



Ageing and Elder Abuse in Zimbabwe: A Documentary Analysis of Institutional Responses, Legal Frameworks and Community Interventions

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DOI: <https://doi.org/10.68050/JAMS.2026.792>

Received: 12 October 2026; Accepted: 18 October 2026; Published: 23 October 2026

ABSTRACT

Older persons have an inalienable right to live free from abuse and neglect. This article examines institutional responses to elder abuse in Zimbabwe, focusing on physical abuse, financial exploitation, emotional neglect, sexual abuse and witchcraft accusations. Guided by Feminist Political Economy Theory, it considers how gendered power relations, economic conditions and social institutions shape vulnerability and access to protection. A qualitative documentary analysis was conducted using legislation, policy instruments, institutional records, NGO reports and peer-reviewed literature. The findings indicate that although Zimbabwe has legal and social protection mechanisms, their effectiveness is undermined by inadequate funding, limited coverage, weak coordination, low public awareness, bureaucratic procedures and politicised beneficiary selection. Older women face intersecting risks linked to property insecurity, care responsibilities and witchcraft accusations, while older people generally encounter substantial barriers to reporting abuse. The article argues that protection requires stronger implementation, adequate and predictable financing, accessible reporting systems, integrated services and transparent, needs based targeting. It recommends reforms that recognise older persons as rights holders and enable them to live with dignity.

Keywords: abuse, ageing, challenges, documentary analysis, elderly, opportunities, Zimbabwe

INTRODUCTION AND BACKGROUND TO THE STUDY

Longer life expectancy is an important human achievement, yet many older people in Zimbabwe and elsewhere in Africa experience abuse, neglect, exploitation and violence. Population ageing has implications for health care, social protection and family relationships (Handayani, 2012; Bloom, Jimenez and Rosenberg, 2011). Older persons face intersecting risks associated with poverty, ill health, abandonment and changing family structures (Bello et al., 2008; Dhemba, 2013). In Zimbabwe, the weakening of extended family support, particularly in urban settings, has been compounded by HIV and AIDS, which increased the number of grandmother-headed households caring for orphaned children (Francis Chizororo, 2008; Matshalaga, 2004). Economic instability and inflation have also eroded pensions and savings, leaving many older people dependent on relatives or limited public assistance (Dhemba, 2014).

Older women often experience greater deprivation because of unequal property rights, unpaid care responsibilities, social isolation and gender discrimination (Sherlock, 2002). These vulnerabilities intensify during disasters and public health emergencies, including COVID-19, which increased risks of illness, isolation and neglect (Lardieri, 2020; Nhapi and Dhemba, 2020; Zhou et al., 2020). Zimbabwe's Older Persons Act [Chapter 17:11] defines an older person as someone aged 65 years or above. This article uses that statutory definition while recognising that age-related vulnerability is shaped not by age alone but also by gender, income, household circumstances and access to services.

Zimbabwe has established legal and policy mechanisms intended to protect older and other vulnerable people,



including the Older Persons Act [Chapter 17:11], Social Welfare Assistance Act [Chapter 17:06], Domestic Violence Act [Chapter 5:16], National Social Security Act [Chapter 17:04] and Criminal Law (Codification and Reform) Act. Elder protection can include prevention, prosecution, social assistance, community-based protection and victim support (Patel, 2015). Government policy also recognises dignity, human rights, family support and community care as guiding principles (Government of Zimbabwe, 2016).

Despite these measures, limited research has examined how legislation, institutional practice and the social context interact to shape protection from elder abuse in Zimbabwe. Existing work often considers legal frameworks or social welfare programmes separately, leaving insufficient explanation of why implementation gaps persist and why older women may remain especially exposed. This article addresses that gap by examining the forms of abuse documented in available sources, assessing institutional responses and identifying practical reforms through a Feminist Political Economy lens.

However, very few studies have examined the contemporary challenges and possible opportunities associated with institutional responses to elder abuse in Zimbabwe. Existing studies have tended to examine either the legal framework in isolation or the social welfare system in isolation, without linking legislation to the practical challenges of implementation or applying a feminist political economy lens to explain why older persons and older women in particular remain exposed to abuse despite the existence of protective legislation. This article is an attempt to fill that gap. It examines what the law provides, how institutions implement it, and why the gap between the two persists.

Objectives

The specific objectives of this article are to:

1. Interrogate the challenges and opportunities of institutional responses to elder abuse in Zimbabwe in addressing the safety and protection needs of the elderly.
2. Analyse the realities of abused elderly persons in Zimbabwe using Feminist Political Economy Theory.
3. Suggest ways of ensuring that the safety and protection needs of the elderly in Zimbabwe are met.

Conceptual Framework

Feminist Political Economy Theory informs the analysis by connecting vulnerability to gendered power relations, economic structures and social institutions. It directs attention to how resources are distributed, whose accounts are believed, and whether legal rights can be translated into meaningful protection.

The framework is applied through three propositions. First, gendered relations within households and communities influence exposure to abuse and whose claims receive recognition. Older women may face witchcraft accusations or weaker claims to inherited property. Second, economic structures, including pension erosion, limited social insurance for informal workers and unpaid care responsibilities, shape dependence and the risk of exploitation. Third, institutions such as the law, social welfare services, police and extended family determine whether older persons can access protection. These propositions allow elder abuse to be understood as a structural as well as an interpersonal problem, connected to inequality and constrained capabilities (Foucault, 1978; Sen, 1985).

Vulnerability is shaped by the resources, opportunities and social relationships available to people as they pursue valued outcomes (Smith, 2011). For many older Zimbabweans, poverty and limited access to services reduce their ability to escape abuse or seek assistance. Formal rights therefore offer limited protection when people lack the transport, information, money or institutional support needed to exercise them.

The social environment can obstruct older persons from converting formal rights into real protection. Poverty, discrimination, stigma, isolation following witchcraft accusations, weak enforcement of legislation, eroding



social insurance and declining family support reinforce one another. The framework consequently directs attention to both immediate abuse and the wider conditions that allow abuse to persist.

RESEARCH METHODOLOGY

This study used qualitative documentary analysis to examine institutional responses to elder abuse in Zimbabwe. Documentary analysis interprets written records as sources of evidence about social processes and institutional practice (Atkinson and Coffey, 1997; Bowen, 2009). Materials included legislation, policy documents, social welfare and police reports, court records, NGO publications and peer-reviewed studies.

Document corpus and selection criteria

The documentary corpus comprised four categories: legislation and policy, including the Older Persons Act, Social Welfare Assistance Act, Domestic Violence Act, National Social Security Act and Criminal Law (Codification and Reform) Act; institutional records from social welfare services, police Victim Friendly Units and courts; reports from organisations including HelpAge International, UNICEF and the World Food Programme; and academic literature on ageing, social protection and elder abuse in Zimbabwe and Southern Africa.

Documents were included if they were publicly available or officially accessible, addressed older persons or protection programming in Zimbabwe, fell within the 1994 to 2021 study period, and were produced by a credible institution or peer-reviewed source. Undated materials, documents with unclear authorship and child protection sources without relevance to older persons were excluded. The corpus covered the five principal legislative instruments and relevant institutional reports, NGO publications and scholarship. The period was selected to capture the development of formal social insurance through the COVID-19 period; it also means the analysis does not represent developments after 2021.

Method of analysis

Analysis proceeded in five stages. We repeatedly read the documents, coded passages on abuse, legislation, institutional practice and community responses, grouped codes into themes, compared claims across source types, and interpreted the themes through the three propositions of Feminist Political Economy Theory. The themes included physical abuse, financial exploitation, emotional neglect, sexual abuse, witchcraft accusations, legal responses, social assistance, coverage and targeting, programme integration, political commitment and community interventions.

Documents were treated as socially situated records rather than neutral accounts (Atkinson and Coffey, 1997). Comparing legislation, institutional material and independent research helped identify convergences and contradictions. Documentary analysis was practical and cost-effective, although the evidence depended on what institutions and researchers had recorded.

Trustworthiness and limitations

Credibility was strengthened by comparing legislation, institutional records, NGO reports and academic studies. An audit trail recorded document selection and the coding framework. Limitations include incomplete access to internal departmental records, uneven detail and possible institutional selectivity (Yin, 1994). Although independent scholarship was used to check claims, documentary analysis cannot provide direct testimony from older people who experienced abuse. The findings therefore describe abuse and protection as represented in the available record, rather than the full prevalence or lived experience of abuse.

RESEARCH FINDINGS

Findings are organised in two parts: forms of abuse and institutional responses. Across the documents, protective laws and programmes exist, but their practical reach is constrained by inadequate resources, limited



awareness, weak enforcement, poor coordination and barriers to reporting. The evidence is historical and reflects the documents available for the 1994 to 2021 period.

Physical abuse

Physical abuse is documented among older persons in Zimbabwe. The Older Persons Act [Chapter 17:11] establishes a general protection and welfare framework, while the Domestic Violence Act [Chapter 5:16] criminalises domestic violence and provides for protection orders. The Department of Social Development and the Zimbabwe Republic Police, including Victim Friendly Units, are key agencies through which cases may be addressed. However, protection often relies on the assumption that extended families will provide safety, despite evidence that family support has weakened, particularly in urban settings (Dhemba, 2013). This leaves some older people without a reliable source of protection.

Limited public funding has undermined practical responses. Dhemba (2013) reported that in 2012 the public assistance allowance was US\$20 per month, below the then international poverty line, and beneficiaries received payments for only one month during January to September. Following austerity measures introduced in 2018, the allowance was reported at ZWL 200 per month, with irregular disbursements. These historical figures illustrate how inadequate and unpredictable support can deepen dependence and constrain an older person's ability to leave an abusive household. The evidence also suggests that institutional protection has not kept pace with the scale of need.

Access barriers further weaken protection. Some older persons are unaware of available programmes, while lengthy and bureaucratic application procedures discourage eligible applicants from completing the process (Kaseke et al., 1998; Kanengoni, 2016; Nyambayo, 2019). Transport costs and long distances to police stations or service offices may consume scarce resources, and cases may be delayed after reporting. These barriers are especially serious for people in rural areas and for those who depend on alleged perpetrators for daily care. Effective protection therefore requires accessible information, simpler procedures, decentralised reporting and timely case management.

Financial exploitation

Financial exploitation includes property grabbing, inheritance disputes and misuse of pensions. Older people in grandparent-headed households may be especially exposed because they care for orphaned children while managing limited resources (Francis Chizororo, 2008; Matshalaga, 2004). The legal aid programme is intended to help indigent people access legal services through a voucher system, but its reach is limited. Ringson (2020) reported that, among older persons who needed legal assistance, only a minority received it. Underfunding, limited awareness and weak integration with psychosocial support reduce the programme's capacity to respond to the legal and emotional consequences of exploitation.

The programme's shortcomings extend beyond access to lawyers. Older people may experience anxiety, hopelessness, low self esteem and other psychosocial needs that legal assistance alone cannot address (Ringson, 2020). Older caregivers also struggle to provide food, clothing and medical care for children in their households. Legal aid has been criticised for offering limited opportunities for life skills and livelihood development, while delayed or irregular disbursements lose value in inflationary conditions and may not cover transport or other case related costs (Nyatsanza and Hlatywayo, 2014; Chatikobo, 2015; Mutasa, 2015).

Beneficiary selection and information access are further concerns. Limited transparency and alleged corruption may divert support from those most in need (Chatikobo, 2015; Mutasa, 2015). Potential beneficiaries may not know how to apply or understand the entitlements available to them. Community participation is also weakened by fear of witchcraft accusations and political victimisation, reducing the scrutiny that might otherwise improve selection. These findings suggest that legal aid must be adequately funded, publicly explained, transparently administered and linked to psychosocial and social welfare services.



Emotional neglect

The research findings suggest that emotional neglect is one of the forms of elder abuse experienced by older persons in Zimbabwe. The Social Welfare Assistance Act (17:06) provides the legal basis for public assistance to indigent persons, including older persons, but the Act's provisions are household-based and do not establish a dedicated older person's grant, with the result that older persons are reached indirectly through household-level programmes. The research findings indicate that the response to emotional neglect was marred by human resources-related challenges. Some of the challenges included: low level of motivation due to low salaries, high caseload, limited administrative skills and experience, and little experience in results-oriented management (Mushunje & Mafico, 2010; Seidenfeld et al., 2016). For example, the social welfare officers employed at District level had limited administrative skills and exposure to results-oriented management.

Sexual abuse

Research findings indicate that sexual abuse is a further form of elder abuse experienced by older persons in Zimbabwe, although it is the least documented in official records. The Domestic Violence Act (17:16) criminalises sexual violence within domestic relationships and the Criminal Law (Codification and Reform) Act provides for the prosecution of sexual offences, including against older persons. However, sexual abuse of older persons is under-reported because of stigma, the belief that older persons are not sexually vulnerable, and the reluctance of victims to disclose abuse to younger officials (Nhapi & Dhemba, 2020). The absence of age-disaggregated data in police and court records means that the scale of sexual abuse against older persons in Zimbabwe cannot be reliably established from documentary sources, itself a significant gap in the protection system.

Witchcraft accusations

Witchcraft accusations are a distinct and gendered form of elder abuse in Zimbabwe. Older women, particularly those who are widowed, childless or living alone, are disproportionately accused of witchcraft, and such accusations are frequently accompanied by isolation, expulsion from the community, physical violence and property seizure (Mutasa, 2015). The Criminal Law (Codification and Reform) Act criminalises the practice of accusing another person of witchcraft, but enforcement is weak. The research findings suggest that fear of witchcraft accusations discourages community members from participating in beneficiary selection meetings and discourages victims from reporting abuse, since reporting may itself provoke further accusations (Mutasa, 2015). Witchcraft accusations therefore illustrate the Feminist Political Economy proposition that gendered social institutions determine who is vulnerable to abuse: the accusation operates as a mechanism through which older women's claims to property and community membership are delegitimised.

Coverage and targeting criteria

Programme coverage expanded from 10 districts and 19,827 households by late 2011 to 16 districts and 39,004 households towards the end of the Government of National Unity. By 2014, it reportedly reached almost 90,000 households across 30 districts, with support from government and UNICEF through the Child Protection Fund (Chinyoka, 2017; Chinyoka and Seekings, 2016). Later reporting recorded only 25,598 households by August 2016, indicating a contraction associated with political change and reduced donor support rather than a simple difference in measurement (Chinyoka, 2018). The programme's reach remained limited compared with reported coverage in South Africa, Botswana and Namibia.

Although the programme targeted 10 per cent of poor households in each district, many highly vulnerable households remained excluded. Benefits of US\$10 to US\$25 per household per month were far below the food poverty line, and Chinyoka (2018) estimated the transfer at US\$0.16 per person per day, compared with the then international poverty line of US\$1.90. These figures are historical and should not be interpreted as current benefit values, but they demonstrate the inadequacy of support at the time. Household based targeting also means that an older person living alone, or within a household not selected for assistance, may receive no support despite individual need.



Limited integration with other protection programmes

The research findings suggest that the elder protection programme was not well integrated with other protection programmes such as the Basic Education Assistance Module (BEAM) and the Assisted Medical Treatment Order (AMTO), among others. During the first phase of the elder protection programme, there was no coordination between the beneficiary households of elder protection and BEAM (Seidenfeld et al., 2016).

Seidenfeld et al. (2016) observed that there was no direct influence between the elder protection programme and BEAM. The targeting of the BEAM programme has been community-based and is independent of elder protection programme targeting. As a result of such poor integration and/or coordination of protection efforts, the success or achievements of the elder protection programme is compromised.

Lack of political will

The elder protection programme was severely affected by lack of political will from bureaucrats and politicians. After the collapse of the Government of National Unity in 2013, there was a shift in investment in elder protection programmes in Zimbabwe (Chinyoka, 2018).

Seemingly politicians from the ruling ZANU PF party were more interested in agrarian-based social protection programmes such as the input scheme, which could receive higher budget allocations than any other elder protection programmes (Chinyoka, 2018). As a result of limited political will, the funding of the elder protection programme went down as the Government of Zimbabwe focused on Command Agriculture, the input scheme and other non-cash social transfer related programmes (Chinyoka, 2018).

The lack of political will is demonstrated when the Government of Zimbabwe did not honour its commitment of a 50/50 match of donor funds, leaving donors to fund 80 per cent of the elder protection programme (Chinyoka, 2018).

Negative attitudes towards the elder protection programme

Negative attitudes among some political and bureaucratic actors appear to have weakened commitment to the elder protection programme after 2013. Chinyoka (2018) describes parliamentary debate about whether cash transfers to vulnerable households were sustainable, with some politicians favouring food assistance instead. Such debate reflected competing views about the form of support, but also contributed to uncertainty about the programme's future and the level of public investment it would receive.

These attitudes were reinforced by competing priorities: government support appeared to favour the Basic Education Assistance Module (BEAM), while donors placed greater emphasis on the elder protection programme (Chinyoka, 2018). The resulting divergence in priorities weakened coordination and predictable financing. A sustainable response requires a clear policy commitment to older persons' protection, evidence-informed choices between cash and in-kind assistance, and transparent allocation of resources according to assessed need.

Legal responses

Legal remedies are an important route through which older people can seek redress, including through legal aid vouchers for services in government courts. In practice, access is limited by underfunding, shortages of legal practitioners and magistrates, and the restriction of vouchers to government courts (Dhemba, 2013). Private legal services are often priced beyond the reach of older people living on small or irregular incomes, so formal legal rights may be difficult to exercise.

The effectiveness of legal assistance is further constrained when support is delayed or does not cover transport and related expenses. The documentary evidence also points to weak links between legal aid and psychosocial services, despite the emotional and social consequences of abuse and property disputes. Improving legal



response requires predictable funding, more accessible services, referral pathways to social workers and counsellors, and procedures that account for the mobility and financial constraints of older complainants.

Food aid

Food aid is provided by state and non-state actors, including the Department of Social Development, the World Food Programme, Plan International, Catholic Relief Services, CARE International and other partners (Munyanyi, 2005). It is an important response to food insecurity, but the quantity distributed has often been insufficient for household needs. Munyanyi (2005) describes households of five receiving 50 kilogrammes of maize for a month, illustrating the mismatch between assistance and need. Distribution has also been affected by weak selection processes, corruption and political interference, with better connected or non vulnerable households sometimes benefiting at the expense of older people in need.

Studies also document the politicisation of food aid. In some areas, access to subsidised grain was reportedly linked to ruling party membership cards or letters from local councillors, while opposition supporters could be excluded from beneficiary lists (Munyanyi, 2005; Munemo, 2008). The involvement of party structures in identifying beneficiaries, coupled with limited consultation with social welfare officers and other stakeholders, undermined transparency and equity. Food aid can provide essential short-term relief, but its impact depends on adequate supplies, impartial targeting, independent monitoring and coordination with broader social protection measures.

Social insurance

Social insurance is one of the protection mechanisms for elderly persons in Zimbabwe. The National Social Security Act (17:04) provides social insurance for retirement pensions for elderly persons (Dhemba, 2013). The social insurance operates a contributory and compulsory pension system (Dhemba, 2013; National Social Security Act 17:04). The National Social Security scheme was initiated in 1994, catering for those in the formal sector (Dhemba, 2013).

The social insurance administered through the National Social Security Act (17:04) has been marred by huge challenges. The social insurance does not cover the people in the informal sector, given that almost 80 per cent of Zimbabweans work in the sector (Dhemba, 2012; 2013; Kanyenze et al., 2011). The social insurance is also associated with meagre payouts of US\$40 a month for retirees as of 2012 (Dhemba, 2013). The situation is even compounded as the Government of Zimbabwe introduced austerity measures that included the reintroduction of the local currency in October 2018.

Community interventions

Community interventions constitute a further tier of response to elder abuse in Zimbabwe, although the documentary record on them is thinner than that on statutory responses. Three forms of community intervention are evident. First, community-based targeting and selection is the entry point for most protection programmes: beneficiary selection for food aid, cash transfers and legal aid takes place in community meetings, and the quality of community participation therefore determines whether needy older persons are identified (Mutasa, 2015; Munyanyi, 2005). As noted above, however, participation is undermined by fear of witchcraft accusations and political victimisation, and by the dominance of local leadership in selection decisions.

Second, the extended family and kinship network remains the primary site of care for older persons, and community norms of family support are formally recognised in the principles guiding elder protection (Government of Zimbabwe, 2016). The collapse of the extended family institution, particularly in urban areas, means that this community intervention is weakening at precisely the moment when statutory protection is also under-resourced (Dhemba, 2013).

Third, community-facing police mechanisms, particularly the Victim-Friendly Units, operate as a bridge between communities and the criminal justice system. Their effectiveness is constrained by distance, transport



costs and the limited number of units, which means that older persons in rural areas face the greatest barriers to reporting abuse (Kanengoni, 2016). Faith-based organisations and NGOs also provide ad hoc community support, including food, home-based care and awareness-raising, but this support is not systematically documented or coordinated with statutory programmes.

Barriers to reporting abuse

Across the responses reviewed above, a consistent set of barriers to reporting emerges, and it is worth stating these explicitly. Older persons face physical and cost barriers: long distances to police stations and courts, and transport costs that consume a large share of a meagre allowance (Kanengoni, 2016). They face information barriers: limited awareness of the existence of protection programmes and of entitlements such as the 10 per cent legal aid reservation for persons with disabilities (Kaseke et al., 1998; Mutasa, 2015; Nyambayo, 2019). They face social barriers: fear of witchcraft accusations, stigma, and the reluctance to report family members on whom they depend for care (Mutasa, 2015). They face institutional barriers: bureaucratic application processes, delays in case processing, and the perception that reporting will not lead to action (Kanengoni, 2016). These barriers explain why the existence of protective legislation does not translate into protection in practice.

DISCUSSION

The analysis identifies a persistent gap between formal protection and practical access. Underfunding, low awareness, bureaucratic procedures, irregular payments, weak coordination, opaque selection and political interference limit the reach of legal and social welfare mechanisms. Feminist Political Economy Theory helps explain these patterns by connecting individual experiences of abuse to the distribution of resources, gendered care obligations and institutional power.

First, gendered relations shape both exposure to abuse and access to protection. Older women who are widowed, childless or living alone may face witchcraft accusations that undermine their property claims and community belonging (Mutasa, 2015). At the same time, grandmothers often assume care for orphaned children, increasing financial pressure and the risk of exploitation (Matshalaga, 2004; Francis Chizororo, 2008). These are not isolated household problems: they reflect unequal property relations, gendered expectations and weak mechanisms for enforcing rights.

Second, economic structures deepen dependence. Many workers in Zimbabwe's informal economy are excluded from contributory social insurance, while inflation erodes pensions and public assistance remains inadequate (Dhemba, 2012, 2013; Kanyenze et al., 2011). When older people rely on relatives for food, shelter or care, reporting abuse by those relatives can threaten their basic survival. Small cash transfers may prevent acute hardship but are unlikely to remove this dependence unless benefits are adequate, predictable and connected to wider services.

Third, institutions mediate access to protection. Politicised food aid, opaque beneficiary selection, weak coordination between cash transfers and programmes such as BEAM and AMTO, and declining political commitment show that support may be determined by administrative or political relationships rather than need. The failure to sustain government matching contributions also left programmes vulnerable to donor priorities (Chinyoka, 2018). In Sen's (1985) terms, rights and resources matter only when people can convert them into real capabilities; inaccessible or underfunded institutions prevent that conversion.

These findings are consistent with wider critiques of social cash transfers. Studies in Lesotho, Malawi and Zambia identify low benefit levels and overstretched social welfare officers as barriers to effective delivery (Nyanguru, 2007; Schubert and Slater, 2006). Feminist critiques also caution that programmes can reinforce women's unpaid care burdens when they position women as responsible for household welfare without addressing structural inequality (Molyneux, 2006, 2007; Chant, 2016; Granlund, 2020). Small transfers and limited links to training or livelihood support may provide a minimum safety net without moving households out of poverty (Slater, 2011; Molyneux et al., 2016).



The Zimbabwean case contributes to regional debates in three ways. It shows that implementation gaps reflect not only scarce resources but also political mediation of access; that gendered vulnerability is reproduced through property relations, witchcraft accusations and care obligations; and that declining family support interacts with weak statutory protection. Responses must therefore combine individual remedies with structural reform, including reliable financing, fair targeting, accessible reporting, integrated services and accountability.

CONCLUSION

This documentary analysis examined abuse of older persons and the institutional responses available in Zimbabwe. The reviewed evidence identifies physical abuse, financial exploitation, emotional neglect, sexual abuse and witchcraft accusations, while showing that legal remedies, social assistance, food aid, social insurance and community support are constrained by inadequate resources, low awareness, weak coordination and barriers to reporting. Older women face particular risks where gender inequality intersects with insecure property rights, unpaid care and social stigma. Although the legislation provides a foundation for protection, formal rights do not guarantee safety when institutions are inaccessible or underfunded. The study is limited by reliance on documents produced between 1994 and 2021 and cannot substitute for direct accounts from older people. Nevertheless, the evidence supports urgent action to strengthen enforcement, extend coverage, protect the independence of beneficiary selection and coordinate legal, psychosocial and material support. Such measures are essential if older persons are to enjoy dignity, security and meaningful access to justice.

RECOMMENDATIONS

The findings support the following priorities for strengthening protection:

- Establish a more universal, rights-based system of protection for older persons, reducing reliance on narrowly targeted household programmes that exclude people living alone (Bhaiseni, 2020).
- Review the Older Persons Act and Domestic Violence Act to strengthen implementation, clarify referral pathways and improve access to remedies for older victims.
- Reform targeting criteria so that individual vulnerability is assessed alongside household circumstances, with transparent eligibility rules and independent monitoring.
- Prevent political interference in food aid and social protection by publishing selection criteria, recording decisions and providing accessible complaints mechanisms.
- Deliver sustained awareness campaigns in local languages through community structures, explaining available benefits, legal aid and procedures for reporting abuse.
- Reduce the cost and distance of reporting by decentralising Victim Friendly Unit services, establishing rural reporting points and assisting older complainants with transport (Kanengoni, 2016).
- Review social insurance coverage to include workers in the informal economy and improve the adequacy of retirement benefits.
- Adjust social insurance benefits to reflect living costs and poverty levels.
- Increase public assistance payments and ensure that disbursements are timely and predictable.
- Increase funding for the Assisted Medical Treatment Order programme and allow older people to access services from a wider range of health providers.
- Coordinate BEAM, AMTO, cash transfers, legal aid and social welfare services to reduce gaps and duplication.



- Establish a national monitoring system recording elder abuse by age, sex, location and type, particularly to improve evidence on sexual abuse and witchcraft related abuse.

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