NATIONAL POLICY FOR OLDER PERSONS

Ageing with Security and Dignity

Ministry of Gender Labour and Social Development
P.O Box 7136
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FOREWORD
The demographic trend of older persons is raising concern in many countries. The population of older persons aged 60 years and above has dramatically increased worldwide catching many governments totally unprepared.

The Government of the Republic of Uganda has realized this increasing population of the older persons and is committed to addressing their concerns and needs. It recognizes that as people reach old age, they should enjoy dignified life and active participation in economic, social, cultural and political life in their communities. The government is therefore determined to enhance the recognition of the contribution of older persons and to eliminate all forms of neglect, abuse and violence.

In relationship to the above, the Government has addressed concerns and needs of all marginalized groups including older persons under the National Objectives and Directive Principles of State Policy and chapter four of the Constitution. Local Governments Act (Cap 243) section 10(1) provides for older persons participation in decision making at all levels.

The national planning frameworks spell out priority action areas to support, mobilize and empower older persons’ participation in the economic growth and social development process. The Social Development Sector Strategic Investment Plan (SDIP) articulates interventions for promoting their participation and ability to access services. It ensures that older persons are protected from risks and repercussions of livelihood shocks by over coming constraints that impede the development of their productive capacities.

This Ministry recognizes and appreciates the input of line Ministries, Local authorities, Civil Society Organisations, Faith Based Organisations, Communities and older persons themselves. These were consulted at different stages of developing this policy.

The policy includes various interventions at various levels which will ensure improved quality of life of older persons. It emphasizes utilization of community based interventions to address their concerns and needs by encouraging local governments to plan and implement programmes for older persons.

It is hoped that this policy will guide decision makers, planners, development partners and implementers of programmes for older persons.

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Minister of Gender, Labour and Social Development
Acronyms

HIV/AIDS - Human Immune Virus/ Acquired Immunodeficiency Syndrome
IEC - Information and Education materials
MGLSD - Ministry of Gender, Labour and Social Development
NSSF - National Social Security Fund
PEAP - Poverty Eradication Action Plan
SDIP - Social Development Sector Strategic Investment Plan
UNHS - Uganda National Household Survey
UNMHCP - Uganda National minimum Health Care Package
TBA - Traditional Birth Attendants

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1.0 BACKGROUND

Older persons are defined by the United Nations as those aged 60 years and above. In Uganda older persons contribute immensely to the creation of wealth, support and care for children including HIV/AIDS orphans, creation of social cohesion and conflict resolution in their communities and the nation as a whole. Older persons make valuable contributions to society as guardians of traditions and cultural values, which are passed on from generation to generation. Older persons also make valuable contributions towards eradication of poverty.

The Government is cognizant of the valuable contributions older persons make and is committed to enhancing their potentials by establishing a framework to address their concerns and needs.

1.1 Demographic trend

The population of older persons throughout the world is increasing at a very rapid rate. It is projected that the World Population of older persons will by 2050 for the first time in history be greater than the population of children under 14 years and half of them will be in the developing countries. Africa alone is projected to have between 204 and 210 million older persons by the year 2050 (African Union Policy Framework and Plan of Action on Ageing 2002).
According to the 1991 Uganda Population and Housing Census, the population of older persons was 686,260 (4.1%) of the total population of 16,671,705. This population increased to 1,101,039 (4.6%) as per the Uganda Population and Housing Census results of 2002. The Uganda National Household Survey (UNHS) Report 2005/06 estimated the population of older persons at 1,200,000 of which 53% were female while 47% were male. This population increase has profound consequences at individual, community and national level.

1.2 Economic situation

The majority of older persons live in rural areas where poverty is rife, economic opportunities are limited, ill-health is common and health services are inadequate. They work in the agricultural sector, which is characterised by fluctuations in produce prices, irregular income and low returns to labour. About 85% of the active older persons are engaged in crop farming with no social security, rendering them totally vulnerable. Their economic situation is worsened by the burden of looking after orphans and other vulnerable children left by the youth who have succumbed to the HIV/AIDS pandemic. The UNHS 2005/06 report also indicates that 13.7% of the children or 2.1 million children who would ordinarily have been raised by their parents are under the care of older persons.

1.3 Social Security

Currently, the formal social security system under the Uganda National Pensions Scheme and the National Social Security Fund (NSSF) covers only a small percentage of the workforce in Uganda. The empirical evidence reveals that only 7.1% of older persons have access to pension, of which 60% are males. The few beneficiaries of pensions face multiple difficulties in processing their retirement benefits such as centralisation of the system, distance from upcountry and inordinate delays in disbursement of their payments.

1.4 Food Security and Nutrition

The study of the Health Needs of Older Persons by the MGLSD in 2002 indicates that older persons are the worst hit by food insecurity and poor nutrition. They mainly feed on carbohydrates and take only one meal a day. Inadequate food
intake and poor diet pre-disposes older persons to malnutrition, ill health, emaciation and chronic energy deficiency.

Nutrition research and interventions tend to focus on the needs of under-fives, lactating mothers and other younger population groups. This focus has resulted in a failure to acknowledge the food and nutritional needs of older persons. The nutrition assessments and training curriculum exclude older persons.

1.5 Health

The Study on Social Protection in Uganda (2002) asserts that ill-health is a major source of worry and stress among older persons. Common health problems of the older persons include hypertension, stroke, diabetes, heart diseases, trachoma and blindness that often lead to complications and permanent incapacitation. Poor health reduces the capacity of older persons to generate income, curtails their productivity and compels them to depend on other people. Older persons can hardly afford the costs of travelling to the health facilities at the sub-district or in urban centres where they could access the comprehensive Uganda National Minimum Health Care Package provided by the Health Sector. Their health problems are compounded by the lack of money for seeking appropriate medical attention or buying drugs for non-communicable diseases.

1.6 HIV and AIDS

The HIV and AIDS pandemic poses a challenge to the Ugandan society and has had a devastating impact on older persons. They are sexually active, caretakers of HIV and AIDS patients and many are sexually assaulted. Most of them lose economic support when their children die and have to go through the stress of caring for orphans. Lack of family support or approval of older persons to marry leads them to secret sexual engagement, which exposes them to HIV and AIDS infection. Most of the traditional healers and traditional birth attendants (TBAs) are older women and men. They are not targeted for support in terms of access to information on HIV and AIDS. As a result they are at a risk of contracting HIV and AIDS.

Whereas Government has a strategic framework for coordination and implementation of HIV and AIDS interventions, most of them do not deliberately target older
persons yet they are at risk of infection through unprotected sex, giving care to HIV and AIDS patients and injection using unsterilized skin piercing instruments.

### 1.7 Water and sanitation

A study conducted by the Ministry of Gender, Labour and Social Development (2002) indicated that 42.8% of older persons use boreholes while the majority (59.2%) use water from other sources. The Uganda Reach the Aged Association Report (2005) indicates that older persons who cannot travel long distances use contaminated water, which puts their health at risk. These reports indicate that limited access to safe water, long distances to water sources and poor environmental sanitation are some of the root causes of ill health among older persons. Pit latrines are not user friendly as older persons usually have squatting problems. Latrine coverage is low in most communities.

### 1.8 Shelter

The Study on the Health Needs of Older Persons conducted by the Ministry of Gender, Labour and Social Development (MGLSD) in 2002 established that, in many communities, older persons live in semi-permanent, grass-thatched, mud and wattle houses. Some of the structures are dilapidated and this puts them and their dependants in grave danger, especially during rainy seasons.

### 1.9 Gender Inequalities

Most of the Ugandan societies are patrilineal and women do not inherit property from their families on anticipation that they will marry off. Help Age International Report (2004) reveals that historical and social cultural dominations of men in most societies has continued to have an effect on women’s access to social, cultural, economic and political opportunities. Age affects women and men differently but impacts more on older women than men due to the different roles. According to a study on Equal Opportunity and Diversity in Uganda (2006), 75% of women aged 60 years and above are widowed compared to 23% of men in the same age category. Due to unequal household power relations, widows tend to be marginalized in terms of access, ownership and control over household resources.

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1.10 Conflicts and Emergencies

Older persons experience neglect of both their needs and potentials in conflict and emergency situations. Their ability to cope in emergencies is hampered by exclusion and lack of understanding of their special needs by communities, humanitarian and public agencies. They are often excluded in the design and management of emergency interventions.

1.11 Accessibility

Physical accessibility to facilities is vital and has a major impact on the mobility and independence of older persons. Poor physical accessibility discourages older persons from leaving their homes to enjoy their rights in society. Physical planners, engineers and architects do not consider the needs and rights of older persons. As a result, there are no age-friendly buildings, pavements, public toilets, and walkways. There is need to promote old age-friendly outdoor spaces, well designed buildings outside and inside, special customer service arrangements such as separate queues, accessible public transport and accessible venues for social events among others.
2.0 LEGAL AND POLICY FRAMEWORK

This policy is clearly set within the framework of the Constitution of the Republic of Uganda and other laws that promote the rights of older persons among other vulnerable groups. It is also consistent with the national planning framework and the Social Development Sector Strategic Investment Plan (SDIP).

2.1 Constitution of Uganda

The Constitution of Uganda recognizes the rights of older persons and provides the basis for the enactment of laws and development of policies that address their concerns. The National Objectives and Directive Principles of State Policy of The Constitution stipulates that "The State will make reasonable provision for the welfare and maintenance of the aged".

Article 32 of the Constitution states that: "Notwithstanding anything in this Constitution, the State will take affirmative action in favour of groups marginalized on the basis of gender, age, disability or any other reason created by history, tradition or custom, for the purpose of redressing imbalances which exist against them”.

2.2 The Laws

2.2.1 The Local Governments Act (Cap 243). Section 10(1) (f) provides for two older persons, a male and female, elected by their associations to represent them in the local governments’ councils.

2.2.2 Equal Opportunities Commission Act 2007

Part III, Section 14 of the Equal Opportunities Commission Act 2007 provides for monitoring and evaluation of policies, laws, plans, programs, activities, practices, traditions, cultures, usages and customs to ensure that they “are compliant with equal opportunities and affirmative action in favour of groups marginalized on the basis of sex, race, colour, ethnic origin, tribe, creed, religion, social or economic standing, political standing, disability, gender, age, or any other reason created by history, tradition or custom”

2.3 National Planning Framework
2.3.1 This policy is consistent with the Uganda vision 2025, which is a long term National Development Framework in Uganda. Its pertinent aspirations are that older persons will have easy access to basic services, infrastructure and other social amenities.

2.3.2 The Poverty Eradication Action Plan (PEAP) provides an overarching framework to guide public action to eradicate poverty. It identifies older persons as a potential target group for social protection and spells out priority action areas to support, mobilize and empower vulnerable groups to participate in the economic growth and social development process.

2.3.3 The Social Development Sector Strategic Investment Plan (SDIP) addresses major challenges of inequality, inequity, exclusion, unemployment and low productivity among the poor and the vulnerable. It articulates interventions for promoting their participation and ability to access basic services. In order to achieve this, the SDIP ensures that vulnerable groups are protected from risks and repercussions of livelihood shocks by overcoming constraints that impede the development of their productive capacities.

2.4 Key international instruments on older persons

This policy is formulated within the framework of the following old-age specific international instruments:

i. United Nations Plan of Action on Ageing (1982);
ii. United Nations Principles for Older Persons (1991);
iii. United Nations Proclamation on Ageing (1992);
iv. The Madrid International Plan of Action on Ageing (2002); and
v. The Younde Declaration on Ageing (2006)

In addition, this policy is consistent with the following international instruments for promotion of human rights:

i. United Nations Universal Declaration of Human Rights (1948);
ii. International Covenant on Economic, Social and Cultural Rights (1966);
iii. Convention on the Elimination of all forms of Discrimination against women (1979);
iv. The UN Standard Rules on Equalization of Opportunities for Persons with Disabilities (1993); and

2.5 Rationale

The Uganda National Policy for Older Persons promotes and contributes to the attainment of the development goals. This policy will inform other policies, programmes and sectoral plans. It will provide a framework for:

i. Enhancing the recognition of the roles, contributions and potentials of older persons in the development process;

ii. Strengthening the informal and formal community based support systems and actions for older persons dignity;

iii. Promoting actions that encourage older persons to pass knowledge to the younger generation;

iv. Guiding, coordinating and harmonizing interventions for older persons by stakeholders; and

v. Promoting research on issues of older persons.
3.0 GUIDING PRINCIPLES

The guiding principles for this policy are:

3.1 Rights Based Approach

Legislation and programming for older persons will be rights based.

3.2 Participation

This will involve full participation of older persons in the formulation and implementation of policies and legislation that directly affect their well-being.

3.3 Inclusion

Government will facilitate the inclusion of older persons in plans and programmes to share their knowledge, values and life experiences for promotion of intergenerational linkages.

3.4 Gender responsiveness

All stakeholders will ensure that issues of older women and men are included in planning and implementation of programmes.

3.5 Dignity

All older persons will be treated with respect by their families and service providers irrespective of their sex, social-cultural and economic status.
3.6 Equity and social choice

Recognition that all older persons are equal before law and are entitled to equal treatment and benefits from the laws. Older persons will be provided with opportunity to take appropriate decisions on matters affecting their lives and families.

3.7 Transparency and accountability

Older persons should be able to demand and hold service providers accountable on matters that affect them, their families and communities. Older persons should also be held responsible for their actions.

3.8 Adaptability

The policy will promote flexibility of older persons in order to cope with new innovations and technologies in the dynamic society.

4.0 TARGET, VISION, MISSION, GOAL AND VALUES

4.1 Target

The policy will target older persons aged 60 years and above with special emphasis on the vulnerable.

4.2 Vision

A society where older persons are living in a secure and a dignified environment that fulfils their needs and aspirations.

4.3 Mission

To contribute to the empowerment of older persons to effectively participate in and benefit from development initiatives.

4.4 Goal

The policy seeks to achieve equal treatment, social inclusion and empowerment of older persons.

4.5 Values

The values of the plan are:
Equity: Fairness, fairplay, impartiality and justice in the distribution of benefits and responsibilities in society.

Respect: Views, opinions and rights of older persons will be upheld while they are also expected to exhibit high sense of self-respect.

Commitment: The willingness to work hard and give all the energy and time to meet the vision.

Accountability: All stakeholders are expected to fulfill their obligations towards one another.

Equality: All older persons will be accorded same opportunity and rights as other individuals.

5.0 POLICY OBJECTIVES AND STRATEGIES

Policy objectives:
The objectives of this Policy are to:

i. Provide a framework for legislation, coordination and programming for older persons.

ii. create a conducive environment for strengthening family and community based support systems for older persons;

iii. Provide opportunities for strengthening the capacities of older persons to harness their potentials

iv. Promote the mainstreaming of older persons issues in the monitoring and evaluation systems of stakeholders.

5.1 Strategies

This policy will be implemented through the following strategies:

5.1.1 Lobbying and Advocacy will entail provision of information and seeking support necessary for addressing the concerns and needs of older persons.

5.1.2 Capacity Building will involve strengthening the knowledge, skills and logistics required by stakeholders at all levels to enhance delivery and utilization of services for older persons.
5.1.3 Continuous participatory action research will be applied. This will promote evidence based programming and learning from best practices and lessons acquired.

5.1.4 Collaboration and Networking will involve strengthening public and private partnerships for efficient utilization and sharing of resources.

5.1.5 Institutionalizing mechanisms for Coordination, monitoring and evaluation of programmes for older persons will be applied by all stakeholders at all levels.

5.1.6 Participation this will ensure involvement of older persons in legislation and programming their concerns.

5.1.7 Mainstreaming will be a conscious approach, taking into account the concerns of older persons in all policies, programmes and work plans.

5.1.8 Family and Community Based Care
Promoting family and community based care approach for older persons in accordance with socio-cultural set up. This recognizes that the family is the primary source of care and support to the older persons. The policy will emphasize community based management of older persons. However, in exceptional cases where the immediate families may not be in existence stakeholders will be encouraged to establish homes for the landless and homeless older persons.

5.1.9 Decentralized Service Delivery
Promoting bottom-up planning to ensure that the concerns of older persons are taken on board. This promotes the sense of ownership and sustainability of programmes.
6.0 PRIORITY AREAS OF FOCUS

This policy focuses on the priority areas that seek to improve on the quality of life as well as the potentials of older persons.

6.1 Economic Empowerment

Service providers of many poverty eradication initiatives believe that older persons are not able to participate, have no productive role and are merely passive recipients of support. Older persons are systematically denied access to training and other services that would enable them to increase their income.

Specific interventions will include:

i) Promoting income generating projects for Older Persons
ii) Promoting the culture of saving for old age;
iii) Mobilizing older persons to access micro credit;
v) Disseminating information on markets and products
v) Training older persons in modern farming techniques and technologies;
vi) Supporting Older Persons’ entrepreneurship development skills
vii) Encouraging Older Persons to engage in productive activities

6.2 Social Security

Existing national social security schemes are inadequate and only cover older persons in formal institutions. Those who have been in formal employment find it difficult to access their pensions due to high cost of transport, immobility and inadequate of banking facilities in rural areas. Where informal social security mechanisms exist, they are weak, unstructured and unsustainable. Reforms currently being undertaken in the public and private sectors are expected to bring efficiency and more products for persons in the formal sector, but they are still unlikely to benefit the older persons in the informal sector.

The interventions will include:

i. Advocating for decentralization of the processing and disbursement of retirement benefits;
ii. Advocating for Providing pre-retirement training survival skills for ageing persons;
iii. Establishing older persons grants scheme to cover chronically poor older persons in the informal sector;
iv. Strengthening the informal social security systems;
v. Mobilizing resources for service delivery;
vi. Advocating for the rights and dignity of older persons;
vii. Promoting community participation in activities that benefit older persons.

6.3 Food Security and Nutrition

Natural disasters such as drought, floods and crop pests affect all farmers and are responsible for reduction in agricultural yields and food insecurity. The inheritance practices in most cultures in Uganda require older persons to sub-divide their plots of land to their sons, daughters and grandchildren leading to land fragmentation, over-cultivation of the small acreages of land and, ultimately, a decline in agricultural productivity. Due to lack of knowledge of food values, the nutritional status of older persons is very poor. Existing Programmes for improving food security and nutrition status of households do not target older persons.

The interventions will include:

i. Promoting nutritious feeding throughout the life cycle;
ii. Providing agricultural extension services,
iii. Establish appropriate storage facilities for food security;
iv. Protection of the land rights for older persons;
v. Conducting studies on food security and nutritional status of older persons;
vi. Disseminating information on food security and proper nutrition for older persons to all stakeholders;

6.4 Health

Government has put in place hospitals, upgraded existing health centers, the Uganda National Minimum Health Care Package (UNMHCP) and promoted private-public partnership to ensure that people receive appropriate health services. Despite the above initiatives, age related diseases such as hypertension, stroke, diabetes, heart diseases, weak bones and urinary incontinence are not adequately addressed due to negative attitudes, lack of specialized trained personnel in geriatrics, and social gerontology, high cost of drugs and assistive devices/equipment and older persons lack physical strength to line up in queues waiting for treatment.

The interventions will include:

i. Conducting studies on health needs of older persons
ii. Mainstreaming health issues on older persons in existing training curriculum for health workers at all levels
iii. Including health issues of older persons in health surveillance programmes
iv. Repackaging training materials and health care for older persons
v. Reorienting health workers on issues of older persons
vi. Promoting special outreach health programmes for older persons
vii. Including drugs for treatment of older persons on the essential drug list

6.5 HIV and AIDS

Government has a strategic framework for coordination and implementation of HIV and AIDS interventions. Unfortunately most interventions do not deliberately target older persons and yet they are at risk of infection because they are sexually active and often care for orphans and other relatives who may be HIV/AIDS infected. In the process they may get infected and affected.

The interventions will include:

i. Conducting studies on HIV/AIDS and older persons
ii. Creating awareness about HIV/AIDS among older persons
iii. Conducting outreach services at grass root levels for older persons
iv. Developing age appropriate IEC materials on HIV/AIDS.
v. Mainstreaming HIV/AIDS in programmes for older persons

6.6 Training and Life long learning

Government has made commitment to promote education for all to ensure that by 2015, a 50% adult literacy and equitable access to basic and continuing education are achieved. However, many older persons missed out on formal education and there is limited access to programmes that cater for life long learning. This policy will put in place interventions that will address training and lifelong learning.

The interventions will include:

i. Conducting studies on training needs for life long learning
ii. Designing training modules for older persons
iii. Improving access to Functional Adult Literacy and life long learning
iv. Build the capacity of their members through training and retooling

6.7 Water and sanitation
Limited access to safe water, long distances to water sources and poor environmental sanitation are some of the root causes of ill health among older persons. Pit latrines are not user friendly as older persons usually have squatting problems.

In spite of the policies and interventions put in place by Government to improve access to safe water and sanitation at household level, there are still gaps that need to be addressed especially with regard to the needs of older persons.

The interventions will include:

i. Mainstreaming the concerns and needs of older persons in the provision of accessible safe water;

ii. Promoting appropriate hygiene and sanitation practices and facilities among older persons and their households.

iii. Developing and disseminating old age friendly IEC materials for water and sanitation promotion.

6.8 Shelter

The majority of older persons live in semi permanent and makeshift structures usually grass thatched, mud walls and floors. These structures threaten to collapse over them any time especially during heavy rains. The walls, floors and roofs are full of cracks exposing the inhabitants to cold, harmful animals, jiggers and bedbugs. Others are homeless and sleep on streets and verandas especially in urban areas. This poor housing perpetuates diseases for older persons which could have been avoided.

The interventions will include;

i. Advocating for appropriate shelter for older persons.

ii. Network with agencies involved in the provision of shelter to support older persons.

iii. Promote institutional management of landless and homeless older persons.

iv. Monitoring shelter facilities for older persons.

6.9 Gender inequalities
Historical and social cultural dominations of women in most societies have continued to have an effect on women’s access to social, cultural, economic and political opportunities. In addition, age affects women and men differently but impacts more on older women than men due to the different roles. Due to unequal household power relations, widows tend to be marginalized in terms of access, ownership and control over household resources.

The interventions to improve on gender issues will include;

i. Advocating for gender responsive social protection interventions for older persons.

ii. Promoting programmes targeting equal treatment and social inclusion for older persons.

iii. Developing and promoting labour and time saving technologies for the older persons.

6.10 Psycho-social support and care of older persons

The breakdown of community resource systems has led to isolation of older persons and inactive ageing as a result; they suffer from stigma, physical and mental abuse, discrimination and neglect. Government has created conducive environment for civil society/faith based organizations to complement its efforts in providing psychosocial support services and care for older persons in communities. However, these interventions are limited in scope and coverage for instance limited information about counseling services, high cost services, few service providers who are mainly urban based.

The interventions will include:

i. conducting training needs Assessment;
ii. developing curricula on counseling, guidance and care for older persons;
iii. training service providers in counseling and guidance for older persons;
iv. encourage experience sharing among older persons;
v. encourage intergenerational activities for older persons groups or associations;
vii. promoting recreation and leisure activities that target to older persons;
vii. encouraging formation of associations for older persons;
viii. mainstreaming training needs of older persons in relevant training programmes;
ix. promoting family and community based care and support for older persons;

x. providing functional rehabilitation for older persons

6.11 Conflicts and Emergencies

The design of the existing conflict and emergency management programmes do not address the concerns of older persons. Older persons are usually victims of conflicts and emergencies because of their frailty. Existing evacuation and resettlement programs do not adequately cater for their concerns.

The interventions will include:

i. Establishing appropriate emergency relief programmes.

ii. Implementing evacuation, resettlement and re-integration programmes that address the special needs of older persons.

iii. Providing support to older people to meet their basic needs such as appropriate shelter, food, water, clothing, health care and domestic fuel.

iv. Reviewing policies and practices related to conflict and emergency situations to ensure that the rights of older persons are protected.

v. Promoting national efforts to prevent and resolve issues of conflict, thereby establish peace and security for the wellbeing of the older population.

6.12 Accessibility to physical facilities, Services and information

Physical accessibility to facilities is vital and has a major impact on the mobility and independence of older persons. Poor physical accessibility discourages older persons from leaving their homes to enjoy their rights in society. Physical planners and architects do not consider the needs and rights of older persons. As a result, there are no age-friendly buildings, pavements, public toilets and walkways.

Interventions will include:

i. Educating planners and architects on the needs of older persons.

ii. Advocacy for the accessibility needs of older persons.
iii. Monitoring public facilities to ascertain their compliance to the needs of older persons.
iv. Participating in policy formulation for partners/service providers concerning the older persons.
v. Advocate for the provision of information in appropriate, age-friendly format and language.

6.13 Research and Documentation

Older persons have accumulated vital information on various aspects of community life. Unfortunately most of this vital information is not well captured and documented for posterity.

The interventions will include:

i. Advocating for inclusion of issues of older persons in periodic national surveys and census.
ii. Conducting studies on older persons.
iii. Establishing and managing a data base on older persons
iv. Disseminating vital information of older persons of their respective cultural background.

7.0 SUPPORT SUPERVISION, MONITORING AND EVALUATION FRAMEWORK

Issues of aging are new to different stakeholders at various levels of implementation, which requires extensive Support supervision. Support supervision, monitoring and evaluation functions will be undertaken at all levels to enhance accountability and effectiveness under the following interventions:

I. Developing support supervision, monitoring and evaluation tools

II. Conducting periodic support supervision, monitoring and evaluation.

III. Producing and disseminating of reports on regular basis.

IV. Reviewing of the plan after five years.

8.0 CO-ORDINATION MECHANISMS
Since the issues of older persons are multi-dimensional, implementation of the policy will be multi-sectoral at the National, Higher Local Government and Lower Local Government level. Coordination mechanisms for stakeholders and Legislation will be initiated to strengthen the coordination, promotion and protection of the rights of older persons.

The interventions will include:

I. Enacting the Law for older persons
II. Establishing a national council for older persons
III. Establishing inter-sectoral committee for older persons
IV. Building capacities of co-ordination mechanism
V. Conducting periodical joint review meetings

9.0 FINANCING THE POLICY

Financing the priority areas of the policy transcends the realms of one single sector. Therefore its implementation will be guided by the National Programme Plan of Action for Older Persons. Each stakeholder will fund interventions within its mandate and budget ceilings.

10.0 POLICY OUTCOME INDICATORS

The National Policy for Older Persons will achieve the following:
  i. Improved quality of life of older persons.
  ii. Enhanced social inclusion of older persons in the development process.
  iii. Increased lifespan of the population.
  iv. Progressive realization of the rights of older persons.

11.0 INSTITUTIONAL FRAMEWORK

The major actors include Government, private sector, civil society organizations, media organizations, older persons’ organizations, development partners, faith based organizations, community and older persons themselves.

The following matrix outlines responsibilities of different stakeholders at all levels in the implementation of the National policy for older persons.
<table>
<thead>
<tr>
<th>Institutions</th>
<th>Responsibilities</th>
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</thead>
</table>
| **Ministry of Gender, Labour and Social Development** | ➢ Establish the structure for coordinating, monitoring and evaluating programmes for older persons.  
➢ Develop and disseminate guidelines to operationalise the policy  
➢ Collaborate with other stakeholders to ensure mainstreaming of concerns of older persons in their respective programmes and plans  
➢ Collaborate and network with the stakeholders to promote understanding, guidance, involvement and community support for older persons  
➢ Initiate laws and review the existing legislations to address the concerns of older persons  
➢ Develop a national programme plan of action for older persons.  
➢ Build the capacity of stakeholders to mainstream issues of older persons in their policies, programmes and plans |
| **Sector Ministries**                            | ➢ Translate the National Policy for older Persons into sector-specific strategies and activities;  
➢ Build capacity of staff in programming for older persons;  
➢ Monitor and evaluate sector programmes for their impact on older persons;  
➢ Commit adequate resources for implementation of programmes of older persons;  
➢ Collaborate with the MGLSD on matters of mainstreaming concerns of older persons. |
| **Local Governments**                            | ➢ Ensure that the local government development programmes benefit older persons;  
➢ Monitor mainstreaming of older persons concerns in local governments to ensure services benefit them;  
➢ Collaborate with MGLSD on matters of mainstreaming older persons issues; |
| **Political Organisations/Parties**              | ➢ Promote inclusion of older persons in all political party policies, structures, programmes and systems;  
➢ Collaborate with MGLSD on matters of mainstreaming older persons issues; |
| **Civil Society, Faith Based Organisations**     | ➢ Translate the National Policy for older Persons into organizational policies, programmes;  
➢ Advocate for older persons’ sensitive policy formulation and legislation;  
➢ Collaborate with MGLSD on matters of mainstreaming older persons issues;  
➢ Monitor the operationalisation of international instruments on older persons;  
➢ Participate in Sector Working Groups and local government planning and budgeting processes to advance the rights of older persons;  
➢ Develop and implement programmes that address key Policy intervention areas for older Persons; |
<p>| <strong>Private Sector</strong>                               | ➢ Ensure that corporate policies and practices incorporate concerns of older persons; |</p>
<table>
<thead>
<tr>
<th>Section</th>
<th>Responsibilities</th>
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</thead>
<tbody>
<tr>
<td>Ensure that essential products,</td>
<td>➢ Ensure that essential products, supplies and services are accessible to older persons;</td>
</tr>
<tr>
<td>supplies and services are accessible</td>
<td>➢ Provide incentives and support entrepreneurship of older persons;</td>
</tr>
<tr>
<td>to older persons;</td>
<td>➢ Collaborate with MGLSD and other appropriate institutions on matters of mainstreaming matters of older persons;</td>
</tr>
<tr>
<td>Media Organisations</td>
<td>➢ Collaborate with MGLSD on matters on matters of older persons;</td>
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<td></td>
<td>➢ Publicise, inform and educate the public about the National policy for older persons;</td>
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<td></td>
<td>➢ Promote the positive coverage of older persons in media and eliminate stereotypes;</td>
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<td></td>
<td>➢ Create public awareness about concerns of older persons;</td>
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<td></td>
<td>➢ Expose cases of older persons abuse;</td>
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<tr>
<td></td>
<td>➢ Collaborate with MGLSD on matters of mainstreaming concerns of older persons.</td>
</tr>
<tr>
<td>National Curriculum Centre</td>
<td>➢ Mainstream issues of older persons into primary, secondary and tertiary curricula;</td>
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<td></td>
<td>➢ Design education programmes that are responsive to older persons.</td>
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<tr>
<td>Development Partners</td>
<td>➢ Be cognizant of and use the national policy for older persons in development cooperation partnerships;</td>
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<tr>
<td></td>
<td>➢ Establish appropriate institutional/donor coordination mechanisms for ensuring older persons’ responsiveness of development cooperation;</td>
</tr>
<tr>
<td></td>
<td>➢ Collaborate with MGLSD on matters of mainstreaming concerns of older persons.</td>
</tr>
<tr>
<td>Equal Opportunities Commission (EOC)</td>
<td>➢ Promote affirmative action and non-discrimination in the treatment and enjoyment of human rights irrespective of age;</td>
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<tr>
<td></td>
<td>➢ Publish and disseminate guidelines for the implementation of equalization of opportunities for older persons;</td>
</tr>
<tr>
<td></td>
<td>➢ Guide the stakeholders socio cultural practices, that undermine equalization of opportunities for older persons.</td>
</tr>
</tbody>
</table>
Glossary

**Active Ageing:** This is the process of optimizing opportunities in order to enhance quality of life as people age.

**Assistive devices:** Tools that are designed fabricated or adapted to assist older persons in performing a particular task.

**Community Based Care Services:** Refers to the delivery of services that older persons’ access within their communities.

**Empowerment:** Process of giving voice to the disenfranchised and allowing the poor and vulnerable have access to the tools and materials they need to forge their own destinies by allowing each and every household the possibility of becoming the producers of their own welfare rather than consumers of others’ charity

**Family:** Refers to a group consisting of one or more parents, their offspring(s) and close relations that provides a setting for social and economic security, transmission of values, protection and affection for the members.

**Geriatrics:** This is a specialized study about old age related diseases and their management.

**Intergenerational linkages:** This is a strategy of enhancing engagement and participation of older persons in communities together with different age groups towards creating a society for all.

**Older persons:** This refers to women and men aged 60 years and above.

**Principles:** These refer to fundamental concepts that should guide interpretation of the policy, obligations and are binding in themselves.

**Rights Based Approach:** Refers to an approach to development that empowers people to make their own decisions, claim their rights to opportunities and services in accordance with human rights norms and which is transparent, accountable, participatory and non discriminatory.

**Social gerontology:** A specialized study on the ageing process and management of older persons.
**Value:** a set of ideals that are normatively shared by members of a community and are shaped by several influences including ideology, religion, culture, history and political system.

**Vulnerability:** a state of being or likely to be in a risky situation where a person is likely to be in a significant physical, emotional or mental harm that may result in their human rights not being fulfilled.