



KAKA PROUD LEGENDS INITIATIVE



KARIBUNI LEGENDS



AN **INCLUSIVE** CARE GUIDE FOR OLDER MARGINALIZED PERSONS

Written and Edited by
Tumuhimbise Peninah & Kiyegga Andrew

FIRST EDITION



KAKA PROUD LEGENDS INITIATIVE

This preliminary pilot edition guide is available for free for social skilling of caregivers of elderly marginalized communities in Uganda.

For any suggestions and further input, reach out to pli.communications101@gmail.com



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ART	Antiretroviral Therapy
CDC	Centers for Disease Control and Prevention
CoRSU	Comprehensive Rehabilitation Services in Uganda
HAU	Hospice Africa Uganda
HC IV	Health Centre Level IV
HIV	Human Immunodeficiency Virus
IDI	Infectious Diseases Institute
IFRC	International Federation of Red Cross and Red Crescent Societies
KPLI	Kaka Proud Legends Initiative
MGLSD	Ministry of Gender, Labour and Social Development
MJAP	Makerere Joint AIDS Program
MoH	Ministry of Health
NCDs	Non-Communicable Diseases
NCOP	National Council for Older Persons
NDP III	National Development Plan III – Uganda’s strategic plan (2020/21–2024/25)
NHC	Nsambya Home Care
PLHIV	People Living with HIV
RRH	Regional Referral Hospital
SAGE	Social Assistance Grants for Empowerment
SDGs	Sustainable Development Goals
SRH	Sexual and Reproductive Health
UBOS	Uganda Bureau of Statistics
UCG	Uganda Clinical Guidelines
UCI	Uganda Cancer Institute
UHI	Uganda Heart Institute
WHO	World Health Organization

Glossary of Terms

Accessibility features	Technological modifications like larger text or voice commands help users with impairments use devices independently.
Adherence	The degree to which a person correctly follows medical advice and treatment regimens.
Ageism	Discrimination or prejudice against individuals based on their age.
Aging with HIV	The process of growing older while living with HIV often involves complex health needs, including managing comorbidities and the long-term effects of treatment.
Biometric security	Security methods using unique physical characteristics like fingerprints or facial recognition to protect digital devices.
Cheer Up a Legend	A community initiative by KPLI offering social and emotional support to older individuals.
Cognitive decline	A reduction in mental capabilities, such as memory and thinking skills, is common in aging.
Cultural barriers	Social norms and beliefs that hinder access to or delivery of healthcare services.
Elderly persons	Individuals aged 60 years and above often require specialized healthcare and social support.
Forgetfulness	Memory lapses are often associated with aging or early signs of cognitive decline.
Geriatric care	Specialized medical care focused on the health and well-being of older adults.
High-risk populations	Groups are more likely to be exposed to harm due to social, economic, or health-related factors.
Inclusive care	Healthcare services are designed to be accessible, respectful, and responsive to the needs of all individuals, regardless of background or identity.



Karibuni Legends Care Guide	A locally tailored resource guide developed by KPLI to support inclusive care for older persons.
Legends Klatches	Peer support gatherings facilitated by KPLI to foster social connection and community care.
Legends Rejuvenation Hub	A safe space created by KPLI that offers wellness, mental health, and HIV support for aging marginalized persons.
Marginalized communities	Groups are systematically excluded from full participation in society due to factors like age, Level of education, physical & mental disabilities, health status, sexual identity, or economic condition.
Middle-aged	Individuals are typically aged between 31 and 59 years, often still active but beginning to experience age-related health concerns.
Multimorbidity	The presence of two or more chronic medical conditions in an individual.
Palliative care	Medical care that focuses on providing relief from symptoms and stress of serious illness, improving the quality of life.
Polypharmacy	The use of multiple medications by a patient, often common in older adults with several chronic conditions.
Psychosocial support	Assistance addressing both psychological and social needs, often vital for persons with chronic illness or trauma.
Referral pathways	Structured routes through which clients are directed to appropriate healthcare or social services.
Stigma, discrimination, and criminalization	Negative societal attitudes and legal penalties directed at individuals based on characteristics such as HIV status, level of education, age, social class, sexual orientation, or gender identity.
Terminal illness	A disease or condition that is incurable and expected to lead to death, often requiring palliative care.
Universal Health Coverage (UHC)	A health care system where all individuals and communities receive the health services they need without suffering financial hardship.
Vital signs	Clinical measurements such as blood pressure, temperature, pulse, and respiratory rate indicate the state of a person's essential bodily functions.



Foreword

It is with great pride and profound hope that we present this Karibuni Legends Guide, an inclusive care manual thoughtfully developed for and by communities that have long been overlooked in healthcare planning and delivery. At Kaka Proud Legends Initiative, we believe that every person, regardless of age, identity, or circumstance, deserves to age with dignity, access comprehensive care, and be celebrated for the life they have lived.

This manual was born out of our lived realities, listening to older persons, understanding the gaps in service, and reimagining a healthcare system where older marginalized individuals are not just included but prioritized. It is both a resource and a movement. Through its pages, we seek to inspire change agents, empower caregivers, and equip service providers with practical age-tailored tools to deliver care that uplifts rather than isolates.

We hold a deep and unwavering faith that this guide will make a meaningful contribution to public health in Uganda. It is our sincere hope that the Karibuni Legends Guide will be recognized, further developed, and ultimately adopted by the Ministry of Health, the Ministry of Gender, Labour, and Social Development, and the Uganda National Council for Older Persons (UNCOP) as part of national geriatric care planning for firsthand caregivers of older persons and creating awareness of the needs of older persons, directly advancing Uganda's commitments under the National Development Plan III (NDP III), but also accelerating our shared vision for Universal Health Coverage (UHC)—a healthcare system where no one is left behind.

This guide does more than address clinical care. It speaks to the soul of community. From recognizing the importance of economic empowerment for middle-aged persons as they prepare for retirement to the intentional inclusion of palliative care and terminal illness support, the manual reminds us that life must be approached holistically. Our elders are not only patients; they are parents, caretakers, survivors, and historians. They deserve services that affirm their full humanity until their final moments.

We also use this opportunity to challenge all service providers, public, private, and community-based, to reject ageism in all its forms. We must actively enculture systems that treat older persons with the same urgency, respect, and care that we extend to others. Inclusion is not an act of charity; it is a matter of justice.

As you engage with this guide, may it inspire bold ideas, compassionate care, and enduring change. May we all be reminded that the way we treat our elders is a reflection of the society we hope to become.

Together, we welcome the future with care.
Warmly,



Mr. Kiyegga Andrew
Executive Director
Kaka Proud Legends Initiative (KPLI)



Acknowledgement

On behalf of the Board of Directors and the entire staff of Kaka Proud Legends Initiative, I wish to express our heartfelt appreciation to all who made the *Karibuni Legends Inclusive Care Guide* a reality.

To the older marginalised persons who, with courage and openness, shared their lived experiences during our needs assessments since the founding of Kaka Proud Legends Initiative, you are the heartbeat of this guide. Your stories, wisdom, and resilience have shaped every page, ensuring it speaks to real-life needs and aspirations.

We also celebrate our dedicated staff, whose hard work, creativity, and compassion brought this guide from an idea to a practical tool. Your devotion to the well-being of older marginalised persons continues to inspire our journey..

Our sincere thanks go to the medical personnel, community leaders, and public health officers whose thoughtful reviews and insights enriched the guide, making it both accurate and relevant. We are deeply grateful to our consultant for walking this path with us, offering guidance, clarity, and vision that strengthened the final product.

Lastly, we extend our warm appreciation to our donors and partners. Your trust and support have made this work possible, and your belief in the dignity and rights of older marginalised persons encourages us to keep moving forward.

May this guide be a step toward a future where every older marginalised person is seen, heard, valued, and cared for with dignity and respect.

Yours Sincerely,



Geoffrey Ogwaro
Board Chairperson
Kaka Proud Legends Initiative



Introduction

Kaka Proud Legends Initiative (KPLI) is a community-led organization established in 2021 to advance the dignity, health, and well-being of middle-aged marginalized persons in Uganda. The organization works to create sustainable access to psychosocial support, health care, and economic empowerment, with a strong focus on high-risk communities, individuals aging with HIV, and other vulnerabilities.

Over the years, KPLI has developed programs that respond to the unique needs of older persons, who are often overlooked in health and social interventions. One of our key achievements is the establishment of the Legends Rejuvenation Hub, a safe and inclusive space that offers mental health counseling, non-communicable disease monitoring, HIV adherence support, fitness sessions, and retirement planning. We also implement community initiatives such as Cheer Up a Legend and Legends Klatches, which strengthen social connections and reduce isolation.

Our work is guided by the principle that aging should not come with exclusion or limited access to essential care. Every person deserves the opportunity to age with dignity, access the right services, and live a fulfilling life.

Uganda's population is aging, with a growing proportion of older persons requiring comprehensive, age-sensitive health services (*Uganda Bureau of Statistics, 2023*). While older persons are not excluded from national health and HIV treatment programs, they often receive limited prioritization, resulting in care models that overlook age-specific vulnerabilities such as frailty, polypharmacy, mental health needs, and multimorbidity (*MoH, 2023*). and this disproportionately affects the marginalised older persons, especially HIV high-risk communities.

Persistent sociocultural barriers exacerbate these gaps. Misconceptions that older people are not sexually active reduce attention to their sexual and reproductive health needs. Those aging with HIV face added challenges due to weak integration between HIV care and geriatric services, while the burden of NCDs like diabetes and hypertension significantly increases health costs and compromises adherence to ART regimens (*UNAIDS, 2022*).



Rationale

KPLI developed the Karibuni Legends care Guide, a locally contextualized resource designed to complement national health frameworks and strengthen social inclusion. *Karibuni*, meaning *welcome*, emphasizes the need for health systems to be receptive, age-responsive, and inclusive.

The guide:

- Aligns with the Uganda Clinical Guidelines (*MoH, 2023*) to promote evidence-based, age-tailored service delivery that treats older persons as individuals rather than defining them by disease.
- Addresses cultural and structural barriers to health access by providing practical approaches for creating welcoming and stigma-free care environments.
- Recognizes the therapeutic value of social engagement, integrating psychosocial strategies that enhance mental health and well-being.
- Supplements the Social Assistance Grants for Empowerment (SAGE) program under the Expanding Social Protection framework (*MGLSD, 2021*). While SAGE reduces income insecurity through cash transfers, the Kalibuni Legends Guide complements this by fostering social inclusion, equipping service providers with tools to empower older persons socially, mentally, and emotionally, beyond financial support.

This guide operationalizes Uganda's commitments under the National Development Plan III (NDP III) on human capital development and universal health coverage, and aligns with the Sustainable Development Goals (SDGs), particularly Goal 3 (Good Health and Well-being) and Goal 10 (Reduced Inequalities).

Aim/Objectives

1. To provide inclusive, age-tailored care guidance: Equip service providers and community spaces with practical tools to ensure that older persons can access services comfortably and without stigma.
2. To demystify cultural barriers: Address and break down cultural hindrances that prevent older persons from accessing healthcare, ensuring a more welcoming environment.
3. To provide practical referral pathways: Develop clear, practical referral pathways for older persons when services at drop-in centers or healthcare facilities are not sufficient.
4. To ensure that older persons are effectively engaged, encourage service providers to engage with older persons as individuals, addressing their challenges directly rather than through a disease-based approach.
5. To enable curation of age-tailored activities, enable service providers to design and implement activities relevant to the needs of older persons, such as economic empowerment, wellness/fitness, or basic technology training.



Understanding aging through a marginalized lens

Uganda demographics

Uganda's population of older persons is growing, now constituting over 21% (31-59) middle-aged and 5% above 60 years of the total population of 45.9 million people, according to the UBOS 2024 census, with the majority of older persons residing in rural communities. Older persons often serve as family caregivers, community leaders, and custodians of cultural knowledge, but they are also among the most economically and socially vulnerable groups.

Approximately 1.4 million Ugandans were living with HIV around 2022, adults had an overall prevalence of 5.8%; 7.2% in women, 4.3% in men. There are 150,000 and 250,000 older PLHIV with steady increases since 2010. Out of the 191 members of KPLI, 38 are PLHIV.

KPLI demographics

Members of Kaka Proud Legends Initiative are, according to the national categorisation, either middle-aged (31-59 years) or elderly persons (60 years and above), and this prompts us to focus on both age groups to foster positive aging experiences. These suffer a number of varying factors that actively influence access to health care services.

According to the needs assessment report of Kaka Proud Legends Initiative 2024

- 1 in 4 legends has no job
- 6 in 10 legends are aging with at least one chronic disease (50% hypertension, 20% aging with HIV, 25% with eye conditions, and 8% with diagnosed psychiatric illnesses)
- 60% of legends are renting, 6% are homeless; 34% only have permanent homes
- 60% of legends have children.
- 53% of legends live alone.

There is an increased number of legends aging with chronic diseases, yet with no direct source of income to support their medication or livelihood. But even with this challenge, they are faced with a lot of responsibilities like child care, rent, while others end up homeless, which as a result has negatively impacted their mental health and livelihood.

The many participants highlighted that cultural barriers significantly hinder older persons from accessing healthcare services. They noted that assumptions around older individuals not being sexually active lead them to shy away from preventive services, especially related to HIV and SRH. Many mentioned that healthcare workers often have a judgmental attitude backed by ageism, morally related criticism, and criminalisation of high-risk categories of marginalised communities, making it difficult for some older persons to comfortably seek services. This also, in many ways, increases the burden of mental health challenges among marginalised communities.

This information should help us understand the social dynamics surrounding aging among the marginalised persons and inform how we decide to create meaningful inclusion.



4 KEYS TO MEANINGFUL CONVERSATIONS WITH OLDER ADULTS



Acknowledge

Start with a warm greeting and use their preferred name.

Show interest with a friendly expression and attentive posture.

E.g. *"Hello, Mrs. Nakatumba, how have you been?"*

Ask Open Questions

Use open-ended questions to invite sharing and stories. Avoid yes or no questions.

E.g. *"How has this week been for you?"*



Actively Listen

Give them your full attention and avoid interrupting. Reflect on what you hear to show you understand.

E.g. *"It sounds like you're feeling lonely lately."*

Affirm & Appreciate

Validate their feelings and experiences to encourage sharing.

Offer words of appreciation and empathy.



Cultural barriers hindering access to healthcare services for older persons

Cultural barriers are a big deal when it comes to older persons accessing healthcare services. At the heart of it all, these barriers are rooted in what people believe and how they see the world. By understanding these beliefs, we can better see how to help older individuals get the care they deserve.

One major barrier is talking about sexual health. In many places, there's a belief that older people don't need to talk about these topics. This can make it extremely difficult for them to seek help for things that are completely normal and treatable. For example, an older person might feel shy or embarrassed to talk about issues like menopause or prostate health, which means they don't get the care that could improve their quality of life.

Stigma, discrimination, and criminalisation are also huge barriers. Older individuals living with HIV, for instance, might face judgment from their communities or even healthcare workers. This can discourage them from seeking care, even when they need it. It's essential to recognize that this stigma isn't only hurtful but also prevents people from maintaining their health.

Then there's the impact of laws and moral views that can make older persons afraid to reach out for help. If someone feels like they might get in trouble or judged for who they are, they might avoid going to the doctor altogether. That means they might not get treatment until it's too late.

The ego also plays a part. Many older individuals have spent their whole lives being independent, and they don't want to be seen as weak or sick. They might say, "I'm fine, I don't need any help," even when they do. It's about respecting their pride while also making sure they know it's okay to ask for support.

Gender also affects access. Most Ugandan cultural constructs are patriarchal, and most Older women, having grown up in such conditioning, might put their family's needs before their own, delaying their care as per their gender role. Meanwhile, older men might feel like they have to be strong and not show any vulnerability. Both of these can lead to them not getting the healthcare they need.

Ageism is another barrier that can show up even in hospitals. Sometimes, younger healthcare workers might not listen to older patients as carefully, thinking that their complaints are just a part of getting older. This can lead to missed diagnoses or not giving the right treatment.

Myths and beliefs: There are misunderstandings around medical conditions. Some older persons might believe that an illness is caused by witchcraft or something spiritual, which can prevent them from seeking medical treatment. In a lot of cases, mental health conditions are dismissed as witchcraft. It should be noted that older persons are the custodians of these belief systems; therefore, understanding these beliefs helps us address them with respect and offer care that they can trust.



How to make your healthcare space age-inclusive?

Creating spaces that are welcoming to older persons must be intentional. Many older individuals feel excluded due to ageist attitudes, inaccessible environments, or communication barriers. These challenges don't solve themselves; they require purposeful planning, staff commitment, and inclusive practices.

To make healthcare spaces truly age-friendly, organizations need to go beyond compliance and actively design environments where older persons feel respected, included, and comfortable. This involves intentional investment in staff training, inclusive information materials, and accessible spaces that uphold the dignity and unique needs of older persons.

1. Staffing

- *Train health workers on age sensitivity.* Provide targeted training on geriatric care, respectful communication, and the importance of dignity in care.
- *Diverse workforce;* Include older staff or volunteers who can relate to the experiences of older clients. Making older persons physically active slows down the aging process and also increases their sense of self-worth.
- *Assign age-inclusion task.* Have a designated focal person in every service point to address older persons' needs.
- *Avoid ageist language and assumptions;* Encourage staff to use respectful, empowering language and avoid dismissing symptoms as "normal aging."

2. Inclusive Information, Communication, and Education (ICE) materials

- *Use age-appropriate visuals and language;* Large fonts, high-contrast colors, and simple, clear wording.
- *Show representation;* Include images of older men, women, Sexual minority elders, and persons with disabilities.
- *Multiple languages and formats;* Translate key messages into local languages and provide audio-visual options for those with low literacy or visual impairments.
- *Relevant content;* Focus on issues important to older persons: chronic disease care, HIV & aging, mental health, and nutrition.

3. Physical environment

- *Comfort and accessibility;* Ensure ramps, handrails, adequate lighting, and non-slippery floors for safety.
- *Privacy for sensitive care;* Create private spaces for discussions about sexual health, HIV, or mental well-being.
- *Priority seating and services;* Provide comfortable chairs with back support and priority queues for older clients.

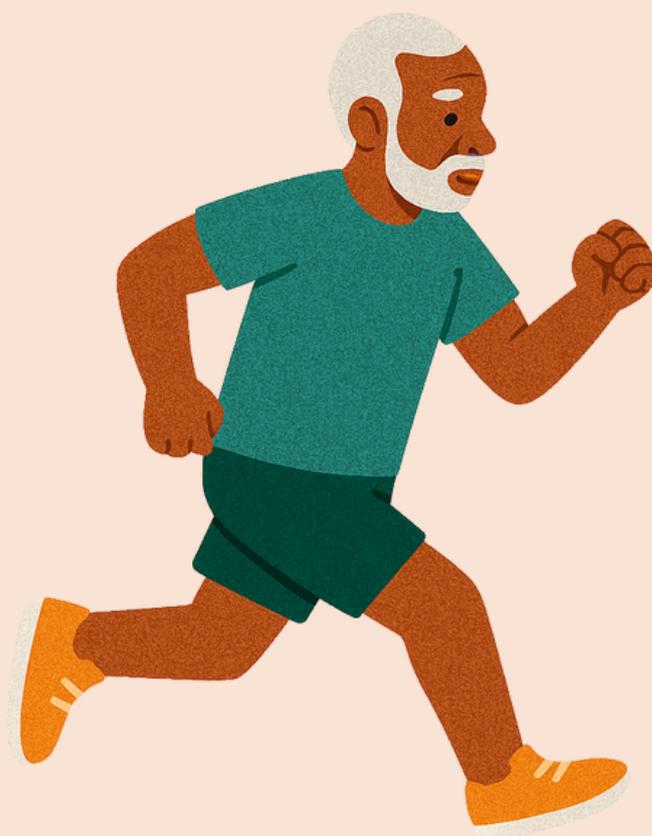


4. Programs and engagement

- *Peer support systems*; Involve older persons as peer educators and mentors to encourage trust and openness.
- *Therapeutic social activities*; Offer social spaces like tea chats, storytelling circles, and light exercise sessions for mental well-being.

Why is it important?

When healthcare spaces are intentionally designed to be age-friendly, older persons feel respected, safe, and valued. This not only improves their health-seeking behavior but also strengthens trust in health systems, reducing barriers that lead to late diagnoses and poor outcomes.



WHAT KILLS CONVERSATIONS WITH OLDER PERSONS



Interrupting/Talking Over Them

- Makes them feel unheard and disrespected
- Wait patiently and let them finish talking



Using complicated Jargon/Words

- Causes confusion and embarrassment
- Use Simple, Clear Language



Assuming they are not interested/capable

- Leads them to withdraw from conversations



Showing Impatience/Rushing them

- Increases stress and hesitation to share
- Allow enough time for responses



Ignoring Non-Verbal Cues

- Overlooks discomfort/unspoken cues
- Pay attention to body language



- **Being Judgemental/moralizing**
- Shuts down honesty, especially on sensitive topics
- Respond with empathy and openness

PRO TIP: Respect + Patience = Trust



CHECKLIST: ARE YOUR SPACES AGE-WELCOMING?

STAFFING



- Have all staff received training on age sensitivity and cultural considerations?
- Do you have older staff or volunteers to improve relatability?
- Is there a designated focal person for older persons at each service point?
- Are staff using respectful, non-ageist language?

INCLUSIVE ICE MATERIALS



- Are educational materials easy to read (large fonts, high contrast)?
- Do materials represent older men, women, sexual minorities, and people with disabilities?
- Are key messages translated into local languages and available in audio/visual formats?
- Do materials address relevant topics like HIV & aging, chronic illnesses, and mental health?

PHYSICAL ENVIRONMENT



- Are spaces accessible (ramps, handrails, clear pathways)?
- Is there enough seating with back support for older persons?
- Are there private areas for sensitive discussions?
- Do materials address relevant topics like HIV & aging, chronic illnesses, and mental health?



Effective engagement of older persons

Effective engagement is all about creating meaningful and respectful interactions. When it comes to older persons, especially those from marginalized backgrounds, effective engagement means truly listening to their needs and ensuring that they feel valued and included.

What does effective engagement for older persons mean?

For older individuals, effective engagement is about recognizing their unique life experiences and providing them with a voice in decisions that affect them. It means creating environments where they are not just passive recipients of services, but active participants.

Strategies for effective engagement;

1. Personalized communication: Tailor communication styles to fit the individual's background and preferences. For example, using simpler language or involving trusted community figures can make a huge difference.
2. Community involvement: Engage older persons in the planning and decision-making processes. This could mean having them on advisory boards or conducting regular feedback sessions.
3. Peer-led programs: Programs where older persons are engaged by their peers can be incredibly effective. This creates a sense of trust and relatability.
4. Continuous feedback loops: Always have mechanisms for them to provide input and show how their feedback is implemented.



How to Make Healthcare Spaces Age-Wise Welcoming

Creating spaces that are welcoming to older persons must be intentional and deliberate.

This involves investment in staff training, inclusive information materials, and accessible spaces that uphold the dignity and unique needs of older persons.

STAFFING

- Train health workers on age sensitivity
- Include older staff or volunteers
- Assign age-inclusion champions
- Avoid ageist language and assumptions



PROGRAMS & ENGAGEMENT

- Peer support systems
- Therapeutic social activities
- Continuous feedback



INCLUSIVE ICE MATERIALS

- Use age-appropriate visuals and language
- Show representation
- Multiple languages and formats
- Relevant content

PHYSICAL ENVIRONMENT

- Comfort and accessibility.
- Privacy for sensitive care.
- Priority seating and services.



Basic healthcare knowledge & skills for older persons

Providing quality care for older persons requires adherence to the Uganda Clinical Guidelines (UCG, 2023) and a deep understanding of the unique age-related needs that come with advancing years. Adherence to the national clinical guidelines is mandatory for health professionals, but it is equally important that all service providers at caring points have this basic knowledge. This ensures consistency in care and improves health outcomes for older persons.

According to the UCG, older persons require regular screening for chronic conditions, continuous monitoring of vital signs, early recognition of illnesses, and prompt referral when necessary.

Why are these measures important?

- Weakened immunity With age, the immune system becomes less efficient, making older persons more susceptible to infections. Proper nutrition is key to strengthening immunity and maintaining health.
- Bone fragility and fracture risk Bones weaken with age, increasing the risk of fractures, especially from falls. Healing is often slower in older persons. Hormonal changes, such as menopause, accelerate bone loss, making dietary supplements and proper nutrition crucial.
- Increased cancer risk Aging raises the risk of developing cancer. Early detection through regular check-ups and observing for unusual swellings, skin changes, or unexplained weight loss is essential.

NOTE

- Be observant of changes Just as close attention is given to infants, older persons also need vigilant observation. Any small change in health can signal a serious problem, as they are a highly vulnerable group.
- Importance of hand hygiene Regular hand washing helps prevent infections like respiratory illnesses and diarrhea, which can severely affect older persons.
- Role of diet and supplements A balanced diet rich in calcium, vitamin D, and protein supports bone health. Supplements may be needed for those unable to meet these needs through food alone.



FIRST AID FOR OLDER PERSONS



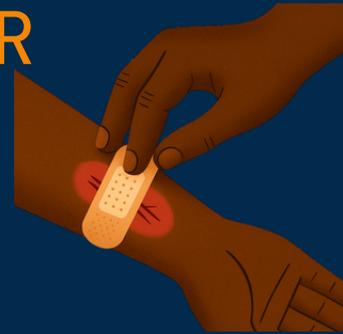
- **DIFFICULTY BREATHING/CHEST PAIN**
- Sit the person upright
- Loosen tight clothing
- Reassure and keep them calm
- Use the prescribed Inhaler or nitroglycerin (*if available*)
- **CALL FOR MEDICAL HELP IMMEDIATELY**



- **FALLS OR SUSPECTED FRACTURE**
- Do not move under clean running water for 10-15 minutes.
- Remove any jewelry or tight clothing near the burn.
- Cover loosely with a clean cloth.
- **DO NOT APPLY OINTMENTS OR BREAK BLISTERS.**



- **HEAT EXHAUSTION/HEAT STROKE**
- Move to a cool place
- Remove excess clothing
- Offer sips of water
- Use cool, wet cloths on the skin
- **SEEK MEDICAL ATTENTION IF CONFUSION OR FAINTING OCCURS**



- **BURNS**
- Cool the burn under clean running water for 10-15 minutes
- Remove any jewelry or tight clothing near the burn
- **CALL FOR EMERGENCY SERVICES**



- **CHOKING**
- Encourage coughing if mild
- If Severe:
- Bend the person forward
- Give 5 firm back blows between the shoulder blades
- If no relief, perform abdominal thrusts (*only if trained*)
- **CALL FOR EMERGENCY HELP**
- **SEEK URGENT HELP IF CHOKING PERSISTS**



- **SEIZURES**
- Keep them safe
- Remove nearby hazards
- Cushion head with a soft item
- Do not restrain movements
- Turn to the side after a seizure stops
- **CALL FOR HELP IF SEIZURE LASTS MORE THAN 5 MINUTES**



Practical skills guide for aiding older persons' health

Recognizing signs of illness in older persons

Older persons often present atypical symptoms, making diagnosis challenging. Watch out for:

- *Unexplained fatigue & weakness* could indicate infections, anemia, or chronic illnesses such as heart disease.
- *Loss of appetite or weight loss* may signal cancer, depression, or systemic infection.
- *Confusion or sudden behavior change* is often a sign of infection (for example, UTI, dehydration, or stroke).
- *Fever or low-grade fever*, even mild temperature changes, can indicate serious infection.
- *Shortness of breath or leg swelling* may suggest heart failure or chronic lung disease.
- *Persistent pain*, especially in the chest, abdomen, or back, requires immediate assessment.
- *Skin changes*, Non-healing sores, or excessive bruising can indicate diabetes or clotting problems.

Vital signs to check at every visit (Recommended by UCG 2023 and WHO)

- *Blood Pressure (BP)* Target: less than 140/90 mmHg; older persons often have isolated systolic hypertension.
- *Pulse (Heart Rate)* Normal: 60–100 beats per minute; irregular pulse may indicate atrial fibrillation.
- *Respiratory Rate (RR)* Normal: 12–20 breaths per minute; above 24bpm may indicate infection or heart failure.
- *Temperature* Normal: 36.5–37.5°C; note even small deviations.
- *Blood Sugar* Fasting: 3.9–5.5 mmol/L; >7 mmol/L indicates possible diabetes.
- *Weight & BMI* Sudden weight loss may indicate cancer or chronic illness.

Identifying forgetfulness & cognitive decline

Early detection of dementia improves care outcomes. Signs include:

- Repeating questions or conversations.
- Forgetting familiar names or appointments.
- Trouble managing money or household tasks.
- Getting lost in familiar areas.
- Increased irritability or mood swings.



First aid & immediate care for older persons

If professional care is unavailable, apply the following:

- *Difficulty breathing/chest pain* Sit upright, loosen clothing, ensure airflow, and call for urgent referral.
- *Severe bleeding* Apply firm pressure with a clean cloth, and elevate the limb if possible.
- *Falls or suspected fracture* Do NOT move unnecessarily; immobilize the limb, use a cold compress.
- *Burns* Cool under running water (10–15 min), cover with a clean cloth.
- *Hypoglycemia (Low Blood Sugar)* Give sweet drinks or glucose tablets if conscious.
- *Dehydration* Offer oral rehydration solution (ORS) or water in small sips.

When to refer (If no professional is available)

Immediate referral is needed if:

- Chest pain or shortness of breath persists.
- Sudden weakness or paralysis (possible stroke).
- Fever >38.5°C or sudden drop in temperature.
- Severe dehydration or inability to drink.
- New or worsening confusion.
- Uncontrolled bleeding or seizure.





HOW TO BREAK CULTURAL BARRIERS HINDERING ACCESS TO HEALTH CARE

FOSTER OPEN CONVERSATION

Encourage discussion of sex, health, and aging to normalize these topics

COMBAT STIGMA

Challenge negative stereotypes, discrimination, and punitive attitudes

PROMOTE AWARENESS

Educate on medical conditions, debunk myths, and provide culturally appropriate information

ADDRESS AGEISM AND SEXISM

Train health workers on client-centered care and sensitivity to older and gender issues



Teaching basic technology skills to older persons

Older persons can greatly benefit from learning a few essential technology skills that enhance their safety, health, and independence. As a caregiver, you play a crucial role in guiding them through these simple yet impactful steps. Here are some of the basic skills you should help an older person learn, along with the reasons why they're important:

1. Setting an emergency contact:

- Guide the older person on how to save an emergency number on speed dial or set it as an emergency contact on their phone. This ensures they can quickly call for help whenever needed.

2. Using alarms and reminders:

- Encourage the use of alarms on their phone to remind them of important tasks, such as taking medications or attending appointments. This helps them maintain their daily routines and reduces the risk of missed doses.

3. Organizing medications:

- Assist them in labeling pill organizers or using simple apps to keep track of which medications to take and when. This organization reduces the risk of confusion and ensures proper medication management.

4. Protecting privacy:

- Teach them how to create strong passwords and, if they use a smartphone, how to enable biometric options like fingerprint or facial recognition. This helps keep their personal information secure and prevents unauthorized access.

5. Accessibility features:

- Show them how to enable accessibility features like larger text, screen readers, or voice commands. These features make it easier for those with visual or physical impairments to use their devices independently.

6. Staying informed and connected:

- Guide them on how to use simple apps for news, health information, or messaging to stay connected with family and friends. This helps them remain engaged and informed, reducing feelings of isolation.



Social-economic empowerment, retirement preparations, and social security.

Socio-economic empowerment is not a one-time intervention. It is a lifelong journey, beginning in youth, becoming deliberate in middle age, and essential in older adulthood. For individuals who have no children in older life, those perceived as social misfits or criminalised, or simply systemically excluded due to their identity, level of access to information, history, illness, lack of documentation, or rejection by family or society, this journey is more challenging.

Many such individuals begin to experience aging earlier than others. Their bodies may carry the burdens of chronic illness, untreated trauma, and harsh living conditions. Their socio-economic options are often limited. Therefore, caregivers and community service providers must approach support with deliberate inclusivity, flexibility, and practical compassion.

Understanding the landscape of exclusion and need

Older persons from marginalized backgrounds often face:

- Broken social networks due to stigma, discrimination, or criminalization.
- Limited or no formal employment history, and therefore no pensions or savings.
- Barriers to government programs, such as a lack of ID or knowledge about eligibility.
- Chronic health conditions, including HIV, diabetes, arthritis, and mobility challenges, often have limited access to tailored care.
- Emotional and financial strain during bereavement or end-of-life stages, with little community support.

Despite these realities, empowerment and retirement preparedness are still possible but only if caregivers and service providers meet older persons where they are, and respond with tailored, rights-based interventions.

Practical care and support strategies for caregivers and community service providers

This section offers consolidated, solution-focused strategies that caregivers and community service actors can adopt to empower and support older persons, particularly those from criminalized or socially misfit groups.

1. Build and strengthen social capital

- Facilitate peer support groups or KPLI's "Legends Klatches " where older persons can share experiences and reduce isolation.
- Create or link them to intergenerational exchange spaces, where their wisdom is honored and their legacy preserved.
- Establish or support community safe spaces for rest, conversation, and mutual aid, especially for those who feel unsafe elsewhere.



2. Promote accessible economic empowerment

- Help older persons engage in age-appropriate income activities like backyard farming, crafts, home-based food businesses, or poultry keeping.
- Form or link them to community savings groups or micro-loan circles that do not require formal bank accounts or IDs.
- Liaise with local leaders to support their inclusion in government programs such as *Emyooga* or the *Parish Development Model*, advocating for simplified registration and follow-up.
- Provide financial education through pictures, storytelling, or live demonstrations to increase understanding, especially for those with low literacy.

3. Bridge the gap to government assistance

- Assist in the acquisition or replacement of National IDs and other necessary documents by working with local councils or paralegals.
- Organize mobile SAGE registration clinics or accompaniment to sub-county offices to ease the enrollment process.
- Conduct community awareness sessions on SAGE and other public services in local languages using accessible formats.
- Build relationships with sympathetic government officers who understand and support the inclusion of excluded populations.

4. Provide health and wellness support

- Partner with health facilities to ensure routine screenings for HIV, hypertension, diabetes, and age-related illnesses.
- Support treatment adherence using SMS reminders, peer support “buddy” systems, or home check-ins for those aging with HIV or NCDs.
- Help older persons maintain simple health diaries or visual medication charts, especially for those managing multiple drugs.
- Refer and advocate for them at age-friendly or KP-competent health facilities with respectful care practices.

5. Facilitate retirement planning and legacy recognition

- Encourage middle-aged persons (31–59 years) to start saving or investing in informal ventures, no matter how small.
- Help older persons access or establish funeral savings groups or community-based insurance for end-of-life dignity.
- Capture and honor their life stories and experiences through audio recordings, writing, or storytelling sessions, preserving their legacy.
- Plan and support community remembrance or appreciation events, particularly for those previously invisible or rejected.



WHAT NOT TO SAY

Sensitive Topics with Marginalized Older Persons

PAST TRAUMAS & STIGMA

AVOID

Asking about past discrimination, arrests, or violence unless necessary for care.

Phrases like: *"Things must have been very hard for you back then."* Let them give you their narratives as they wish.



SEX, SEXUALITY & IDENTITY

AVOID

Intrusive questions about sexual history or identity unrelated to care but be welcoming to this conversations with the right language.

Using outdated or offensive terms and remarks that reinforce stigma. Identity shaming creates point-of-care avoidance.



HEALTH STATUS & HIV

AVOID

Stigmatizing remarks like: "At your age, why do you have HIV?" Discussing HIV status loudly or in public spaces.

FINANCIAL SITUATION

AVOID

Remarks like; "How do you survive at your age without a job?" These comments are demeaning and reinforce stereotypes. Jobs & finances should never be married with age; focus on empowerment.

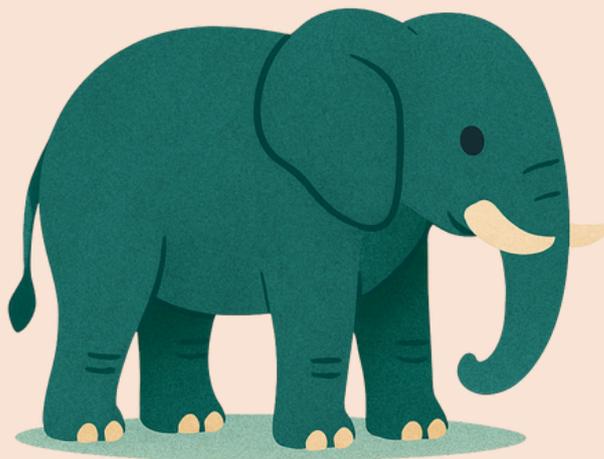


FAMILY & CHILDREN

AVOID

Questions like; "Why didn't you have children?" "Where is your family?" These questions can be hurtful and remind them of rejection by family. Only be objective; it should be really necessary.





Terminal illnesses and Palliative care

As individuals age, the likelihood of encountering life-limiting or terminal illnesses increases. For elderly and middle-aged persons who belong to marginalized or socially excluded communities, such as those perceived as social misfits, systemically excluded, criminalized, or aging with chronic conditions like HIV, these moments come with added layers of vulnerability, isolation, and inadequate support systems. The absence of formal structures of care, coupled with stigma from biological families, lack of recognition of chosen families, and limited access to appropriate healthcare, compounds the experience of illness and end-of-life transitions.

Palliative Care - which focuses on improving quality of life through pain management, emotional, spiritual, and psychosocial support becomes not just a medical necessity, but a human rights concern for such individuals. Preparing communities, caregivers, and service providers to respond compassionately and practically to these needs is vital for ensuring dignity in life and death.

Common terminal illnesses among marginalized elderly communities

In many Ugandan and African contexts, terminal illnesses among elderly and middle-aged persons include:

- Advanced HIV/AIDS complications – especially among those with poor adherence due to stigma or inconsistent access to ARVs.
- Cancer (example, cervical, prostate, breast, esophageal) – often detected late due to inadequate screening and healthcare avoidance.
- Chronic non-communicable diseases (NCDs) – such as end-stage diabetes, kidney failure, hypertension-related complications, and heart failure.
- Advanced neurodegenerative conditions – like Alzheimer’s disease and dementia.
- Tuberculosis (TB) and chronic respiratory illnesses – particularly among those living in poverty or with compromised immunity.

These conditions are often accompanied by pain, functional decline, memory loss, emotional distress, and spiritual disconnection.



Facing illness in the margins: lived realities

Marginalized persons aging with terminal illness often face:

- Disbelief or blame from biological families, including accusations of curses or immoral living.
- Neglect or abandonment, particularly when illness becomes financially or emotionally demanding.
- Fear of dying alone, especially among those estranged from their families due to identity or lifestyle.
- Limited access to pain relief or home-based care, often due to systemic barriers or lack of formal identification.
- Emotional trauma from unresolved stigma, regrets, or untreated mental illness.

Such realities emphasize the need for communities to shift from judgment and silence to active compassion and preparedness.

Preparing elderly communities for terminal illness and end-of-life care

1. *Normalize conversations on death and dignity*

- Host age-appropriate dialogues and support groups that include discussions about chronic illness, dying, and legacy.
- Encourage older persons to express their wishes regarding care, visitors, burial, and belongings.

2. *Train Caregivers in Compassionate Palliative Support*

- Basic knowledge in managing pain, nutrition, cleanliness, communication, and comfort should be taught to community caregivers and peer volunteers.
- Emphasis should be placed on empathy, non-judgment, and the psychosocial needs of the sick.

3. *Promote Advance Planning*

- Encourage preparation of informal wills, memory boxes, or legacy letters.
- Support older persons in identifying who they trust to make decisions when they can no longer do so (even if not legally binding).

4. *Community-Led Monitoring of the Sick*

- Adopt a buddy system for regular check-ins.
- Engage local clinics for home visits and linkages to palliative care services.
- Mobilize food, hygiene materials, and comfort kits through mutual aid or community contributions.



Understanding the role of adopted and biological families

In many marginalized communities, adopted families often made up of friends, peers, or community allies, provide the strongest emotional and practical support at the end of life.

- **Adopted families** may:
 - Take over caregiving roles, especially when biological families are absent or abusive.
 - Offer companionship and dignity during the dying process.
 - Ensure that burial rites, ceremonies, or legacies reflect the person's identity and life.
- **Biological families**, while significant, may require community mediation:
 - Where possible, support reconciliation or respectful engagement.
 - Where harmful, protect the rights and dignity of the sick by deferring to the wishes of the adopted support system.

How to provide practical care for the terminally ill

1. Physical care

- Relieve pain using available medication or traditional practices, where safe.
- Support positioning, hygiene, and skin care to avoid sores.
- Provide soft, nutritious foods and plenty of fluids.

2. Emotional and spiritual support

- Respect the person's beliefs and create space for prayer, silence, or rituals of their choosing.
- Allow space for storytelling, grief expression, or personal reflection.

3. Social engagement

- Encourage visits (with consent) from friends, peer elders, or known community members.
- Use music, memory items, or affirming conversations to reduce isolation.

4. Respecting end-of-life wishes

- Note down and honor how the person wants to be remembered.
- Respect decisions around body handling, privacy, and ceremony.

Remember:

Terminal illness is not just a medical condition; it is a moment of truth, of reflection, and transition. For the socially excluded and those perceived as misfits, dignity at the end of life must be reclaimed through community action, adopted family support, and age-tailored palliative care. As caregivers and community providers, we must not only ease suffering but also affirm the value of every life, especially at its most fragile.



PERSONALIZED ENGAGEMENT OF AN OLDER PERSON: EXAMPLE IN A CLINIC SETTING



STEP 1: WARM, RESPECTFUL INTRODUCTION

“Hello Maria, it's good to see you again. How have you been feeling?”

STEP 2: ACTIVE LISTENING & VALIDATION

“What's been most challenging for you since your last visit?”

“I struggle to remember my medication times.”

“That can be hard to keep track of- Thank you for sharing that with me?”

PERSONALIZED SOLUTION

“Would you like a pillbox and a small calendar to mark the days? I can also show you how to set an alarm on your phone”



INCLUSIVE EDUCATION

“You can improve your health with simple choices and steps no matter your age.”

EMPOWERMENT & FEEDBACK

“Maria, your experience matters to us. Is there anything we can do to make your visits better next time?”



For further learning on elderly persons' issues and care

Creating age-friendly healthcare spaces

Reference:World Health Organization (2022). Integrated care for older people (ICOPE): implementation framework. <https://www.who.int/publications/i/item/9789240052184>

Adds in understanding:

- Physical environment design
- Inclusive communication strategies
- Staff training for dignity-based geriatric care

Engaging older persons respectfully

Reference:World Health Organization (2021). Global report on ageism. <https://www.who.int/publications/i/item/9789240016865>

Reinforces:

- Avoiding ageist assumptions
- Empowering participation
- Culturally sensitive engagement approaches

Basic first aid and observational care for older persons

Reference:International Federation of Red Cross and Red Crescent Societies (IFRC). (2020). First Aid Guidelines. <https://www.ifrc.org/first-aid>

Validates:

- Response to falls, burns, and dehydration
- Use of ORS, glucose, and positioning techniques
- Practical tips for non-professionals

Cognitive decline, cancer, and chronic disease in aging

Centers for Disease Control and Prevention (CDC). (2022). Healthy Aging Data. <https://www.cdc.gov/aging/data/index.html>

Use in:

- Dementia awareness and early signs
- Tracking BMI, blood pressure, etc.
- Cancer screening guidance for older adults



For further learning on elderly persons' issues and care

HIV and aging in Sub-Saharan Africa (SSA)

Reference:UNAIDS. (2022). People aged 50 years and older living with HIV.https://www.unaids.org/sites/default/files/media_asset/12_Peopleaged50yearsandolder.pdf

Applies to:

- ART adherence challenges in older PLHIV
- Intersection of HIV, stigma, and age
- Need for integration with NCD care

Palliative care and terminal illness support for marginalized older persons

Reference:Hospice Africa Uganda. (n.d.). Palliative care services and community home-based models. <https://www.hospiceafrica.or.ug>

Reinforces:

- Community involvement in end-of-life care
- Training of family and informal caregivers
- Dignified death and legacy preservation

Socio-economic empowerment and retirement for older Ugandans

Reference:Ministry of Gender, Labour and Social Development (MGLSD). (2021). SAGE Programme Policy Brief. <https://socialprotection.go.ug>

Applies to:

- Inclusion Barriers to SAGE, Emyooga, and Parish Development Model
- Lack of national IDs and systemic exclusion
- Community-led savings and resilience initiatives.

HEALTHY EATING FOR OLDER PERSONS IN UGANDA

GENERAL IMMUNITY & STRENGTH



Beans, peas
Lentils
Eggs
Fish
Chicken

BONE HEALTH (OSTEOPOROSIS & MENOPAUSE)



Milk
Mukene (silverfish)
Green vegetables
Avocado, pawpaw, guava
*Avoid sugary drinks,
ripe matooke and high-starch
meals*

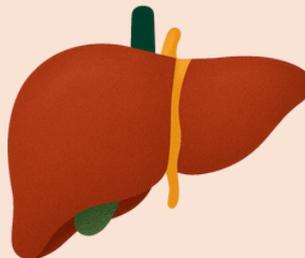
DIABETES CONTROL



Millet, Sorghum (*Small Portions*)
Beans, Peas
Eggs
Avocado
PawPaw, Guava
Unripe Bananas (*Boiled, not fried*)

HIPERTENSION CONTROL

Green Vegetables
Sweet Potatoes
Bananas



ANEMIA

Liver
Beans, Peas
Leafy Greens
Oranges, Mangoes



OLDER PERSONS with HIV

Energy giving foods:
Porridge, Cassava
Protein Sources:
Eggs, Chicken, Fish, Beans

GENERAL TIPS

Drink plenty of clean water
Wash hands & keep food clean
Get regular medical checkups



References

1. Centers for Disease Control and Prevention (CDC). (2022). *Vital Signs for Older Adults*. <https://www.cdc.gov/aging/>
2. Development Pathways & UBOS. (2020). *The State of Older Persons in Uganda*. <https://www.developmentpathways.co.uk/wp-content/uploads/2020/10/ESP-OP-Study-Final-12-Oct.pdf>
3. International Federation of Red Cross and Red Crescent Societies (IFRC). (2020). *First Aid Guidelines*. <https://www.ifrc.org/first-aid>
4. Kabugo et al. (2021). *Access to essential medicines for NCDs among older persons in Uganda*. PubMed Central. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10979571/>
5. Ministry of Gender, Labour and Social Development (MGLSD). (2021). *Expanding Social Protection Programme: SAGE Policy*. <https://socialprotection.go.ug/expanding-social-protection-esp-programme/>
6. Ministry of Health, Uganda. (2023). *Uganda Clinical Guidelines: National Guidelines for Management of Common Conditions*. Kampala: MoH. <https://www.health.go.ug>
7. Mulindwa et al. (2020). *HIV testing among older persons in Uganda: Missed opportunities and policy implications*. BMC Public Health. <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-8193-z>
8. Muwanguzi et al. (2018). *Polypharmacy among HIV-positive older adults on ART attending an urban clinic in Uganda*. <https://www.researchgate.net/publication/325438323>
9. Plumtree et al. (2025). *Polypharmacy prevalence among adults at Kitgum General Hospital, Uganda*. BMC Primary Care. <https://bmcpimcare.biomedcentral.com/articles/10.1186/s12875-025-02863-5>
10. UNAIDS. (2022). *Aging and HIV: A Growing Concern*. Geneva: UNAIDS. https://www.unaids.org/sites/default/files/media_asset/12_Peopleaged50year_sandolder.pdf
11. Uganda Bureau of Statistics (UBOS). (2024). *National Population and Housing Census 2024 – Preliminary Results*. <https://www.ubos.org>
12. World Health Organization (WHO). (2017). *Integrated Care for Older People: Guidelines on Community-Level Interventions to Manage Declines in Intrinsic Capacity*. <https://www.who.int/publications/i/item/9789241550109>



SELF-CHECK

Are You Ready to Support Older Persons in Marginalized Communities?

How to Use: For each statement, circle an emoji



Yes

3 points



Somewhat

2 points



Not Yet

1 point

Understanding Their World



I know older persons can face poverty, stigma, and chronic illnesses.



I understand that some older persons live with HIV and need care.



I know cultural beliefs and ageism block access to services.

My Attitude



I can identify signs of hyperensens, diabetes, or depression.



I know where to refer an older client for mental health or social support.



I can communicate without judgment.

My Space



My space is welcoming and accessible (*has ramps, proper seating, privacy*)



Our Policies include older persons explicitly

SCORE



Excellent Readiness
(21-24 points)



Developing Readiness
(13-16 points)



Good Progress
(17-20 points)



Beginning Stage
(8-12 points)



Appendix 1: Referral pathways

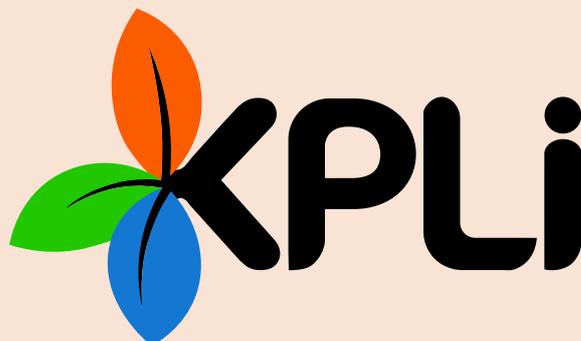
Facility	Location	Key Services Offered	Cost	Contact
Legends Rejuvenation Hub (KPLI)	Wakiso District	Safe space, psychosocial support, HIV/NCD linkage, elderly wellness programs	Free	Local contact at hub
Uganda Cancer Institute (UCI)	Mulago, Kampala	Cancer care, screening, radiotherapy, palliative services	Mostly Free	+256 414 540 410 / 0800 100 800
Uganda Heart Institute (UHI)	Mulago, Kampala	Cardiac diagnostics, surgery, and outpatient care	Free / Paid	Via Mulago Hospital
Mulago ISS Clinic (MJAP)	Mulago, Kampala	HIV care, ART, TB services	Free	MJAP desk at Mulago
IDI – Senior Citizens Clinic	Mulago, Kampala	Geriatric HIV care, NCD care, mental health	Free (Referral)	IDI Hotline (Makerere)
Hospice Africa Uganda (HAU)	Kampala / Hoima / Mbarara	Palliative home-based care, psychosocial support	Free/Subsidized	+256 701968 098
Nsambya Home Care (NHC)	Nsambya, Kampala	HIV care, cancer care, and elderly home visits	Free	Via Nsambya Hospital
Kisubi Hospital	Wakiso District	Orthopedic services, physiotherapy, and menopause support	Paid	Kisubi reception



Facility	Location	Key Services Offered	Cost	Contact
Soroti Regional Referral Hospital	Soroti	NCD care, elder-friendly services	Free	Soroti RRH contact
Mbale Regional Referral Hospital	Mbale	General services, cancer screening, HIV care	Free	Mbale RRH contact
Kiruddu Hospital	Kampala	Internal medicine, NCDs, HIV care	Free	Kiruddu main line
MAHIPSO Clinic	Masaka	HIV & NCD screening for key populations	Free	Mahipso clinic contact
Ark Wellness Hub	Kampala	Inclusive care, counseling for marginalized people	Free	Ark Wellness contact
IBU Clinic	Kampala	STI/HIV care, mental health support	Free	IBU clinic contact
Mulago Gynae Department	Mulago, Kampala	Menopause counseling, HRT, gynecology	Free	Mulago Gynae clinic desk
Kisubi Hospital Gynecology Clinic	Wakiso	Hormonal care, menopause support	Paid	Kisubi Gynae desk
CoRSU Rehabilitation Hospital	Kisubi (Entebbe Rd)	Orthopedic & plastic surgery, rehab, mobility aids	Free/Subsidized	CoRSU main line
NCD Unit – Kasangati HC IV	Kasangati	Diabetes & hypertension care, physiotherapy	Free	Kasangati HC IV
Mityana Hospital	Mityana	General healthcare, HIV care, NCD clinic	Free	Hospital reception
Hoima Regional Referral Hospital	Hoima	Chronic illness, HIV care, surgery	Free	Hoima RRH desk
Mbarara Regional Referral Hospital	Mbarara	Geriatric care, mental health, and NCD services	Free	Mbarara RRH desk



Appendix 2: Contributors' profiles



KAKA PROUD LEGENDS INITIATIVE

Kaka Proud Legends initiative

Kaka Proud Legends Initiative (KPLI) is a community-led organization established in 2021 to champion the rights, health, and dignity of elderly and middle-aged marginalized persons in Uganda. The initiative was born out of a growing need to address the long-standing systemic exclusion, healthcare disparities, and social invisibility faced by aging populations, particularly those living with HIV, chronic illnesses, and intersecting vulnerabilities. KPLI is duly registered as an Indigenous NGO with national reach, operating across Mityana, Kampala, Wakiso, Masaka, Mpigi, and Mukono districts.

Today, the organization has a membership of over 190 older persons with a range of age-tailored programs. Its key achievements include the establishment of the Legends Rejuvenation Hub, a dedicated drop-in center offering holistic healthcare, psychosocial support, and HIV prevention services, as well as the launch of “Legends Klatches,” a peer support mechanism promoting intergenerational dialogue and emotional wellness. With a strong foundation in community trust, KPLI blends advocacy, healthcare, and social protection in its work, promoting universal health coverage, combating ageism, and empowering individuals for dignified retirement. The organization operates on core values of inclusion, respect, confidentiality, equity, teamwork, and purposeful joy.



Appendix 2: Contributors' profiles



Tumuhimbise Peninah

Peninah is an intersectional feminist who supports different CSOs, NGOs, and funders across Uganda. With 5 years of experience working in SRHR, public and global health, policy advocacy, research, program development, and implementation, Peninah has championed advocacy campaigns, facilitated capacity trainings, conducted research and documentation on key SRHR issues. She has a strong background in protocol writing, project management, monitoring, evaluation, and data analysis using Excel, R, and Python. She has worked with organizations in global health and implemented community health programs on reproductive health and nutrition. She has also been a part of the coalition meetings for Community Led Monitoring (CLM) in Uganda and worked with Quest Pro Women Foundation (QWF), a donor organization that funds and supports queer women in Africa. Her strong humanitarian belief to improve women's livelihood in any way that she can is what pushes her daily, and the reason she seeks like-minded people and communities.



Mr. Kiyegga Andrew

Andrew is a certified Medical Clinical Officer, public health practitioner, health rights activist, and the founder and Executive Director of the Kaka Proud Legends Initiative (KPLI), a Ugandan organization dedicated to supporting elderly and middle-aged marginalized communities, particularly those aging with HIV, chronic illnesses, and systemic exclusion. With over 8 years of hands-on experience working with marginalized groups, including most-at-risk populations and the elderly, Mr. Kiyegga combines clinical practice with community-centered programming to promote inclusive healthcare and social protection. He is a passionate advocate for universal health coverage, age-friendly services, and empowering middle-aged individuals to prepare for dignified and secure retirement.





KAKA PROUD LEGENDS INITIATIVE



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