - until you brought some. I feel very much honoured. Imagine if all this didn't happen, I was going to be the first to be infected and die because I have all the underlying risk factors which I was told by the team when they visited me!"



Psychosocial support during the Ukraine conflict

We have been supporting older people in Ukraine since November 2014 when conflict broke out in the east of the country affecting more than four million people.

With our partners, we have provided direct psychosocial support through homebased care for those in the most vulnerable households, community safe spaces and provision of assistive devices, hygiene kits, blankets and other essential items.

- 1,100 received homebased care
- 680 older people received assistive products such as canes, walking frames, crutches with elbow support, and toilet chairs
- 915 older people received blankets, mittens, winter socks, waistcoats, and hats
- 2,785 older people were provided with food packages, COVID-19 adapted hygiene kits and COVID-19 information awareness materials and advice.

Leonid Cherevan, 83, said *“So much changed recently. I’m really worried about getting my pension on time so I can buy food, medicine and pay for my utilities. The conflict has lasted more than five years, and then came the coronavirus. We older people, are recognised as being a high-risk group, so for us the threat of infection is much higher than for others. Quarantine is not easy for everyone, and older people are the hardest hit. We are mostly law-abiding, so we just stay home. It is only thanks to the special attention and care from HelpAge’s volunteers that we do not panic. A HelpAge volunteer told me about the first signs and symptoms of the disease, prevention measures, personal hygiene and brought me a special brochure. Now I strictly adhere to these rules. Thanks to HelpAge volunteers, who provided us with masks and disinfectants, I do not feel so scared. I feel protected.”*

Photo credit: Age International

Rohingya refugee crisis: our work in Cox's Bazar


For years, Rohingya men, women and children have faced systematic discrimination and violent attacks, forcing them from the Rakhine state in Myanmar to Bangladesh. In 2017, the largest refugee influx took place and since then an estimated 900,000 Rohingya have fled into Cox's Bazar, the world's largest refugee camp. The stress and trauma of displacement has been heightened by the COVID-19 pandemic.

With our partners, we have been running Age-Friendly Spaces to help older Rohingya refugees find solace and support, providing services such as healthcare, psychological support and homecare. During the pandemic, we adapted our work to help older people protect themselves from the virus and prevent its spread. Older people have repeatedly called the Age-Friendly Spaces their "house of peace".

83-year-old Ayesha receives home healthcare from the Age-Friendly Spaces and explained what the visits from staff mean to her: "I miss going to the Age-Friendly Space. For a few days I've not been feeling okay. Staff from the Age-Friendly Space visited me at home. I feel happy when I see them coming to meet me. It is like I have people who care for me. At this old age with so many health problems, I cannot seek help from others. Our children are also suffering as they are jobless.

In this one-bedroom tent, I live with my husband, children and grandchildren. When I think about our old days, I feel sad. We had everything in Myanmar. We had big lands, chickens, cows - now we've become beggars. Life is so unfair to us. But with this help from Age-Friendly Space I feel happy. Now in the camp all of the elderly people are worried about their future. I am worried too. But no one knows about future, we can only pray to survive."





Hamid, 72, is a member of an Age-Friendly Space and shared his worries about coronavirus: *“I stopped going to market and we’ve been maintaining distance from each other. We are afraid of coronavirus. What will happen to us if one of us get infected? One can lead to more infection. Every time I visit the Age-Friendly Space, I feel safe. Here every one cares for us. It is like our family. This place is like our home.”*

Separated whilst fleeing Myanmar, our project team worked with other humanitarian organisations to reunite Ali Ahammed, 74, and his family, although Ali learned that sadly his wife had not made it. The project team assessed his needs and were able to help him get a ration card and provide him with essentials including a wheelchair and warm clothes. Ali now lives with his daughter, son, daughter-in-law and three grandchildren. The project provides him with medicine, regular health check-ups and counselling and he is visited by a home-based carer. As part of the project’s COVID-19 response, Ali and his family also received masks, hand sanitisers and disinfectant to help them stay safe from the virus.

Ali Ahammed said: *“I could never have imagined this new life when I thought I would die without seeing my family, without any healthcare. Finally, I came to know there are still some people and there is still hope. Thank you.”*

Photo credit: Age International, Fabeha Monir

Key programmes

Our key programmes aim to achieve long-term, high impact change for older people, and to build evidence of the value of the approaches we take, for us to use in our advocacy work with opinion formers and policy makers.

These programmes have improved the lives of the most vulnerable older people across the world. We are so proud to have improved the lives of millions already. They range from social protection and healthcare to supporting refugees. See the impact these programmes have made below.

Better health for older people

Our Better Health for Older People programme is in its third and final year, focussing on Kenya and Mozambique. With an aim to contribute to better health and wellbeing and reduce the burden of diseases for older women and men, its specific objective is to make health systems more inclusive, responsive and accountable to the need of older people.

We aim to reach 29,000 older women and men, with at least 70% reporting significant improvements in their personal health and wellbeing by the end of the project, by:

- training medical professionals and home-based carers
- setting up healthy ageing clubs in all communities to encourage healthy behaviours
- establishing Older People's Associations and Older Citizens Monitoring Groups.

Older People's Associations offer support to members with chronic diseases and disabilities while Older Citizens Monitoring Groups volunteers monitor and advocate for more inclusive, effective delivery of health services, and encourage referrals between informal and formal health providers.

We adapted the programme during the COVID-19 pandemic to ensure older people weren't disproportionately affected, and that it didn't impact their existing healthcare. We reached 555 older people with information and PPE and supported another 3768 to access vaccination.

We also conducted interviews with older people to better understand how the coronavirus pandemic impacted them so we can better help and advocate for them.

Our impact so far:

- **1,276 members of our older people's groups** have been trained on behaviour change, peer support and advocacy to help campaign for their better inclusion in health services
- **A homebased care package** has been developed with a focus on caring for older women and men with disabilities
- In Mozambique and Kenya **100 people have been trained** in providing homebased care
- In Mozambique **50 healthcare staff** have been trained in geriatric care – an area of work that is limited or non-existent in the healthcare system. This training will start in Kenya after training materials are produced
- **Three new Active Ageing Clubs** have been set up in Mozambique: these clubs provide a space for older people to come together, exercise and learn about good health and nutrition and learn new skills for income generation. The team are supporting colleagues to set up clubs in Kenya
- We are supporting existing Older Person's Associations and have **set up nine new OPAs** in Nairobi. **100 members of OPAs in Kenya and Mozambique have been trained** in healthy ageing using the HelpAge toolkit for Healthy Ageing Clubs.

Strengthening Ageing Networks Asia

Asia is going through unprecedented demographic change with people living longer, families are smaller and the proportion of working age people is reducing, whilst the demands on income security and health services in old age are increasing. By 2050, close to 30% of the regional population will be over 60 years.

In response to this rapid ageing, alongside our partners, we have improved social protection by supporting the implementation of pensions, setting up and strengthening existing community-based organisations and older people associations to improve the overall wellbeing of older people and their communities by utilising the unique resources and skills older people have, to provide effective social support, facilitate activities, and deliver services, in seven countries across Asia. They provide a valuable social protection mechanism which, together with social pensions, can improve the quality of life of older people, their families and communities.

Community members receiving support from ISHC during COVID-19 in Vietnam: Nguyen Thi Nho, 87 years-old, lives with a 65-year-old daughter-in-law and her 4-year-old great-granddaughter. The family mainly relies on Mrs Nho's daughter-in-law to grow vegetables in the garden and raise some chickens to lay eggs, while Mrs Nho can no longer work and only help look after her great-granddaughter.

Key achievements:

- In Vietnam we set up **159 fully funded Intergenerational Self-help Clubs (ISHCs)** with **8,659 members**; comprised of 74% women and 69% disadvantaged people
- In Bangladesh, Cambodia, and Indonesia there are now **45 new Intergenerational Self-help Clubs with 2,083 members**, of which 68% are women
- The ISHCs across Bangladesh, Cambodia, Indonesia, and Vietnam were able to **generate over £180,000** themselves; these funds build livelihoods but are also used for community projects and to support particularly vulnerable community members
- Working as a network, the ISHCs in Bangladesh were able to ensure their voices were heard in advocating for extending and improving the old age allowance, which now **reaches a further 1.4 million people**.



“During March to April 2020, my family was under quarantine due to COVID-19. It’s really a struggle for my family when our food had gone completely. However, our family received 15 kg of rice from the self-help club, of which I extremely appreciate and greatly thank.”

Photo credit: HelpAge International

Improved emotional wellbeing through being a member of the Intergenerational Self-Help Club, Bangladesh

An 81-year-old man in Rangpur district, Bangladesh shared how he benefits from the intergenerational self-help club of which he is a member.

“I have become a victim of emptiness at the end of my life. For generations, we are farmers. Started working in the field with my father since my childhood. All through my life I have been steering my family; produced so many crops like Paddy, Jute, Tobacco, Maize, Potato. Farming had been a hard work with physical strain in our time. Notwithstanding, life was

overflowing, nothing hollow and blank. The age has cost my workability; gone are those days of living with my blood. Many diseases have taken a control over my body. No longer I feel any spirit. Feeling myself lonely and deserted.

I couldn't say 'no' when people of my village asked me to join the self-help club. They made me the treasurer. I mean to keep accounts. Outside my home, this was the first time I got a social responsibility. They helped me learn everything.”



“When members talk on how to address issues of older people, when they sing songs, when everyone exercises together, I feel highly delighted as if no ailment is there. Mind gets lighter. Childhood joy seems to be back. I am grateful.”

Photo credit: Age International, Fabeha Monir

Self help club improves the livelihood of an older man and his family in Bangladesh

Mr. MontuNath Chandra, 64 years old, is a very good potter. This is his only livelihood option, but it is difficult to continue with limited funding.

“I am very passionate to work but it is very difficult to manage capital for uplifting my work. I tried to borrow

from many organisations but they rejected me. It’s very frustrating. After joining the ISHC, I received two trainings and it inspired me a lot for a new start. After that I shared my ideas with ISHCs leaders and received the loan of 15,000 taka. Already, I received some special order from the city.”

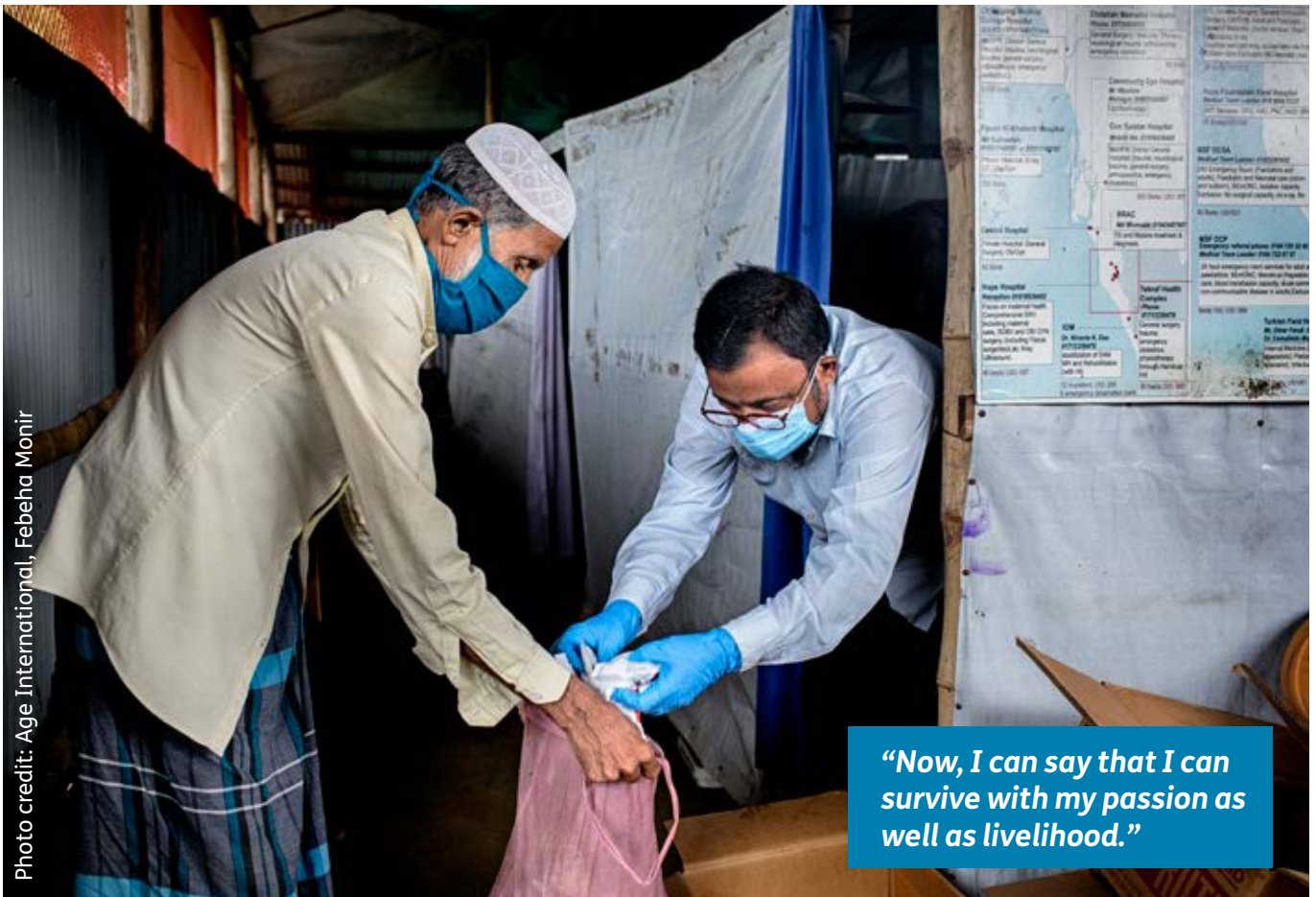


Photo credit: Age International, Febeha Monir

“Now, I can say that I can survive with my passion as well as livelihood.”

Improving health in the community, Cambodia

Mrs Phorn Phai, 74 years old, lives in Nom Kreab village of Prek Preah Sdech commune in Battambang province. She is a widow and living with her four grandchildren while all her children have moved away from Battambang for work.

She has a hard and busy life, taking care of her grandchildren and serving as a village leader. She has almost no time to take care of her health and is unable to go for health check-ups regularly at the health centre for her high blood pressure. She has expressed how lonely she feels, wishing to talk and share some of her difficulties or stories with other older people, but most of them live in other villages.

Upon joining the older people’s association in her village and becoming elected as a group leader, Mrs Phai found she had time to meet and talk more with older people, have fun and exercise together – she also benefitted from access to regular health check-ups.

Mrs Phai said: *“I like very much with the exercise activities, game and the livelihood topics during this training. After this training, I have applied this exercise every morning, starting from the basic of hand twisting and wrist twisting... I felt stronger and better.”*

Promotion of the rights of older people, Pakistan

HelpAge International in Pakistan, with support from local partners, completed a three-year project in 2020 on the promotion of the rights of older people. The overall objective of the project was to contribute to the wellbeing of older people by facilitating the implementation of the Senior Citizens Act 2014 in Khyber Pakhtunkhwa (KPK).

We set up 24 new Older People Associations (OPAs) in district Peshawar. In total 1,879 older men and women were supported in 50 older people associations. These OPAs are community-based platforms for attaining older people's rights to better health services, sustainable livelihoods, social protection and preparing communities and older people to cope with natural and human caused disasters.

As well as building advocacy action from the ground up with the establishment and support to the OPAs, we also also provided technical support to the

Government in the design and implementation of the *Senior Citizens Act*.

We created the Buzurg Dost Network which brings together civil society organisations (CSOs) across a range of sectors to raise awareness of older people's rights and the Act itself to encourage action.

We established a senior citizen's support centre, to act as a hub for continuing to develop initiatives under the banner of the *Senior Citizens Act*.

We supported the roll out of electronic identity cards to ensure older people have access to their government's social protection schemes, such as the Benazir Income Support Programme.

To adapt to the COVID-19 pandemic the programme developed radio and print communication to spread awareness. 1,879 OPA members received hygiene kits including soap, masks and sanitisers.



'In Pakistan, with HelpAge International and support from local partners we established a senior citizen's support centre, to act as a hub for continuing to develop initiatives under the banner of the *Senior Citizens Act*.'

Photo credit: HelpAge Pakistan

Zubeida Bibi, member of OPA, Sitara Welfare Organisation, Peshawar, Pakistan

“I still remember the day when we came across the word ‘OPA’ and were introduced to its concept. We were briefed about older people rights, and the issues and challenges they face in their daily lives. HelpAge International and Community Research and Development Organisation’s (CRDO) team briefed us about its objective and how the establishment of an OPA can leave an impact on our community.

Through elections, 43 members were selected and now we have a total of 45 members. Once the OPA

was established, we were given very useful trainings on advocacy at a local level, leadership management skills, proposal writing, people led advocacy, and review and planning.

We help our people in our community by filling their documents for medical cases submitting them in relevant departments and following up on their applications. We have successfully submitted applications of medical cases till now. We provide clothes to older people, especially women.”

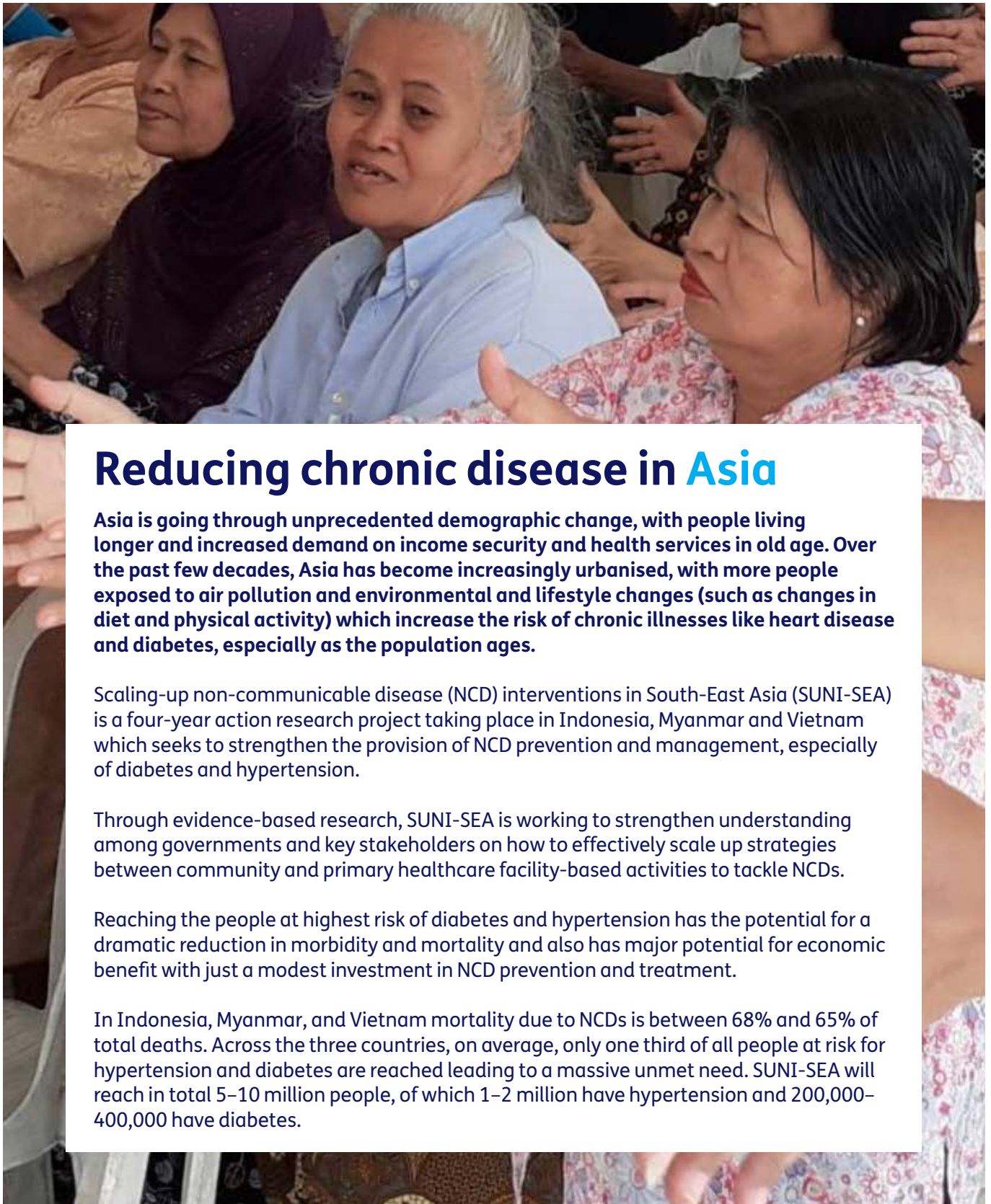


Photo credit: HelpAge Pakistan

“There are a lot of deserving people, especially older men and women, who are not capable of reaching the departments and filling their applications.”

Improving healthcare

Age International works in low and middle-income countries where healthcare is stretched and limited. We support older people to get the specialist healthcare they need.



Reducing chronic disease in Asia

Asia is going through unprecedented demographic change, with people living longer and increased demand on income security and health services in old age. Over the past few decades, Asia has become increasingly urbanised, with more people exposed to air pollution and environmental and lifestyle changes (such as changes in diet and physical activity) which increase the risk of chronic illnesses like heart disease and diabetes, especially as the population ages.

Scaling-up non-communicable disease (NCD) interventions in South-East Asia (SUNI-SEA) is a four-year action research project taking place in Indonesia, Myanmar and Vietnam which seeks to strengthen the provision of NCD prevention and management, especially of diabetes and hypertension.

Through evidence-based research, SUNI-SEA is working to strengthen understanding among governments and key stakeholders on how to effectively scale up strategies between community and primary healthcare facility-based activities to tackle NCDs.

Reaching the people at highest risk of diabetes and hypertension has the potential for a dramatic reduction in morbidity and mortality and also has major potential for economic benefit with just a modest investment in NCD prevention and treatment.

In Indonesia, Myanmar, and Vietnam mortality due to NCDs is between 68% and 65% of total deaths. Across the three countries, on average, only one third of all people at risk for hypertension and diabetes are reached leading to a massive unmet need. SUNI-SEA will reach in total 5–10 million people, of which 1–2 million have hypertension and 200,000–400,000 have diabetes.



Focus on Vietnam

- Shrinking family sizes and increased migration mean **older people can no longer rely on their families for health support and care**
- Good quality health and care services are often not available, with a **lack of trained staff, medicine and supplies** and a disconnection between care in hospitals and the community
- **Men wait longer before seeking help, and women are less likely to receive care**
- An estimated **81% of all deaths in Vietnam were attributed to chronic diseases** in 2018, and on average only a third of people at risk of hypertension and diabetes in Vietnam receive healthcare
- We are helping to curb the epidemic by **bringing the management and prevention of diseases from hospitals into communities and homes**
- We're **training community volunteers** on healthy lifestyles and how to manage chronic health conditions
- We're enabling older people to support each other to **self-manage their health conditions through our Older People's Associations** where we provide screening for illnesses and referrals to healthcare facilities
- **Over 250 people from ISHCs have been trained in Vietnam** on the prevention and management of diabetes and hypertension and are able to monitor their conditions during meetings.

Photo credit: Age International, Simon Rawles

Diabetic foot in Kyrgyzstan

An estimated 220,800 people suffer from diabetes in Kyrgyzstan (6.1% of the population) and numbers are predicted to increase by 57% by 2045 to more than 388,000 people. Yet up to 41% of cases remain undiagnosed. Without proper care and management, diabetes can lead to serious complications, including blindness, limb amputation, kidney failure and even death.


The increase in Type 2 Diabetes in Kyrgyzstan is driven by a lack of awareness about the disease and how to prevent it combined with a high prevalence of unhealthy lifestyles, lack of physical exercise, high levels of obesity, poor, carbohydrate rich diets and gaps in diabetes screening and care services at local and national level. The government estimates that over 90% of people suffering from type 2 diabetes are over 60.

The overall goal of our programme was to improve access to preventative measures and treatment for diabetic foot for patients in the target provinces, in total, the project aimed to reach 11,243 people.

Outcomes

- **260 family practitioners and 60 nurses** increased their capacity in the prevention and treatment of diabetes
- **3,068 training sessions and discussions with 36,800 community members and patients with diabetes** were conducted
- Among them **6,450 patients** with diabetes were trained in diabetes foot care and prevention of complications
- **We conducted 206 seminars** and discussions in schools, with participation of **6,200 children**
- **We raised awareness of diabetes to 600,000 people** through mass and social media, TV programs and news, press-conferences, training and seminars in schools and in communities
- **14,700 information leaflets** were distributed to Family Practitioners Centres on the prevention, treatment and care of diabetic foot
- During the pandemic, **90 WhatsApp groups** were created to provide information and medical and psychological consultations online
- **9,888 people with diabetes and risk factors gained knowledge and information** about diabetic foot via **824 sessions and discussions**, including **779 patients who were diagnosed** with diabetic foot
- **8 podiatry rooms** for improvement of diabetes foot treatment were set up for diagnosis and treatment
- In total, **5,478 patients were screened** by outreach groups for diabetes and took appropriate advice from family practitioners and endocrinologists.





“As a doctor, I am glad that thanks to the training of endocrinologists and surgeons in new approaches to treatment and new equipment obtained through this project, it was possible to avoid surgical intervention and save the foot for many patients.”
Local endocrinologist in Kyrgyzstan

“I personally have changed my approach to an active lifestyle. I try to walk weekly at a pace of 7 km every day. I do not eat fatty and fried foods; I focus on foods rich with fibre. I began to feel much better”.
Self help group member in Kyrgyzstan

Improved health and wellbeing in Tanzania during the COVID-19 pandemic

Older people in Tanzania are at-risk of chronic health conditions which can lead to premature death if not managed carefully. As well as setting up healthy ageing clubs, we supported older people to advocate for change and build stronger and more inclusive health services.

East Africa is undergoing rapid growth in its population, particularly of older people, and with it the incidence of non-communicable disease (NCDs). Whilst life expectancy in Tanzania has improved, not enough people have access to the healthcare they need to live well in later life.

Evidence from Korogwe and Magu districts shows that over 38% of deaths are caused by NCDs which contribute to 83% of disability among over 70s across sub-Saharan Africa.

We're running a project in the Korogwe district (Tanga region) and Magu district (Mwanza region) with our partner HelpAge Tanzania which aims to address this problem, by improving access to age friendly, preventive, diagnostic treatment and follow-up services for older people.

Outcomes:

- We provided training to healthcare providers to increase their knowledge and skills to give older people health checks, outreach for disease screening and treatment, and to carry out awareness raising campaigns
- We raised awareness of NCDs through Active Ageing Clubs
- We supported our Older Citizen's Monitoring Groups to empower older people to monitor access to healthcare services and medication and lobby for improvements
- We worked with district healthcare teams, councillors, and government officials to influence the health agenda for long-lasting change.

Ms Zaina, 78, is a member of one of the Active Ageing clubs, where older men and women with disabilities are encouraged to use their skills, knowledge and talents to become more independent.

"I was suffering from numbness in my feet, gout, diabetes, blood pressure, and pains in my joints. My great challenge was my inability to even go to fetch water because of my legs. In July 2020 I joined the Active Ageing club after being invited by our leader. I am now highly appreciative to our doctor (physiotherapist) who coordinates our exercise two times a week. He also gives us health education at the end of the exercises. This club has changed my life and now I can go to fetch water and perform farm activities as I used to do before. I thank all who made this possible."



Photo credit: HelpAge Tanzania

Policy, advocacy and influencing

If not now, when?

In 2020 we launched our report *If not now, when?* with our partner HelpAge International. The report criticises the humanitarian sector for its failure to uphold the rights and address the needs of older people in emergencies.

Although some efforts are being made to support older people, this failure contravenes several international commitments made in recent years and goes against basic humanitarian principles. We interviewed 8,883 people aged 50 to 80-plus affected by natural disasters, conflict or socioeconomic crises in 11 countries in Africa, Asia, Latin America and the Middle East.

Breaking point

Since the data was collected, COVID-19 swept across the globe. The pandemic has both increased the need for humanitarian aid and disrupted its delivery. The response to coronavirus has thrown into stark relief the gulf between the risks older people are facing and the level of support available to them.

- 77% of older people had not been asked by any other humanitarian agency about the services being provided to them.
- 89% of older people did not have enough to eat in the first six weeks of a crisis.
- 39% of older people could not reach aid distribution points independently.

Time for change

Our findings reflect a longstanding neglect of older people in humanitarian crises. Successive research studies have consistently shown the damaging impact of the collective neglect of older people.

If not now, when? provides urgent recommendations for humanitarian actors, donors and agencies for a more inclusive, effective and accountable response. All humanitarian actors and agencies should:

1. **Provide leadership:** proactively respond to the rights and needs of older people, the risks they face as well as their capabilities and contributions.
2. **Mainstream older people's inclusion:** take responsibility for responding to the rights and needs of older people, alongside the work of specialist agencies.
3. **Strengthen data collection and analysis:** make efforts to improve data collection, analysis and disaggregation on the basis of age, as accurate information is essential to uphold humanitarian principles and basic human rights.

4. **Consult older people:** meaningfully consult older people and promote their participation and empowerment. This is essential to ensure humanitarian interventions are effective in responding to older people's rights and needs.

Our recommendations help the humanitarian sector respond to the COVID-19 pandemic in a better way for older people. There is no excuse for their neglect, and we should be doing better.

The report gave HelpAge and Age International the platform to engage with the UN Office for the Coordination of Humanitarian Affairs (UNOCHA) to strengthen the visibility of the rights of older persons within its work. Working in collaboration with ODI, the UK Government's DFID/FCDO and UNOCHA, we helped to create the first-ever inclusion track in UNOCHA's flagship networking and learning event: Humanitarian Networks and Partnerships Week.



If not now, when?

Keeping promises to older people affected by humanitarian crises

ageInternational
Member of the HelpAge global network

HelpAge
International

Bearing the brunt: COVID-19 exposed the needs of older people

COVID-19 has exposed the harsh reality of ageism, age discrimination and human rights abuses that many older people face across the globe. In 2020 we worked with HelpAge International on the report *Bearing the brunt: The impact of COVID-19 on older people in low and middle-income countries – insights from 2020* revealing that despite older people being one of the groups most at risk of severe illness and death from COVID-19, they remain chronically invisible and neglected in response and recovery efforts.

The indirect effects of COVID-19 – and responses to it – also present critical challenges for older people and affect their wellbeing, dignity, and rights. This is especially true for those who have already experienced a lifetime of poverty, exclusion, and inequality.

Our key insights:

Official data: Despite the impact of the pandemic on older people globally, older women and men remain chronically invisible in efforts to monitor the impacts of COVID-19.

Health and care: Older people are the age group most at risk of serious illness and death from COVID-19, but the broader impacts of the pandemic and responses to it on the health and wellbeing of older women and men are also severe and will likely go far beyond the immediate effects of the virus.

Violence, abuse, and neglect: The report draws attention to experiences of violence, abuse, and neglect (VAN) among older people, how the risks of older people experiencing VAN have been exacerbated during the pandemic, and how significant gaps in the collection and analysis of data hamper more effective prevention and response.

Income security and social protection: The income, livelihoods and poverty of all age groups have been severely impacted by COVID-19, but the multiple risk factors and disadvantages people accumulate over their lifecourse mean some groups of older people will face heightened challenges in recovering from the pandemic.

Older people in humanitarian and conflict settings: Even before the COVID-19 pandemic, the humanitarian system was failing to support older people according to the standards it set itself, and the pandemic has placed highly-vulnerable communities at even greater risk.

Voice, dignity, and rights: Public health responses to the pandemic have discriminated against older persons, denied their rights, and limited their ability to exercise their voice.

We need radical change if people of all ages are to be able to contribute to and share in the gains of recovery, ensuring no one is left behind. The pandemic illustrates the importance of financing and implementing the Sustainable Development Goals to build resilient and equitable systems and societies for everyone, including older people. This is essential to ensuring we all recover successfully from COVID-19, build forward better, and are prepared for the future in an ageing world. The recommendations in this report call on governments, humanitarian actors and agencies to protect older people, and to agree to be held accountable.

Throughout the pandemic, Age International, together with HelpAge and other international partners, worked to ensure responses to COVID-19 included older people. This resulted in the UN's humanitarian response plan being amended, the UN Secretary General producing a specific briefing paper on the impacts of COVID-19 on older people and a much better awareness of the rights of older people throughout the UN system. The UK Government also made explicit commitments to include older people in its international response to COVID-19.



Bearing the brunt

The impact of COVID-19 on older people in low- and middle-income countries – insights from 2020

HelpAge
International

Calling for a UN Convention of older people

All women and men should have their rights protected in older age, on an equal basis with others. We believe a UN convention on the rights of older persons is essential for older people to fully enjoy their rights.

We need to articulate clearly how human rights can best be protected for people in later life, to ensure that this understanding is shared as widely as possible, to provide the tools for civil society to engage with governments to achieve the best possible outcomes for older people, and to hold all governments accountable.

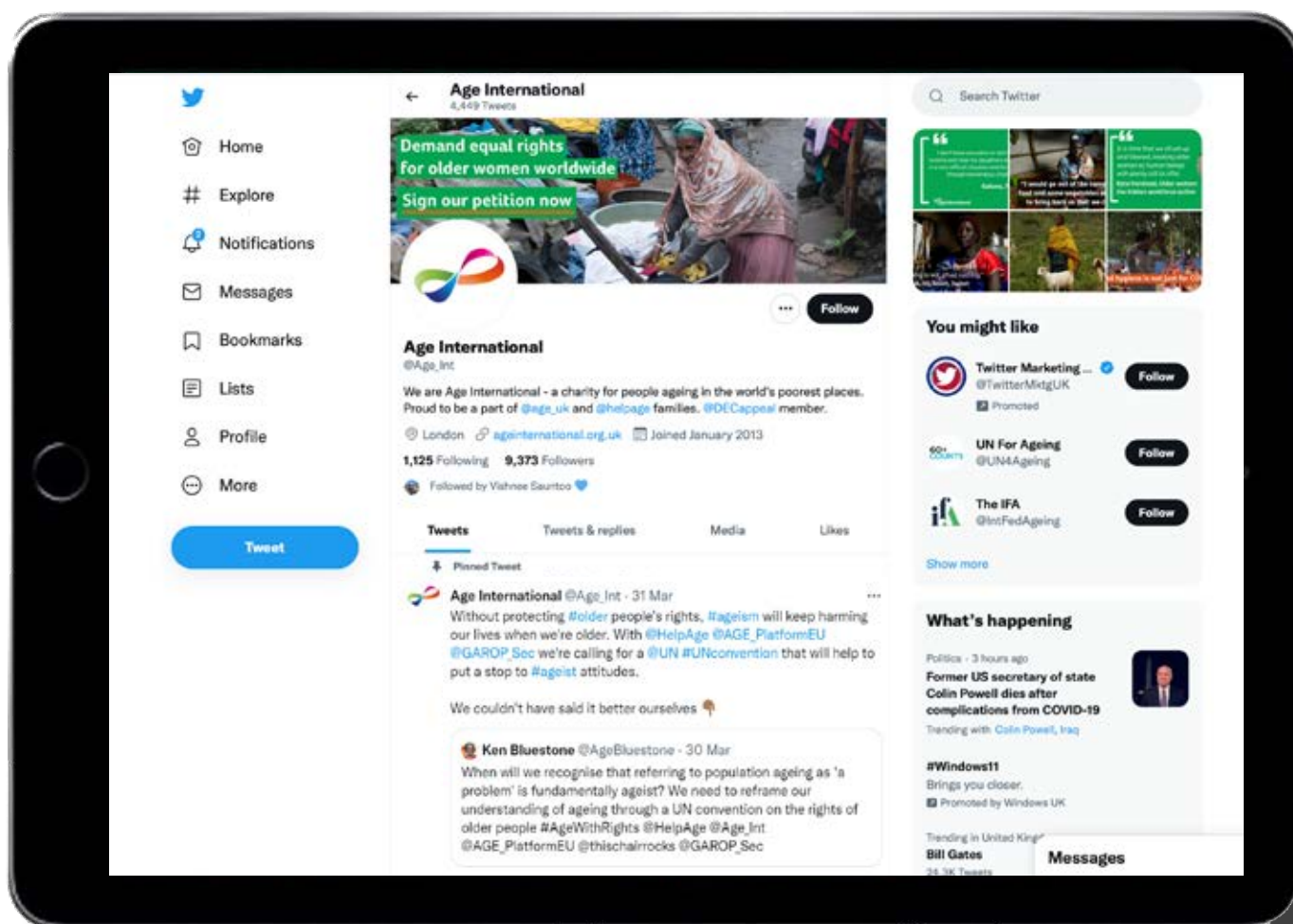
This is why so many governments, UN institutions and leaders (including the UN Secretary-General and the High Commissioner for Human Rights), civil society organisations, older people's organisations and human rights institutions globally are calling for a UN convention on the rights of older persons.

Tackling age discrimination requires more than individual laws in separate countries. It requires all governments in the world to say unanimously that

this won't stand and for them to agree to be held accountable. Without a UN convention on the rights of older persons, we will give permission to those who place lesser value on an older person's life to continue destroying the lives of millions of older people today and the billions of older people's lives in years to come.

Over this past year we continued to engage the UK Government about the need for a convention. At the UN Open-Ended Working Group on Ageing, the UK declared its support for a new human agreement for older people. This represents a significant step forward and will help other UN Member States to state their support.

A key part of our work has also been to support the Global Alliance for the Rights of Older People (GAROP), a global civil society movement to ensure that the voice of older people is heard in these discussions. Thanks to GAROP, and together with other international actors such as National Human Rights Institutions (NHRIs), we were able to encourage the UN to take a more proactive role on the need for a convention.





Country focus: Moldova older people's council

There are relatively few civil society organisations (CSOs) representing interests and aspirations of older people in Moldova. The few 'Ageing-focused' CSOs suffer from limited funding, poor operational and technical capacity, unity or common advocacy agendas that would enable effective representation and advocacy for vulnerable groups such as older people.

Most run their activity in their local communities only and many are inactive, only 25% of the 7,950 registered CSOs implemented projects in the last three years. Many CSOs lack financial sustainability due to lack of skills and capacity to fundraise. Human resources are also low, and the sector has a shortage of appropriately skilled national staff. Few have the skills and capacity to address ageing.

To address this situation the Ministry of Health, Labour and Social Protection in partnership with our development partner HelpAge International have developed an independent 'National Council of the Older People' to improve policy communication between civil society and public authorities at central, regional and local level to improve protection of the rights of older people in Moldova.

Meet the team

Staff interview: Poppy Walton Programme Development and Funding Manager



What were you focused on this year?

Mostly continuing to grow our institutional funding, with a focus on ensuring we are able to respond to the COVID-19 pandemic and supporting our partners through what has been a really challenging year.

How do you think Age International has risen to the challenge this year? In February and early March last year we were conscious of the growing severity of the pandemic, but we had not processed or anticipated the scale. The data at that time did not identify older people as one of the most vulnerable groups to COVID-19. Even so, I felt the whole organisation kicked into gear in a short period of time, and we did this while navigating new ways of working with huge challenges, our staff weren't immune to the direct impacts of the pandemic themselves.

As an organisation we've learned how to work closely together from a distance, and I think the collaboration between teams is now stronger than ever.

What three words best describe the past year for you? Challenging, motivating, and enlightening (that or 'working from home!')

What are you most proud of this year? I am really proud of my team; I think we are stronger at a time when it would have been easy for things to fall apart. We have adapted to new ways of working within the organisation but also with our partners. We've grown our income, risen to the challenge and expanded the scope of our work to help reach more people with vital awareness raising; improving access to much needed healthcare and providing a safety net against some of the worse potential impacts of COVID-19, all while





maintaining our ongoing support to the existing programmes we support.

What do you wish you had known at the start of the pandemic? That it was going to be a marathon not a sprint, I think at the start I anticipated this being a matter of months – now we know we are looking at years. I am not sure if that knowledge would have meant I did anything differently, but I might have been better mentally prepared for what lay, and still does lay, ahead of us.

What are you looking forward to most about the future? Healthy Ageing is one of our priority areas of work, and its front and centre on the global stage right now with a greater awareness of the specific needs of older people and the importance of thinking about our health in older age, what that means for how we live our lives but also what structures and systems are in place to provide appropriate health and care. We are moving into the UN Decade of Healthy Ageing, and I am especially excited about how our work will grow.

How has COVID-19 impacted older people in at-risk communities and our healthy ageing work?

It is clear that older people are the most vulnerable to getting particularly ill or dying from COVID-19 everywhere we work, not just in the UK or the West, and the World Health Organisation soon identified older people as an at-risk and priority group across the globe. Older people have faced isolation where there's been lockdown measures and restrictions. They've also faced increased poverty – many have seen their income drop, whether struggling to access their pensions because they're not allowed out of the house or because they or their family rely on daily wage labour which was disrupted by the pandemic.

There's also been a rise in ageism, with rhetoric around older people not being prioritised for coronavirus treatment because *“they've had their lives”* or suggesting it's not fair on younger people to ask everyone to stay home *“just to protect older people”*.

The pandemic has driven home the importance of the work that we do on Universal Health Coverage and strengthening health systems, which we've been advocating for as part of the UN Decade of Healthy Ageing and at the World Health Forum. It's become evident during the pandemic that if people don't have access to healthcare and health infrastructure is poor, then the impact of crises will be compounded.

Where we work

Over the year, we worked in more than 25 countries.

Ethiopia

At the start of the pandemic, two of Ethiopia's major cities – Addis Ababa and Hawassa – were identified as high-risk areas for COVID-19. We reached over 8,000 older people in these areas through our partners on the ground and gave out PPE to 2,000 of the most vulnerable older person-led families.



Africa

Democratic Republic of Congo (DRC)
Ethiopia
Kenya
Mozambique
South Sudan
Tanzania
Uganda

Colombia

Colombia

In Colombia, our partners responded to the crisis by providing 750 older and vulnerable people with hygiene items such as hand sanitisers, gloves and soap and offering mental health support online. We provided cash transfers and food packages and raised awareness of disease prevention to thousands using WhatsApp.



South America

Colombia
Venezuela

We have been supporting older people in these countries to improve their quality of life in a range of ways that are important to them. Our work is far-reaching, ranging from emergency humanitarian aid and long-term emergencies, to income security, healthcare, advocacy and policy influencing. This map shows some of the places and ways our work has supported older people across the world this year.

Eurasia and Middle East

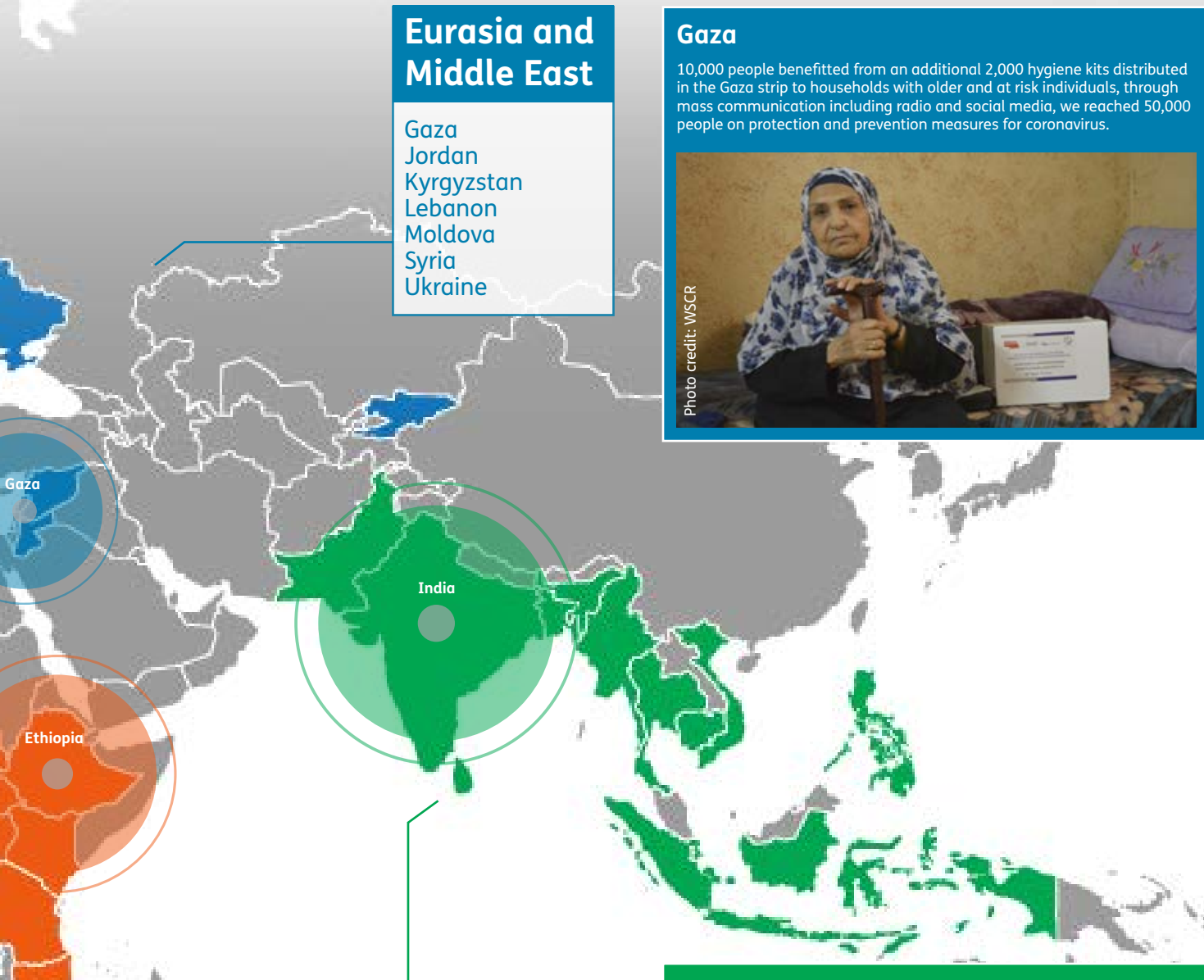
Gaza
Jordan
Kyrgyzstan
Lebanon
Moldova
Syria
Ukraine

Gaza

10,000 people benefitted from an additional 2,000 hygiene kits distributed in the Gaza strip to households with older and at risk individuals, through mass communication including radio and social media, we reached 50,000 people on protection and prevention measures for coronavirus.



Photo credit: WSCR



Asia

Bangladesh
Cambodia
India
Indonesia
Myanmar
Pakistan
Philippines
Singapore
Sri Lanka
Thailand
Vietnam

India

We reached out to over 40,000 older people to raise awareness of disease prevention, provided livelihood support to 7,000 poor and disadvantaged older people, handed out 6,000 monthly family survival kits, including food, masks and soap, and cared for 2,500 bedbound older people through trained community volunteers.



Photo credit: HelpAge India

Looking ahead: plans for the year 2021-22

We work to improve the lives of older people, raising funds for emergency response programmes to meet immediate needs, and implementing development programmes that create long-term change. In the coming year we will continue to champion the needs of older people across the world.

1. Deliver inclusive humanitarian action response

In 2021-22 humanitarian work will continue to be central to our organisational identity. We will establish new ways of working with HelpAge, given its new structure, ensuring continuity in global humanitarian response capacity. We will also build on 2020's positive achievements with the DEC, and other humanitarian networks, further strengthening our role as a key voice on ageing and inclusion.

2. Improve income security

We will continue to highlight the economic contributions and roles of older women and men and the need for improving their income security through social protection, better work, and access to finance; needs that have been highlighted and exacerbated during the COVID-19 crisis.

3. Support healthy ageing

The COVID-19 pandemic is changing the global landscape for public health and has the potential to change perceptions about the needs and rights of older people. COVID-19 will continue to dominate how we think about and act on the promotion of healthy ageing in low income countries.

4. Take a stand against ageism

COVID-19 has focussed international attention on the need for protecting the rights of older people. As a result, the UN Secretary General and many member states have given explicit

support for accelerating the process to achieve a convention. We will continue to support UK and international efforts to promote the rights of older people.

5. The role of gender in the experience of ageing

We aim to integrate our understanding and consideration of gender into all aspects of our work: identifying imbalances of power; learning what needs to be done to shift these; supporting older women and men to access their rights, and progress towards more equal power relations between women and men.

6. Ensure a more inclusive approach to our work

A growing awareness of racism and of the legacy of colonialism in influencing international development work challenges us to look for ways to ensure a more inclusive approach to all our work.

7. Organisational funding

2020-21 saw significant growth in institutional donor income, largely due to the COVID-19 pandemic. With changes to Age international/ HelpAge global capacity and fewer COVID-19 related opportunities, we expect income in 2021/22 to be at a lower level. For Individual Giving, the priority will be to grow our capacity to increase income from both cash and legacy donations.



Photo credit: Age International, Peter Caton

Trustees' report and financial Statements 2020-21

Public benefit

In setting plans and priorities for areas of work, the trustees of Age International have had regard to the guidance from the Charity Commission on the provision of public benefit and Age International meets the definition of a public benefit entity under FRS 102 and Charities Act 2011.

In particular, the trustees consider how planned objectives contribute to meeting the objectives set. How Age International delivers its principal charitable objectives – as set out in its Memorandum and Articles of Association, and which may be summarised as promoting the welfare of older people in any part of the world – is demonstrated in the statement of objectives and activities above.

The public benefit arising from the charity's work is therefore implicit in the charitable services and assistance given to older people.

Fundraising income

Our fundraising activities are delivered in house and by utilising the specialist skillsets of third-party agencies when required including but not limited to; fulfilment services, media agencies, creative agencies and call centres.

Age International is regulated by the Fundraising Regulator and therefore complies with the Code of Fundraising Practice and the Fundraising Promise.

There were no instances in FY20-21 where Age International has failed to comply with the Code of Fundraising Practice or the Fundraising Promise.

Fundraising through third parties

Rigorous contracts are in place with third party agencies, and we require strict adherence to applicable laws such as the Fundraising Regulators Code of Fundraising Practice as well as data protection laws. We do not conduct any face-to-face fundraising.

Protecting vulnerable people

Our policy on fundraising with people in vulnerable circumstances is followed by all our fundraisers. Our Fundraising Compliance Manager reviews all fundraising materials and provides training to our fundraisers, and those fundraising on our behalf, when required. In addition, we incorporate the Institute of Fundraising's 'Treating donors fairly' guidance into our fundraising. We regularly review our fundraising marketing channels and propositions and take on feedback from our supporters and the public.

Addressing people's concerns

In 2020/21 we received 11 (2020: 86) complaints about our fundraising practices. We take all complaints seriously and respond to each one in line with our complaints policy. No matters were referred to the Fundraising Regulator.

Financial review

Age International is a grant-funded charity with a total income of £15,355k in the year ending 31 March 2021. Of this income, £6,934k (2020:£8,511k) was received from Age UK which includes staff salaries and support costs and which allocates funds from its other income generating activities in order to support the work of Age International.

Age International incurs most of its costs through grant giving. Of the total costs of £15,350k incurred in the year, £13,207k consisted of grants awarded to charitable organisations.

Age International will continue to receive grant funding from Age UK in the coming year, and the intentions are to continue carrying out charitable activities predominantly through grant giving, the funding of programmes through partner organisations, and the implementation of policy and advocacy work in the UK.

Reserves

As a member of the Age UK Group, and a charity supported by Age UK, Age International does not currently hold funds independently. As a result, there is no set minimum reserve and Age UK is committed to continue supporting Age International in the coming period and has a dedicated fundraising programme to raise funds for international activities and the associated operational support costs. The reserves held at year end were £129k (2020: £124k).

Going concern

The Trustees have assessed the Charity's ability to continue as a going concern. In making this assessment the Trustees have considered several factors when forming their conclusions including a review of updated forecasts to 31 March 2023 and a consideration of key risks, including the impact of COVID-19.

The COVID-19 pandemic has had a significant impact on the Charity's operations and finances. The Charity is funded through restricted income from funders from a variety of sources, including statutory bodies, trusts and foundations, corporates, and individuals.

Additionally, an unrestricted grant is provided each year by Age UK. Age International has a framework agreement in place with Age UK and HelpAge International and aims to raise funds to onward grant to HelpAge International for the delivery of programmes.

During the year Age UK reduced its unrestricted grant to Age International by £1.32 million as a result of the impact of COVID-19 on Age UK's finances. Age UK indicated that a reduction of £2million would be in place for the year from April 2021. Changes were made to the grant to HelpAge for 2021/22 and to Age International's budgets for the year as a result of the expected reduction of the grant from Age UK.

The trustees prepare annual budgets and forecasts in order to ensure there is adequate funding in place to deliver charitable activities for the coming year. This forms the basis of the agreement with Age UK for the provision of its core grant. Forecasts to March 2023 have also been prepared in light of COVID-19. As set out in its reserves policy, as a member of the Age UK Group, and a charity supported by Age UK, Age International does not hold funds independently. Regular communication has been maintained with Age UK, HelpAge International and donors on the implications of COVID-19 and the charity has reviewed planned unrestricted expenditure over the period of review.

Having reviewed the financial position of Age International, and in the light of the strategic commitments made by the Age UK Group in the Affiliate and Framework Agreements (2012) and the renewal of the Framework Agreement (2017), the trustees conclude that the going concern basis of the accounts' preparation is appropriate.

Remuneration

The remuneration of Key Management Personnel for Age International is determined by Age UK's Remuneration and Nominations Committee.

Key Management Personnel consists of the Managing Director.

Principal risks and uncertainties

The trustees have overall responsibility for ensuring that the charity has an appropriate system of controls, financial and otherwise, across the entire organisation, to provide reasonable assurance that:

- Its assets are safeguarded against unauthorised use or disposal
- Proper records are maintained, and that the financial information used within the charity or for publication is reliable
- The charity complies with relevant laws and regulations.

As part of the charity's risk management process the trustees acknowledged their responsibility for the charity's system of internal control and reviewing its effectiveness. It was also recognised that such a system was designed to manage rather than eliminate the risk of failure to achieve the charity's objectives and could provide only reasonable, not absolute, reassurance against material misstatement or loss.

During the year, the trustees reviewed Age International's Risk Register and monitored the current controls and the additional actions being taken to mitigate the risks identified.

The trustees consider that the principal risks that face Age International are:

- **COVID-19 disrupts the organisation by reducing the unrestricted grant made by Age UK.** During 2020/21 Age International made in-year expenditure reductions of £1 million to mitigate the impact of reduced funding available from Age UK as a result of the impact of the pandemic on Age UK's finances. Age UK indicated that its grant to Age International would be reduced by £2 million a year from April 2022, so Age International trustees and senior staff planned changes to staffing, budgets and plans for 2022 onwards in anticipation of this future reduction in funding. Age International worked with HelpAge as it planned and implemented a significant restructure to be in place from April 2021 in the light of a reduced annual grant from Age International.
- **Age International's way of working – both as the UK member of the global HelpAge network and as a subsidiary charity of Age UK – limits organisational effectiveness and the delivery of strategic objectives.** Clear agreements and role descriptions have been developed to define Age International's UK role in programme management; policy, influencing and advocacy;

fundraising and funding; communications, media, and research as part of the HelpAge network, and how these functions complement the role of our implementing partner HelpAge. HelpAge's restructure, planned during the year and in place from April 2021, and about which Age International was closely consulted, changed the way in which HelpAge operates as Age International's programme implementation platform. Age International and its Board are monitoring the operation of the new structure to identify any negative impact on the way in which Age International is able to implement its work.

- **Limited access by low-income countries to COVID-19 vaccines will prolong the pandemic globally with a disproportionate impact on older people.** As mortality falls in well-resourced countries, death and ill-health from the virus continue to rise in low-income countries, especially in humanitarian settings, increasing the risk of illness and death for older people and undermining the health systems, social safety nets and networks their lives and well-being depend on. This will, in turn, increase demand for assistance from Age International and HelpAge International at a time when our resources are under pressure.
- **Funds for short-term humanitarian and long-term development programmes are not used.** Risks include the loss of reputation with institutional and other donors and a loss of confidence at the governance level. In order to mitigate this risk, Age International actively participates in the design, monitoring, reporting and evaluation of programmes for which it secures funds and for which it is accountable to donors. HelpAge internal audits and evaluations, and implementation of key policies, are reviewed by Age International. Age International has been compensating for the absence of travel to visit programmes (for monitoring and reporting purposes) by increasing the level of contact and communication with partners through virtual meetings.
- **Safeguarding policies and their implementation to address safeguarding risks fail to meet the requirements of external stakeholders.** A Safeguarding Working group meets regularly to monitor the implementation of an action plan and to support the work of the staff safeguarding lead, who in turn reports on a regular basis to a trustee lead. A report on safeguarding related concerns and investigations is made to each Board meeting. An internal audit down the delivery chain had

been planned for 2021/22. However, this may not be able to take place if travel restrictions are still in place or safety concerns don't allow it, in which case other means of auditing will be considered.

- **Staff burnout due to pandemic response measures including working from home, budget cuts and changes in the work environment including a planned office relocation.** Some staff have been infected with COVID-19 and others have faced increased stress with school closures, care for family members and social isolation. Age International's leadership has prioritised the continuing support for staff wellbeing. Each department has implemented plans relevant to their own situation to ensure that all colleagues receive the support that they need at what has been a stressful and uncertain times.

Safeguarding

We place the highest importance on the protection and safeguarding of the older people we work for, our staff and partners who work with us to implement our programmes.

An annual Action Plan, overseen by a Safeguarding Working Group, with progress reported to the Board, including a designated lead trustee, ensures we are implementing best practice and addressing questions of organisational values and culture; staff and trustee awareness, understanding and responsibility; policies and procedures; and reporting and assurance mechanisms, including with our programme implementation partner, HelpAge International.

Age International is committed to adhering to the Core Humanitarian Standards, a voluntary standard which has nine commitments to form a framework of quality and accountability good practice within the humanitarian sector. Following a self-assessment of Age International's compliance with the Standards in 2019, in 2020 we completed external verification of our adherence to the standards.

We had one confirmed incident related to safeguarding during the year. This was reported to us by our implementing partner through our reporting mechanisms and was investigated and dealt with appropriately.

Legal and administrative details

Company registration number:	7897113
Charity registration number:	1128267-8
Board of Trustees:	Ann Keeling (Chair) Maria Arce-Moreira Margaret Batty Rob Devey Dianne Jeffrey CBE DL (to April 2021) Tom Kirkwood CBE Kate Moger (from June 2021) Martin Nthakomwa (from June 2021) Roy Shubhabrata (from Jan 2021) Clare Twelvetrees Michael Wade (to April 2021)
Managing Director:	Chris Roles
Registered office:	Tavis House 1-6 Tavistock Square London WC1H 9NA
Banker:	NatWest Bank City of London Office PO Box 12258 1 Princes Street London, EC2R 8BP
Auditor:	Crowe U.K. LLP 55 Ludgate Hill London, EC4M 7JW
Solicitor:	Farrer & Co LLP 66 Lincoln's Inn Fields, London, WC2A 3LH

Statement of trustees' responsibilities in respect of the trustees' annual report and the financial statements

The trustees (who are also directors of Age International for the purposes of company law) are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards).

Company law requires the trustees to prepare financial statements for each financial year. Under company law the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently
- make judgements and estimates that are reasonable and prudent
- observe the methods and principles in the Charities SORP
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006 and the provisions of the charity's constitution.

They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Indemnity insurance is provided for Trustees up to the value of £2.5m, premiums are paid centrally for the whole group by Age UK, the parent of Age International. The premiums are not broken down by individual parts of the group, so Age International's portion cannot be determined. During the period, total indemnity insurance paid by Age UK in relation to Trustees was £11,624 (2020: £7,207).

Disclosure of information to auditor

Each of the persons who is a trustee at the date of approval of this report confirms that, so far as each trustee is aware, there is no relevant audit information of which the charity's auditor is unaware, and the trustees have taken all the steps that they ought to have taken as trustees in order to make themselves aware of any relevant audit information and to establish that the charity's auditor is aware of that information.

By order of the board.



Ann Keeling
Chair
Age International
Tavis House
1-6 Tavistock Square
London, WC1H 9NA

31 December 2021

Independent Auditor's Report to the Members of HelpAge International UK

Opinion

We have audited the financial statements of HelpAge International UK ('the charitable company') for the year ended 31 March 2021 which comprise Statement of Financial Activities, Balance sheet, Cashflow statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2021 and of its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006
- the directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption in preparing the directors report and from the requirement to prepare a strategic report.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe

that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustee's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue. Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The trustees are responsible for the other information contained within the annual report. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we

have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion based on the work undertaken in the course of our audit

- the information given in the trustees' report, which includes the directors' report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' report included within the trustees' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In light of the knowledge and understanding of the charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the directors' report included within the trustees' report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate and proper accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 54, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Details of the extent to which the audit was considered capable of detecting irregularities, including fraud and non-compliance with laws and regulations are set out below.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, and discussed these between our audit team members. We then designed and performed audit procedures responsive to those risks, including obtaining audit evidence sufficient and appropriate to provide a basis for our opinion.

We obtained an understanding of the legal and regulatory frameworks within which the charitable company operates, focusing on those laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements. The laws and regulations we considered in this context were the Companies Act 2006, the Charities Act 2011 together with the Charities SORP (FRS 102). We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which might be fundamental to the charitable company's ability to operate or to avoid a material penalty. We also considered the opportunities and incentives that may exist within the charitable company for fraud. The laws and regulations we considered in this context for the UK operations were General Data Protection Regulation (GDPR), Anti-fraud, bribery and corruption legislation, Taxation legislation and Employment legislation.

Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Trustees and other management and inspection of regulatory and legal correspondence, if any.

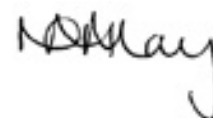
We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be within the timing of recognition of income and the override of controls by management. Our audit procedures to respond to these risks included enquiries of management, and the Board of Trustees about their own identification and assessment of the risks of irregularities,

sample testing on the posting of journals, reviewing accounting estimates for biases, reviewing regulatory correspondence with the Charity Commission, and reading minutes of meetings of those charged with governance.

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations (irregularities) is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it. In addition, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



Nicola May
Senior Statutory Auditor
For and on behalf of
Crowe U.K. LLP
Statutory Auditor
London

31 January 2022



Financial statements for the year ended 31 March 2021

Photo credit: Age International, Peter Caton

Statement of Financial Activities for the year ended 31 March 2021

Incorporating the income and expenditure account

	Note	Unrestricted £'000	Restricted £'000	Total 2021 £'000	Unrestricted £'000	Restricted £'000	Total 2020 £'000
Total income from							
Income from charitable activities							
Grants	3	5,011	10,257	15,268	6,335	8,929	15,264
Other income							
Covid Job retention		94	-	94	-	-	-
FX revaluation gain/(loss)		(7)	-	(7)	5	-	5
Total income		5,098	10,257	15,355	6,340	8,929	15,269
Expenditure on:							
Charitable activities	4	(4,847)	(9,853)	(14,700)	(7,772)	(7,404)	(15,176)
Cost of raising funds		(650)	-	(650)	-	-	-
Total Expenditure		(5,497)	(9,853)	(15,350)	(7,772)	(7,404)	(15,176)
Transfer	17	418	(418)	-	1,440	(1,440)	-
Net movements in funds in year		19	(14)	5	8	85	93
Total funds at 1 April (2020)		1	123	124	(7)	38	31
Total funds at 31 March (2021)		20	109	129	1	123	124

The results above all arose from continuing operations. The notes on pages 62-76 form part of these financial statements.

Balance sheet as at 31 March 2021

	Note	2021 £'000	2020 £'000
Current assets			
Debtors	7	110	1,878
Cash at bank and in hand		424	817
		534	2,695
Creditors: amounts falling due in less than one year	8	(405)	(2,571)
Net current assets and net assets		129	124
Funds			
Restricted funds	10	109	123
Unrestricted funds		20	1
Total funds		129	124

The financial statements were approved by the board of trustees on 31 December 2022 and were signed on its behalf by:



Ann Keeling
Chair

Registered number: 7897113 England and Wales

The notes on pages 62-76 form part of these financial statements.

Cash flow statement for the year ended 31 March 2021

	2021 £'000	2020 £'000
Cash flows from operating activities	(393)	100
Change in cash and cash equivalents in the reporting period	(393)	100
Reconciliation of net cash flow to movement in net funds		
Increase / (Decrease) in cash in the period	(393)	100
Cash and cash equivalents at the beginning of the reporting period	817	717
Cash and cash equivalents at the end of the reporting period	424	817
Reconciliation of net income to net cash inflow from operating activities		
Net income for the year	5	93
(Increase) / Decrease in debtors	1,768	(1,604)
Increase / (Decrease) in creditors	(2,166)	1,611
Cash flows from operating activities:	(393)	100

The notes on pages 62-76 form part of these financial statements.



Notes to the financial statements for the year ended 31 March 2021

Photo credit: HelpAge

1. Accounting policies

Age International is a registered charity in England and Wales and a company limited by guarantee. It was incorporated on 4 January 2012 (company number:7897113).

Age International is wholly owned subsidiary of Age UK (Note 15)

In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity.

The principal accounting policies are summarised below.

Basis of preparation

These financial statements have been prepared in accordance with the Accounting and Reporting by Charities: Statement of Recommended Practice (SORP), Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), together with the reporting requirements of the Companies Act 2006 and the Charities Act 2011. The presentation currency of these financial statements is sterling.

Age International meets the definition of a public benefit entity under FRS 102.

The accounting policies set out below have, unless otherwise stated, been applied consistently to all periods presented in these financial statements. The financial statements are prepared on historical cost basis.

Going concern

The trustees have assessed the charity's ability to continue as a going concern. In making this assessment the trustees have considered several factors when forming their conclusions including a review of updated forecasts to 31 March 2023 and a consideration of key risks, including the impact of COVID-19.

The COVID-19 pandemic has had a significant impact on the charity's operations and finances. The charity is funded through restricted income from funders from a variety of sources, including statutory bodies, trusts and foundations, corporates, and individuals.

Additionally, an unrestricted grant is provided each year by Age UK. Age International has a

framework agreement in place with Age UK and HelpAge International and aims to raise funds to onward grant to HelpAge International for the delivery of programmes.

During the year Age UK reduced its unrestricted grant to Age International by £1.32 million as a result of the impact of COVID-19 on Age UK's finances. Age UK indicated that a reduction of £2million would be in place for the year from April 2021. Changes were made to the grant to HelpAge for 2021/22 and to Age International's budgets for the year as a result of the expected reduction of the grant from Age UK.

The trustees prepare annual budgets and forecasts in order to ensure there is adequate funding in place to deliver charitable activities for the coming year. This forms the basis of the agreement with Age UK for the provision of its core grant. Forecasts to March 2023 have also been prepared in light of COVID-19. As set out in its reserves policy, as a member of the Age UK Group, and a charity supported by Age UK, Age International does not hold funds independently. Regular communication has been maintained with Age UK, HelpAge International and donors on the implications of COVID-19 and the charity has reviewed planned unrestricted expenditure over the period of review.

Having reviewed the financial position of Age International, and in the light of the strategic commitments made by the Age UK Group in the Affiliate and Framework Agreements (2012) and the renewal of the Framework Agreement (2017), the trustees conclude that the going concern basis of the accounts' preparation is appropriate.

Incoming resources

All income is included in the Statement of Financial Activities (SOFA) when the charity is legally entitled to the income, when receipt of the income is probable and the amount can be quantified with reasonable accuracy. The following specific policies apply to categories of income:

- Donations and all other receipts generated from fundraising are reported gross on a receivable basis.
- Grants receivable income, where related to performance and specific deliverables, is accounted for as the charity earns the right to consideration by its performance. Where income is received in advance of performance, its recognition is deferred

and included in creditors. Where entitlement occurs before income is received, the income is accrued.

- Legacies are accounted for when notified, providing the amount can be reliably measured and that ultimate receipt is probable. Legacies which include a life interest held by another party are recognised on notification of probate.

Resources expended

All expenditure is accounted for on an accruals that aggregate all costs related to that category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Grants payable are charged in the period when the offer is conveyed to the recipient except in cases where the offer is conditional, such grants being recognised as expenditure when the conditions are fulfilled. Offers subject to performance related conditions which have not been met at the period-end are noted as a commitment, but not accrued as expenditure.

Governance costs are the costs associated with the running of the charity, as opposed to the direct management functions inherent in generating funds, service delivery and programme or project work. This includes such items as internal and external audit, legal advice for trustees and costs associated with constitutional and statutory requirements. Support costs are allocated to the different categories of activities based on a judgement of the percentage the specific activity represents in relation to the total non-support expenditure. Support costs include management, finance, human resources, information technology and some elements of fundraising. Governance costs other than those disclosed specifically in the notes to these accounts are included within support costs and allocated on the same basis.

Foreign exchange

Transactions in foreign currencies for projects in Europe are translated into Sterling at the exchange rate achieved on the date of the transaction. For projects outside Europe, the foreign currency is translated into Sterling at the average rate of exchange in the month of the transaction. All exchange rate differences are taken to the Statement of Financial Activities.

Financial instruments

Age International has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at the present value of future cash flows (amortised cost). Financial assets held at amortised cost comprise cash at bank and in hand, short term cash deposits and the charity's debtors excluding prepayments. Financial liabilities held at amortised cost comprise the charity's short and long term creditors excluding deferred income and taxation payable. No discounting has been applied to these financial instruments on the basis that the periods over which amounts will be settled are such that any discounting would be immaterial.

Pensions

The charity contributed in this period to a group personal pension plan operated by Scottish Widows as well as an occupational money purchase scheme. A pension plan is available to all employees over the age of 18. The assets of the scheme are held separately from those of the charity. The annual contribution payments are charged to the SOFA. Differences between contributions payable in the year and contributions actually paid are shown as either accruals or prepayments in the balance sheet.

Funds

Restricted funds

Restricted funds are funds subject to special conditions imposed by the donor, or with their authority (e.g. through a public appeal). The funds are not therefore available for work performed by Age International other than that specified by the donor.

Unrestricted funds

Unrestricted funds are available for use at the discretion of the Trustees in furtherance of the general objectives of the charity.

Cash and cash equivalents

Cash is represented by cash in hand and deposits with financial institutions repayable without penalty on notice of not more than 24 hours. Cash equivalents are highly liquid investments that mature in no more than three months from the date of acquisition and that are readily

convertible to known amounts of cash with insignificant risk of change in value.

2. Key sources of estimation uncertainty and judgements

The preparation of financial statements in conformity with generally accepted accounting practice requires management to make estimates and judgements that affect the reported amounts of assets and liabilities as

well as the disclosure of contingent assets and liabilities at the balance sheet date and the reported amounts of income and expenditure during the reporting period.

Judgements

There are no significant judgements.

Key sources of estimation uncertainty

There are no material sources of estimation uncertainty.

3. Analysis of grants receivable

	Unrestricted £'000	Restricted £'000	Total 2021 £'000	Unrestricted £'000	Restricted £'000	Total 2020 £'000
Age UK, for International work	1,316	-	1,316	2,420	-	2,420
Age UK, from Age International supporter legacies	1,206	628	1,834	904	677	1,581
Age UK, from other fundraising for Age International's work	189	1,295	1,484	-	1,494	1,494
Age UK, grant generated from unrestricted funds	2,300	-	2,300	3,016	-	3,016
Disasters Emergency Committee and Age International emergency appeal	-	789	789	-	1,278	1,278
DFID/UK Aid, for restricted activities	-	2,481	2,481	-	2,376	2,376
UN, for restricted activities	-	2,214	2,214	-	1,752	1,752
Other grant making bodies, for restricted activities e.g. Swedish Postcode Lottery, World Diabetes Foundation, Anonymous	-	2,850	2,850	-	1,352	1,352
Total grants received	5,011	10,257	15,268	6,340	8,929	15,269

All grants are paid directly to HelpAge International www.helpage.org

4. Resource expended

	Activities undertaken directly £'000	Grant funding of activities £'000	Support cost allocated £'000	Total 2021 £'000
Charitable activities				
Programmes funded by the annual grant - emergencies	(43)	(763)	(33)	(839)
Programmes funded by the annual grant - long term	(56)	(1,336)	(57)	(1,449)
Programmes funded by institutional grants - emergencies	(102)	(6,899)	(324)	(7,325)
Programmes funded by institutional grants - long term	(102)	(651)	(31)	(784)
Other emergency programmes	(125)	(782)	(37)	(944)
Other long term programmes	(101)	(359)	(19)	(479)
Influencing, advocacy and communication in the UK	(340)	-	(14)	(354)
General support to HelpAge International	-	(2,417)	(109)	(2,526)
Total resources expended	(869)	(13,207)	(624)	(14,700)

Support costs of £624k were charged to Age International from other members of the Age UK Group in relation to services provided for IT (£135k), Finance (£148k), Facilities (£68k), HR (£24k), Legal (£28k) and Office Management Services (£221k). (2020: £1,170k). Activities undertaken directly include Salary, Fundraising and all direct expenses incurred by Age International.

4. Resource expended 2019-20

	Activities undertaken directly	Grant funding of activities	Support cost allocated	Total 2020
Charitable activities	£'000	£'000	£'000	£'000
Programmes funded by the annual grant - emergencies	(178)	(1,567)	(150)	(1,895)
Programmes funded by the annual grant - long term	(179)	(1,104)	(106)	(1,389)
Programmes funded by institutional grants – emergencies	(233)	(4,368)	(418)	(5,019)
Programmes funded by institutional grants – long term	(233)	(1,057)	(99)	(1,389)
Other emergency programmes	(251)	(1,276)	(123)	(1,650)
Other long term programmes	(232)	(202)	(15)	(449)
Influencing, advocacy and communication in the UK	(450)	-	-	(450)
General support to HelpAge International	-	(2,676)	(259)	(2,935)
Total resources expended 2019	(1,756)	(12,250)	(1,170)	(15,176)

5. Support costs

	2021 £'000	2020 £'000
Governance costs: statutory audit	10	10

No other fees were payable to the external auditor. Statutory audit costs are paid for by Age UK.

The trustees received no remuneration for their services.

The aggregated amount of expenses reimbursed to 5 Trustees during the period was £Nil (2020: £2,574.47). The expenses relate to train tickets and parking. Indemnity insurance is provided for Trustees, premiums are paid centrally for the whole group by Age UK, the parent of Age International. The premiums are not broken down by individual parts of the group, so Age International's portion cannot be determined. During the period, total indemnity insurance paid by Age UK in relation to Trustees was £11,624 (2020:£7,207).

6. Employee information

	2021 Number	2020 Number
The average number of employees of the company during the year was:	19	15
Staff costs for the above persons were:	£'000	£'000
Wages and salaries	758	638
Social security costs	77	67
Pension costs	45	54
	880	759

Number of staff receiving remuneration above £60,000	Total 2021	Total 2020
£60,001 - £70,000	1	1
£70,001 - £80,000	-	-
£80,001 - £90,000	1	-
£90,001 - £100,000	-	-
£100,001 - £110,000	-	1
Total banded employees	2	2

The total compensation received for key management personnel amounted to £103k (2020: £127k). Key Management personnel for Age International is the Managing Director. The amount of £103k contains their national insurance contribution and employer pension contributions.

At 31 March 2021 there are 17 staff members in the defined-contribution schemes (2020: 16).

7. Debtors

	2021 £'000	2020 £'000
Amounts owed by group undertakings	-	1,744
Prepayments and accrued income	110	134
	110	1,878

8. Creditors: amounts falling due within one year

	2021 £'000	2020 £'000
Accruals and deferred income	42	1,002
Amounts due to group undertakings	363	1,569
	405	2,571

9. Analysis of charity net assets between funds

	Unrestricted £'000	Restricted £'000	Total 2021 £'000	Unrestricted £'000	Restricted £'000	Total 2020 £'000
Current assets						
Debtors	110	-	110	1,744	134	1,878
Cash at bank and in hand	295	129	424	(166)	983	817
Liabilities						
Current liabilities	(385)	(20)	(405)	(1,577)	(994)	(2,571)
	20	109	129	1	123	124

10. Movement in funds

	31 March 2020 £'000	Income £'000	Grants £'000	Transfer £'000	31 March 2021 £'000
Programmes funded by the annual grant - long term					
Africa	-	483	(335)	(137)	11
Asia Pacific	-	635	(370)	(40)	225
Latin America	-	24	(65)	(101)	(142)
Middle East	-	-	-	-	-
Other	-	66	-	(66)	-
Total Programmes funded by the annual grant - long term	-	1,208	(770)	(344)	94

Programmes funded by Institutional grants – long term

Big Lottery Fund - Pakistan - empowering older people to improve lives	30	-	-	(30)	-
Myanmar, EC Investing in people grant - Strengthening Public Health Capacity to Respond to Myanmar's Disease Transition	-	107	(107)	-	-
Jersey Overseas Aid (JOA) - International Development Internship	-	13	(13)	-	-
Tanzania - Jersey Overseas Aid (JOA) - Improved health and wellbeing for older women and men in Tanzania	-	209	(209)	-	-
Moldova - Austrian Embassy - Development of the National Council of Older People of Moldova	-	22	(22)	-	-
Kyrgyzstan - World Diabetes Foundation - Strengthening capacity to manage diabetes complications for older people in Kyrgyzstan	-	(1)	1	-	-
Uganda - International Labour Office (ILO) - Improving synergies between social protection and Public Finance Management	-	73	(73)	-	-
Indonesia, Myanmar, and Vietnam - European Commission - Horizon 2020 -Scaling up NCD Interventions in S.E Asia	-	229	(229)	-	-
Total Programmes funded by Institutional grants - long-term	30	652	(652)	(30)	-

Programmes funded by institutional grants - emergencies

	31 March 2020 £'000	Income £'000	Grants £'000	Transfer £'000	31 March 2021 £'000
Bangladesh - UK AID/UNOPS - Integrated Humanitarian Response to the needs of older men and women (People fleeing Myanmar)	-	944	(944)	-	-
Bangladesh - UK AID/UNOPS - Integrated Humanitarian Response to the needs of older men and women (People fleeing Myanmar) Phase 2	-	(72)	72	-	-
Ethiopia - UNHCR - Humanitarian response to WASH & Protection needs of IDP	-	26	(26)	-	-
Ethiopia - Jersey Overseas Aid (JOA) - Addressing COVID-19 exacerbated humanitarian needs of older people, people with disabilities and other vulnerable groups in seven refugee camps, Gambela, Ethiopia	-	200	(200)	-	-
Jordan - UNOCHA - Enhancing the emergency COVID-19 response through improving access to basic needs and protection services for the most vulnerable and marginalised older women and men with and without disabilities during the winter months in 4 governorates of Jordan	-	65	(65)	-	-
Jordan - UNOCHA - Strengthening COVID-19 Emergency response with distribution and prevention services in humanitarian settings for older men and women with and without disabilities in Jordan	-	99	(99)	-	-
Jordan - Finn Church Aid - Netherlands Ministry of Foreign Affairs: Municipal Business Project - improving social-economic prospects for refugees in Jordan	-	84	(84)	-	-
Moldova - UNFPA - Hack Your Age! Creating digital and social connections between young and old in Moldova	-	40	(40)	-	-
Myanmar - European Commission - COVID-19 response for OP & PWD in Myanmar	-	1,025	(1,025)	-	-
Myanmar - UN LIFT - Strengthening the ministry of social welfare to fulfil its role in expanding social protection	-	332	(332)	-	-
Myanmar - UN LIFT - Inclusive Social Protection and Livelihoods Project	-	636	(636)	-	-
Pakistan - Refinitiv Charities - Inclusive COVID-19 Healthcare and Social Protection for Older People in Pakistan	-	40	(40)	-	-

10. Movement in funds (continued)

Programmes funded by institutional grants - emergencies (continued)	31 March 2020 £'000	Income £'000	Grants £'000	Transfer £'000	31 March 2021 £'000
Pakistan - Netherlands (ECHO funding) - Humanitarian response to COVID-19	-	172	(170)	-	-
Tanzania - UNHCR - Strengthening services for people with specific needs through an integrated and community based approach	-	37	(37)	-	-
Tanzania - UNHCR - Reducing the protection vulnerabilities and increasing the protection capacities of 25,500 Persons with Specific Needs (PSNs) in Mtendeli, Nduta and Nyarugusu refugee camps and the surrounding local districts	-	473	(473)	-	-
Tanzania - UK Aid (KPMG) - COVID-19 Emergency Response	-	148	(148)	-	-
Ukraine - UNOCHA - Emergency multi-sectoral support to conflict affected vulnerable and disabled older women and men in settlements located in 5km zone in the GCAa locations of Donetsk and Luhansk Oblasts	-	83	(83)	-	-
Ukraine - UNOCHA - Strengthening COVID-19 emergency response for conflict affected vulnerable and disabled older women and men in settlements located in the 5km zone in the GCAa locations of Donetsk and Luhansk Oblasts	-	223	(223)	-	-
Ukraine - PIN/ECHO - Access III: Provision of multi-sectoral humanitarian assistance to conflict-affected populations in eastern Ukraine	-	121	(121)	-	-
Ukraine - PIN/ECHO - ACCESS IV - Provision of multi-sectoral humanitarian assistance to conflict-affected populations in Eastern Ukraine	-	303	(303)	-	-
Venezuela - ECHO (through Medicos del Mundo) - Covid-19 response in Venezuela, in partnership with Medicos due Monde	-	364	(364)	-	-
Vietnam - UNFPA - Support Vietnam Organisations for respond to COVID-19 for older people	-	93	(93)	-	-
Colombia - START - COVID19 - CV19 070 Colombia	-	190	(190)	-	-
Congo - START - COVID19 - CV19 098 Congo (Republic)	-	117	(117)	-	-
Democratic Republic of Congo - START - Alert 427 In DRC displacement due to conflict	-	140	(140)	-	-
Democratic Republic of Congo - START - ALERT 433 DRC (Fire)	-	100	(100)	-	-
Democratic Republic of Congo - START - ALERT 445 DRC (Flooding) - Emergency response for the people affected by Flood in Kasenyi and Tshomia	-	90	(90)	-	-
Democratic Republic of Congo - START - ALERT 467 DRC (Displacement)	-	125	(125)	-	-
Democratic Republic of Congo - START - ALERT 468 DRC (Cholera)	-	200	(200)	-	-
Democratic Republic of Congo - START - ALERT 477 DRC (Displacement due to conflict)	-	60	(60)	-	-
Indonesia - START - Emergency Response to West Sulawesi Earthquake and Risk of Covid-19 Transmission - Indonesia (via Tearfund)	-	48	(48)	-	-
Mozambique - START- ALERT 496 Mozambique (Storms)	-	74	(74)	-	-
Mozambique - START- COVID19 - CV19 103 Mozambique	-	86	(86)	-	-
OPT - START - COVID19 - CV19 016 OPT	-	45	(45)	-	-
Syria - START - COVID19 - CV19 057 Syria	-	82	(82)	-	-
Uganda - START - COVID19 - CV19 096 Uganda	-	106	(106)	-	-
Total Programmes funded by institutional grants - emergencies	-	6,899	(6,899)	-	-

10. Movement in funds (continued)

Regional programmes funded by the annual grant - emergencies	31 March 2020 £'000	Income £'000	Grants £'000	Transfer £'000	31 March 2021 £'000
Healthcare	-	48	-	(48)	-
Total Programmes funded by Institutional grants - long-term	-	48	-	(48)	-
Other emergency programmes					
DEC Coronavirus Appeal	-	437	(437)	-	-
DEC Emergency Appeal Cyclone Idai Appeal	-	54	(54)	-	-
DEC Indonesia Tsunami Appeal	-	127	(127)	-	-
Age Appeal Indonesia Tsunami	4	11	(13)	-	2
Age Coronavirus Appeal	-	148	(146)	-	2
Evan Cornish Foundation – Tanzania – Tanzania COVID-19 response in refugee camps “protecting older refugees from COVID-19 in Tanzania”	-	4	(4)	-	-
Age International General Emergencies Fund	-	7	-	4	11
Age Beirut Blast Appeal	-	1	(1)	-	-
Total other emergency programmes	4	789	(782)	4	15
Other long-term programmes					
Singapore -Prudential - Prudential Chairman's Challenge	-	15	(15)	-	-
Legacy – India	89	-	(89)	-	-
Legacy Estate of Mr AM Facy	-	54	(54)	-	-
Legacy Estate of Maxwell Harvey	-	574	(574)	-	-
Ophthalmic	-	18	(18)	-	-
Total Other long term programmes	89	661	(750)	-	-
Subtotal Restricted Funds	123	10,257	(9,853)	(418)*	109
Unrestricted Funds	1	5,098	(5,497)	418	20
Total	124	15,355	(15,350)	-	129

*Transfer relates to unrestricted element of Sponsor a Grandparent (SAG)

10. Movement in funds (prior year)

	31 March 2019 £'000	Income £'000	Grants £'000	Transfer £'000	31 March 2020 £'000
Programmes funded by the annual grant - long term					
Africa	-	1,000	(587)	(413)	-
Asia Pacific	-	342	-	(342)	-
Latin America	-	65	-	(65)	-
Middle East	-	114	-	(114)	-
South Asia	-	502	-	(502)	-
Total Programmes funded by the annual grant - long term	-	2,023	(587)	(1,436)	-

10. Movement in funds (continued prior year)

Programmes funded by the annual grant - long term	31 March 2019 £'000	Income £'000	Grants £'000	Transfer £'000	31 March 2020 £'000
Big Lottery Fund - Pakistan - empowering older people to improve lives	30	-	-	-	30
Big Lottery Fund - Kyrgyzstan- reducing poverty in Central Asia	-	7	(7)	-	-
UK Aid – Tanzania - (KPMG) Strengthening Accountability in Tanzania through strengthened civil society	-	300	(300)	-	-
Swedish Postcode Lottery - Global Fight Against Ageism	-	77	(77)	-	-
Anonymous Donor - Bangladesh, Vietnam, Cambodia, Philippines and Indonesia - improving the well-being of older people, their families and their communities in Asia, through resilient and self-sustaining community based organisations and improved social protection	-	292	(292)	-	-
Warwick University – Kenya - Warwick GCRF Catalyst Fund: Research grant, to explore opportunities for intergenerational work on gender and women's rights.	-	16	(16)	-	-
Jersey Overseas Aid (JOA) - International Development Internship	-	30	(30)	-	-
World Diabetes Foundation - Kyrgyzstan – Strengthening capacity to manage diabetes complications for older people in Kyrgyzstan	-	96	(96)	-	-
International Labour Office (ILO) – Uganda – Improving synergies between social protection and public finance management.	-	7	(7)	-	-
Agence Francaise de Development (AFD) – Kenya – Inua Jamii 70+ Innovations in social protection for older people in urban Kenya.	-	232	(232)	-	-
Total Programmes funded by Institutional grants - long-term	30	1,057	(1,057)	-	30

Programmes funded by institutional grants - emergencies

Bangladesh - UK Aid/UNOPS - Integrated humanitarian response to the needs of older men and women (People fleeing Myanmar) – Phase 1	-	400	(400)	-	-
Bangladesh – UK Aid/UNOPS - Integrated humanitarian response to the needs of older men and women (people fleeing Myanmar) – Phase 2	-	336	(336)	-	-
Bangladesh - UK Aid/UNOPS - Strengthening Humanitarian Preparedness and Response. DFID Bangladesh additional funds to support 3 additional Age Friendly Spaces	-	750	(750)	-	-
Ethiopia - International Rescue Committee/ECHO - Emergency Response Mechanism V in Ethiopia	-	3	(3)	-	-
Ethiopia - IOM / UNOCHA - Life-Saving Integrated Humanitarian Assistance for Internally Displaced Persons (IDPs) in Ethiopia - NFI and Emergency Shelter	-	4	(4)	-	-
Ethiopia – UNOCHA - Humanitarian response to protection mainstreamed WASH needs of International displaced Peoples in drought and conflict affected areas of Borena Zones of Oromia National Regional State Ethiopia	-	338	(338)	-	-
Ethiopia – UNOCHA - Addressing the protection needs of drought and conflict affected internally displaced persons (IDPs) in three woredas of Oromia National Regional State	-	(4)	4	-	-
Ethiopia – UNOCHA - WASH, ES/NFI & Protection support to IDPs and Host communities affected by protracted and multiple Humanitarian crisis in four woredas of Borena Zone, Oromia Region	-	117	(117)	-	-
Mozambique - UK Aid - Humanitarian response in Mozambique – Lean Season Response in Food Security and Nutrition: Targeting and Monitoring	-	312	(312)	-	-
Jordan - Finn Church Aid - Netherlands Ministry of Foreign Affairs: Municipal Business Project - improving social-economic prospects for refugees in Jordan	-	137	(137)	-	-
Humanitarian Innovation Fund - ELRHA: Support to Humanitarian Innovation Fund Disability and Older Age Inclusion Technical Working Group.	-	50	(50)	-	-
Myanmar - UN LIFT - Strengthening the ministry of social welfare to fulfil its role in expanding social protection	-	77	(77)	-	-
Myanmar - UN LIFT - Dry Zone Social protection project	-	(363)	363	-	-
Myanmar - UN LIFT - Inclusive Social Protection and Livelihoods Project	-	995	(995)	-	-
Kyrgyzstan - EIDHR Kyrgyzstan - UN Women partnership, addressing sexual and gender-based violence across the life-course	-	90	(90)	-	-
Lebanon – UNOCHA - Support Older People in Areas of Bekaa & Sour	-	76	(76)	-	-

10. Movement in funds (continued prior year)

Programmes funded by institutional grants - emergencies	31 March 2019 £'000	Income £'000	Grants £'000	Transfer £'000	31 March 2020 £'000
Lebanon - UNOCHA - Addressing protection concerns of people with specific needs affected by the Syria crisis in Akkar district, Lebanon	-	1	(1)	-	-
Tanzania - UNHCR - Strengthening services for people with specific through an integrated and community based approach.	-	139	(139)	-	-
Tanzania - UNHCR - Reducing the protection vulnerabilities and increasing the protection capacities of 25,500 Persons with Specific Needs (PSNs) in Mtendeli, Nduta and Nyarugusu refugee camps and the surrounding local districts.	-	287	(287)	-	-
Ukraine - UNOCHA - Emergency multi-sectoral support to conflict affected vulnerable and disabled older women and men in settlements located in 5km zone in the GCAa locations of Donetsk and Luhansk Oblasts	-	127	(127)	-	-
Ukraine - PIN/ECHO) - Access III: Provision of multi-sectoral humanitarian assistance to conflict-affected populations in eastern Ukraine.	-	217	(217)	-	-
Malawi - START - ALERT 310 Malawi (Flooding) - Learning	-	10	(10)	-	-
Mozambique - START- 410 Mozambique (Flooding)	-	70	(70)	-	-
Myanmar - START - ALERT 347 Myanmar (Flooding)	-	139	(139)	-	-
Pakistan - START - ALERT 399 (Winter storms)	-	60	(60)	-	-
Total Programmes funded by institutional grants - emergencies	-	4,368	(4,368)	-	-

Regional programmes funded by the annual grant - emergencies

Africa	-	1	(1)	-	-
Asia	-	1	(1)	-	-
Latin America	-	-	-	-	-
Europe and Middle East	-	1	(1)	-	-
Total Programmes funded by Institutional grants - long-term	-	3	(3)	-	-

Other emergency programmes

DEC Emergency Appeal for people fleeing Myanmar	3	-	-	(3)	-
Age Appeal Cyclone Idai	-	196	(196)	-	-
Age Appeal Indonesia Tsunami	5	2	(2)	(1)	4
DEC Emergency Appeal Cyclone Idai	-	817	(817)	-	-
DEC Indonesia Tsunami Appeal	-	245	(245)	-	-
Kilpatrick Fraser Charitable Trust - Mozambique - Cyclone Idai	-	1	(1)	-	-
Matrix Causes Fund - Uganda - Increasing Access to Justice for older South Sudanese refugees in Uganda.	-	5	(5)	-	-
Welland Trust - Kenya - Advancing the rights and protection of conflicted affected South Sudanese older displaced persons in Ethiopia, Uganda and South Sudan	-	5	(5)	-	-
Souter Charitable Trust - Philippines - Taal Volcano Response	-	5	(5)	-	-
Total other emergency programmes	8	1,276	(1,276)	(4)	4

Other long-term programmes	31 March 2019 £'000	Income £'000	Grants £'000	Transfer £'000	31 March 2020 £'000
Thailand-Prudential - Prudential Chairman's Challenge	-	40	(40)	-	-
South Korea-Prudential - Prudential Chairman's Challenge	-	1	(1)	-	-
Singapore -Prudential - Prudential Chairman's Challenge	-	19	(19)	-	-
India - Links-India – HelpAge India	-	4	(4)	-	-
Legacy – India	-	89	-	-	89
Allen and Overy Co-Funding obligations under EC human rights project, support rights of older South Sudanese refugees.	-	49	(49)	-	-
Total Other long term programmes	-	202	(113)	-	89
Subtotal Restricted Funds	38	8,929	(7,404)	(1,440)*	123
Unrestricted Funds	(7)	6,340	(7,772)	1,440	1
Total	31	15,269	(15,176)	-	124

11. Financial Instruments

	2021 £'000	2020 £'000
Financial assets measured at amortised cost	534	2,601
Financial liabilities measured at amortised cost	(405)	(2,571)

12. Pension schemes

During the period Age International has operated a defined contribution pension scheme for which the contributions are charged to the Statement of Financial Activities as incurred. The assets of the scheme are held separately from those of the company and independently administered. Contributions expensed by Age International in the period amounted to £81,152 (2020: £80,118).

13. Taxation and charitable status

Age International is considered to pass the tests set out in Paragraph 1 Schedule 6 Finance Act 2010 and therefore it meets the definition of a charitable company for UK Corporation tax purposes. Accordingly, the Charity is potentially exempt from taxation in respect of income or capital gains received within categories covered by Chapter 3 Part 11 Corporation Tax Act 2010 or Section 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

14. Contingent liabilities and capital commitments

There were no contingent liabilities as at 31 March 2021 (2020:£0).

There were no capital commitments at 31 March 2021 (2020:£0)

15. Parent charity

The Trustees consider the ultimate parent undertaking and ultimate controlling party of the charity to be Age UK, a charitable company limited by guarantee and registered in England: registered office address 1-6 Tavistock Square, London, WC1H 9NA, company number 6825798, and registered charity number 1128267.

16. Related party transactions

During the period, grants with a total value of £13,207k have been awarded to HelpAge International (2020: £12,250k). Age International is the UK member of the HelpAge network.

Intercompany balance between Age UK and Age international is (£363k) (2020:£1,744k).

Intercompany balance between Age UK Trading CIC and Age International is £Nil (2020:£1,569k)

17. Grants receivable

The charity received the following grants during the period:

Organisation	Project	Grant (£)
Age UK	Annual grant comprises: Granted directly for international work – 1,316k Raised directly for international work – 1,469k Legacies designated for international work – 1,260k Unrestricted Age UK funds – 2,300k	6,344,926
Age UK	Maxwell Harvey Legacy	574,179
Age UK	Singapore – Prudential Chairman’s challenge	15,000
Disasters Emergency Committee/ Age International	Ethiopia, Gaza, Syria – Age Coronavirus appeal	148,820
Disasters Emergency Committee/ Age International	Lebanon - Age International appeal - Beirut Blast appeal	1,088
Disasters Emergency Committee/ Age International	Indonesia tsunami appeal	11,251
Disasters Emergency Committee/ Age International	General emergencies fund	6,668
Disasters Emergency Committee/ Age International	Mozambique - Cyclone Idai Appeal	54,178
Disasters Emergency Committee/ Age International	Indonesia Tsunami Appeal	127,094
Disasters Emergency Committee/ Age International	Bangladesh, South Sudan, Syria - Coronavirus Appeal	436,551
Evan Cornish Foundation	Tanzania - COVID-19 response in refugee camps “protecting older refugees from COVID-19 in Tanzania”	4,000
UK Aid	Bangladesh – UK AID/UNOPS – Integrated Humanitarian Response to the needs of older men and women (People fleeing Myanmar)	942,901
UK Aid	Bangladesh – UK AID/UNOPS – Integrated Humanitarian Response to the needs of older men and women (People fleeing Myanmar) – Phase 2	(72,083)
UK Aid (KPMG)	Tanzania COVID-19 Emergency Response	148,463
START	Colombia - COVID-19 - CV19 070 Colombia	190,173
START	Congo - COVID-19 - CV19 098 Congo (Republic)	116,651
START	DRC - Alert 427 In DRC displacement due to conflict	140,000
START	DRC - ALERT 433 DRC (Fire)	100,000
START	DRC - ALERT 445 DRC (Flooding) - Emergency response for the people affected by Flood in Kasenyi and Tshomia	90,000
START	DRC - ALERT 467 DRC (Displacement)	125,000
START	DRC - ALERT 468 DRC (Cholera)	200,000
START	DRC - ALERT 477 DRC (Displacement due to conflict)	60,000
START	Indonesia - Emergency Response to West Sulawesi Earth-quake and Risk of COVID-19 Transmission - Indonesia (via Tearfund)	48,106
START	Mozambique - COVID-19 - CV19 103 Mozambique	86,130
START	Mozambique – ALERT 496 Mozambique (Storms)	74,030
START	OPT - COVID-19 - CV19 016 OPT	44,581
START	Syria - COVID-19 - CV19 057 Syria	81,641
START	Uganda - COVID-19 - CV19 096 Uganda	105,868
UN LIFT	Myanmar - Strengthening the ministry of social welfare to fulfil its role in expanding social protection	332,044
UN LIFT	Myanmar – Inclusive Social Protection and Livelihoods Project	635,713
UNFPA	Vietnam - Support Vietnam Organisations for respond to COVID-19 for older people	92,994
UNHCR	Ethiopia - Humanitarian response to WASH & Protection needs of IDP	25,924
UNHCR	Tanzania - Strengthen services for Person’s with Specific Needs (PSN's) through an integrated and community-based approach	37,365

17. Grants receivable (continued)

Organisation	Project	Grant (£)
UNHCR	Tanzania - Reducing the protection vulnerabilities and increasing the protection capacities of 25,500 Persons with Specific Needs (PSNs) in Mtendeli, Nduta and Nyarugusu refugee camps and the surrounding local districts	472,853
UNOCHA	Jordan - Enhancing the emergency COVID-19 response through improving access to basic needs and protection services for the most vulnerable and marginalised older women and men with and without disabilities during the winter months in 4 governorates of Jordan	64,625
UNOCHA	Jordan - Strengthening COVID-19 Emergency response with distribution and prevention services in humanitarian settings for older men and women with and without disabilities in Jordan	99,268
UNFPA	Moldova - Hack Your Age! Creating digital and social connections between young and old in Moldova	40,239
UNOCHA	Ukraine - Emergency multi-sectoral support to conflict affected vulnerable and disabled older women and men in settlements located in 5km zone in the GCAa locations of Donetsk and Luhansk Oblasts	82,742
UNOCHA	Ukraine - Strengthening COVID-19 emergency response for conflict affected vulnerable and disabled older women and men in settlements located in the 5km zone in the GCAa locations of Donetsk and Luhansk Oblasts	222,756
Austrian Embassy	Moldova - Development of the National Council of Older People of Moldova	21,966
World Diabetes Foundation	Strengthening capacity to manage diabetes complications for older people in Kyrgyzstan	(1,396)
Jersey Overseas Aid	International Development Internship	12,530
Jersey Overseas Aid	Ethiopia - Addressing COVID 19 exacerbated humanitarian needs of older people, people with disabilities and other vulnerable groups in seven refugee camps, Gambela, Ethiopia	200,000
Jersey Overseas Aid	Tanzania - Improved health and wellbeing for older women and men in Tanzania	208,694
Refinitiv Charities	Pakistan - Inclusive COVID-19 Healthcare and Social Protection for Older People in Pakistan	39,959
European Commission - Horizon 2020	Indonesia, Myanmar, and Vietnam - Scaling up NCD Interventions in S.E Asia	227,148
European Commission	Myanmar - EC Investing in people grant - Strengthening Public Health Capacity to Respond to Myanmar's Disease Transition	107,384
PIN/ECHO	Ukraine - Access III: Provision of multi-sectoral humanitarian assistance to conflict-affected populations in eastern Ukraine.	120,812
PIN/ECHO	Ukraine - ACCESS IV - Provision of multi-sectoral humanitarian assistance to conflict-affected populations in Eastern Ukraine	302,565
Finn Church Aid	Jordan - Netherlands Ministry of Foreign Affairs: Municipal Business Project - improving social-economic prospects for refugees in Jordan	83,779
International Labour Office (ILO)	Uganda - Improving synergies between social protection and Public Finance Management	72,778
European Commission	Myanmar - COVID-19 response for OP & PWD in Myanmar	1,024,946
ECHO (through Medi-cos del Mundo)	Venezuela - Covid-19 response in Venezuela, in partnership with Medicos due Monde	364,240
Netherlands (ECHO funding)	Pakistan - Humanitarian response to COVID-19	171,525
	Total	15,268,669

Thank you

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