GHANA COUNTRY REPORT ON THE IMPLEMENTATION OF THE MADRID INTERNATIONAL PLAN OF ACTION ON AGEING (MIPAA)

AUGUST 2007
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### Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>CSPS</td>
<td>Centre for Social Policy Studies</td>
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<td>FCUBE</td>
<td>Free Compulsory Universal Basic Education</td>
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<td>GETFund</td>
<td>Ghana Educational Trust Fund</td>
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<td>GLSS</td>
<td>Ghana Living Standards Survey</td>
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<td>GPRS</td>
<td>Growth and Poverty Reduction Strategy</td>
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<td>GSS</td>
<td>Ghana Statistical Service</td>
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<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<td>LEAP</td>
<td>Livelihood Employment Against Poverty</td>
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<td>MIPAA</td>
<td>Madrid International Plan of Action</td>
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<td>MMPYE</td>
<td>Ministry of Manpower Youth and Employment</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>NCA</td>
<td>National Council on Ageing</td>
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<td>NPC</td>
<td>National Population Council</td>
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<td>NDPC</td>
<td>National Development Planning Commission</td>
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<td>NHIS</td>
<td>Policy and National Health Insurance Scheme</td>
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<td>NGOs</td>
<td>Non-governmental Organizations</td>
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<td>NRCD</td>
<td>National Redemption Council Decree</td>
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<td>NSPS</td>
<td>National Social Protection Strategy</td>
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<tr>
<td>PIP</td>
<td>Population Impact Project</td>
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<td>PNDC</td>
<td>People National Defense Council</td>
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<tr>
<td>STIs</td>
<td>Sexually Transmitted Infections</td>
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GHANA COUNTRY REPORT ON THE IMPLEMENTATION OF THE MADRID
INTERNATIONAL PLAN OF ACTION ON AGEING (MIPAA)

1.0 INTRODUCTION

The issue of the aged became a major concern in Ghana in the late 1980s when the proportion of the aged to the total population started increasing. As a result of this emerging phenomenon, the National Population Policy of Ghana (Revised Edition, 1994) highlighted issues of the aged among other things.

In April 2002, Ghana was among the 159 Governments, Intergovernmental institutions and NGOs that participated in the Second World Assembly on Ageing in Madrid and adopted the Madrid International Plan of Action on Ageing (MIPAA). The MIPAA addressed three main areas of concern which are older persons and development; health and well-being into old age and enabling and supportive environment for Ageing. The Plan called for successful adjustment to an ageing world, in which success is measured in terms of development and improvement in quality of life for older persons in addition to the sustainability of various systems that underpin the quality of well-being throughout the life course.

Prior to the Madrid meeting, Ghana participated and adopted the various UN conventions and initiatives on the Aged. These include the First World Assembly on Ageing, held in Vienna in 1982, which recommended initiatives in employment and income security, health, housing, education and social welfare. Ghana also actively participated in the celebration of the 1999 International Year of Older People. The April 2002 African Union Labour and Social Affairs Commission meeting in Burkina Faso called on Member States to place employment of vulnerable groups such as persons with disabilities and the aged, among others, at the centre of their economic and social policies.

2.0 PURPOSE AND GENERAL FRAMEWORK

The Ghana Country Report gives a brief account of the approaches adopted and activities carried out by the various stakeholders, relevant Government and Non-Governmental organizations to implement the MIPAA over the past five years. The report was compiled by the National Population Council taking into account submissions made by the Ministry of Manpower, Youth and Employment; Ministry of Women and Children’s
Affairs; Ministry of Health; Help Age Ghana and other stakeholders. Prof. A. F. Aryee of the Population Impact Project (PIP), University of Ghana provided technical assistant. The Report starts with an introductory section that relates the goals of the MIPAA to international and national policies. Section Two gives a demographic and socio-economic profile of the Aged in Ghana. Section Three looks at Rural Development, Migration and Urbanization. Work and the Ageing Labour Force; Access to Knowledge, Education and Training; Intergenerational Solidarity are discussed in Sections Four, Five and Six. Sections Seven, Eight and Nine look at Eradication of Poverty; Income Security & Social Protection and Health and Ageing respectively.

The age for retirement from active work in the public service and other private organizations in Ghana is 60. Statistics from the 2000 Population and Housing Census states that persons aged 60 years and over constituted about 7 per cent of the total population of Ghana. For the purpose of this Report the Aged are defined as persons 65 years and above.

3.0 DEMOGRAPHIC AND SOCIO-ECONOMIC PROFILE OF AGEING

Ghana like most developing countries has a youthful population with children under 15 years representing about 40 per cent of total population (United Nations, 2001). Elderly persons aged 65 years and above constitute 5 per cent of the Ghanaian population (GSS, 2002). This figure is among the highest in Africa. Most of these elderly persons reside in rural areas.

The population of the Aged in Ghana has been increasing over the years. The 2000 Population and Housing Census Report showed that the proportion of the elderly (65 years and over) formed 5.3 per cent of the population, an increase from 4.0 per cent in 1984. The percentage increase of the aged population between 1960 and 1970 was 12.5 per cent. This decreased to 11.1 per cent between 1970 and 1984. However, between the 1984 and 2000 the figure increased to 32.5 per cent. The ratio of the aged to children increased from 8.5 per cent in 1984 to 12.8 per cent in 2000, which is a further indication of ageing of the population. The ageing of the population is also reflected in the increase of median age from 18.1 years in 1984 to 19.4 years in 2000. The ageing of Ghana’s population has been precipitated by rapid fertility decline and improvements in public
health services, personal hygiene, sanitation and nutrition. Table 1.1 shows the age structure of Ghana’s population between 1960 and 2000.

### Table 1.1: Age Structure by Sex and Broad Age Groups, 1960-2000

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<tr>
<td></td>
<td>Males</td>
<td>44.6</td>
<td>47.6</td>
<td>46.2</td>
<td>41.9</td>
</tr>
<tr>
<td>&lt;15 years</td>
<td>Females</td>
<td>44.5</td>
<td>46.3</td>
<td>43.9</td>
<td>40.6</td>
</tr>
<tr>
<td></td>
<td>Both Sexes</td>
<td>44.5</td>
<td>46.9</td>
<td>45.0</td>
<td>41.3</td>
</tr>
<tr>
<td></td>
<td>Males</td>
<td>52.1</td>
<td>48.7</td>
<td>49.8</td>
<td>52.8</td>
</tr>
<tr>
<td>15-64 years</td>
<td>Females</td>
<td>52.5</td>
<td>50.1</td>
<td>52.1</td>
<td>54.1</td>
</tr>
<tr>
<td></td>
<td>Both Sexes</td>
<td>52.3</td>
<td>49.4</td>
<td>51.0</td>
<td>53.4</td>
</tr>
<tr>
<td></td>
<td>Males</td>
<td>3.3</td>
<td>3.7</td>
<td>4.0</td>
<td>5.3</td>
</tr>
<tr>
<td>65+ years</td>
<td>Females</td>
<td>3.0</td>
<td>3.6</td>
<td>4.0</td>
<td>5.2</td>
</tr>
<tr>
<td></td>
<td>Both Sexes</td>
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The proportion of the elderly population in Ghana as a developing country is growing much more rapidly than those in the developed countries. In the developed countries, the demographic transition process leading to an ageing population took place over the span of about a century (Angel and Angel, 1997; 1982; Olson, 1994), giving ample time to prepare and cope with the increased numbers of elderly people. In addition the process of industrialization after the Second World War was enhanced by the “Baby Boom” in these countries which made it possible for them to utilize effectively the large youthful population that entered the labour market at the time. In Africa, this process of demographic transition is occurring in a few decades (Mbamaonyeukwu, 2001). Though the transition provided large numbers of youth it was not accompanied by the needed process of industrialization to absorb the youth. As a result, Africa is not able to effectively utilize its window of opportunity, who are the youth, for development to benefit the Aged. The population of Africa is rather characterized by high unemployment and low life expectancy among other things.
According to the 2000 Population and Housing Census the active age group (15-64) in urban areas (58.2 per cent) is more than that of rural areas (49.6 per cent). It also shows that the share of the population aged 65+ years in rural areas was 5.7 per cent compared to 4.7% in urban areas. This may be explained by the fact that the active age group may migrate to the urban areas for educational purposes or in search of employment opportunities. After retirement from active work at 60 years, some move back to their hometowns and villages, reducing the urban share of the population in that age group while swelling that of the rural areas.

Another characteristic of the aged profile is the large number of the Aged in the agricultural sector. Agricultural production in Ghana is threatened by the high number of the aged in the rural areas. The youth who have the physical strength to go into agriculture mostly migrate to the urban areas in search of white colour jobs. Empirical evidence has revealed that majority of older persons have no formal education. Also 8 out of every 10 of older people are engaged in agricultural activities (Mbamaonyeukwu, 2001). The proportion of the aged to the total rural population has doubled in 40 years (from 4 percent in 1960 to 8 percent in 2000) (GSS, 2000). The data from the 2000 Population and Housing Census indicates that 4 out of every 5 older persons in rural Ghana have not had any formal education. This partly explains why more than 80 percent of older persons are engaged in agriculture.

Ghanaian women constitute about 52 percent of the agricultural labour force and produce about 70 percent of the total crop output. Despite their importance in agricultural activities, only about 26 percent of women are farm owners or managers, and they face institutional discrimination in their attempts to gain access to land and credit, particularly as they age (Manuh, 1989). The rural poor tend to be reliant on incomes, employment derived from natural capital (land), and opportunities for diversification within which gender and age are key mediating factors. Access to common property resources is especially important for the poverty-stricken rural elderly men and women who often have specific needs and a less prominent voice in decision-making.
4.0 POLICY ENVIRONMENT

Article 37 (2) (b) of the 1992 Fourth Republican Constitution of Ghana states that the State shall enact appropriate laws to ensure the protection and promotion of all basic human rights and freedom, including the right of the Aged in the development process.

The National Population Policy (Revised Edition, 1994) also calls for the enactment of laws pertaining to the rights of the Aged or where laws already exist, they should be enforced to promote the full integration of the aged in all aspects of national life. Furthermore, the Policy calls for campaigns to enhance public awareness about the needs of the aged. And finally, the policy stipulates that “deliberate measures shall be taken to alleviate the special problems of the aged and persons with disabilities with regard to low incomes and unemployment” (Republic of Ghana, 1994: 39).

His Excellency, Mr. John Agyekum Kufuor (arrowed), the President of the Republic of Ghana interacting with older persons as part of activities marking Senior Citizens’ Day.

The National Development Planning Commission (NDPC) recognizes issues of older persons as crucial for national development. In the 2006 – 2009 Growth and Poverty Reduction Strategy (GPRS II), which is the current blueprint for national development,
strategies, have been outlined to address the needs of older persons under the Social Policy Framework for mainstreaming the vulnerable and “Excluded” in human resource development.

Other policies that have been developed by the government to take care of the issue of the aged include the National Social Protection Strategy 2006, Ghana National Disability Policy and National Health Insurance Scheme (NHIS).

Under the National Social Protection Strategy (NSPS) 2006, Social protection was defined in terms of a range of public institutions, norms and programmes aimed at protecting individuals and their households from poverty and deprivation. The Government of Ghana under the social protection strategy implemented the Livelihood Employment Against Poverty (LEAP) and Social Grants scheme, that provided target groups with reliable and cost-effective cash transfer to support their basic human needs. Additionally, the NSPS seeks to develop the capacity of the poor to reduce, ameliorate, or cope with social risk and vulnerability. Thus, the NSPS focus attention to human capital investment as the fundamental keys to poverty reduction and pro-poor growth.

The Ghana National Disability Policy caters for the welfare of the disabled and the aged. The ageing process exposes individuals to increasing risk of illness and disability. Being a developing country with a weak but promising economy, the ageing population of Ghana is mostly associated with disability. The disability bill therefore covers a range of issues such as Rights of persons with disability, Employment of persons with disability, Education of persons with disability, transportation and the Health care system of persons with disability. The policy addressed these issues in a manner that removes all impediments in the way of disabled and older persons in the performance of their duties as citizens of Ghana. The policy stipulates inter alia that, “the Ministry of Health in formulation of health policies shall provide for free general and specialist medical care, rehabilitative operation treatment and appropriate assistance for persons with total disability and also include the study of disability and disability related issues in the training institutions for health professionals to develop appropriate human resource to provide general and specialized rehabilitation services” (Republic of Ghana, 2006: 8).
The National Health Insurance Scheme under the Ministry of Health on the other hand has an exemption policy for the Aged. The benefit package of NHIS covered in-patient care; emergency and transfer services; out-patient care at primary and secondary levels and 10 top diseases which constituted 80 per cent of diseases in Ghana. The NHIS is expected to go a long way toward defraying the medical bills of the elderly sick.

4.1. The Draft Policy on Ageing

In 1997, a National Committee on Ageing was formed by the then Ministry of Employment and Social Welfare (now Ministry of Manpower, Youth and Employment) to draft a National Policy on Ageing for the country.

The Draft Policy was reviewed by the Centre for Social Policy Studies (CSPS) of the University of Ghana and submitted to the Ministry in February 2002. The Ministry has since initiated steps to have the policy ratified by Parliament. The main goal of the Draft Policy is to promote the social, economic and cultural re-integration of older persons into mainstream society, to enable them participate fully and as far as practicable in national development and social life, while recognizing their fundamental rights.

Some of the Strategies of the policy are:

- To create a National Co-ordinating Institution on Ageing;
- Provide comprehensive health care programmes including professional age carers for older persons at both national and community levels;
- Promote employment of older persons;
- Promote community care facilities such as Day care centres for older persons.

The draft policy is to promote the social, economic and cultural reintegration of older persons into mainstream society to enable them participate fully in national development and social life. The guiding principles underlying the development of the policy is derived from existing national policies as they relate to older persons, United Nations declarations, African Union chatters and inter regional meetings on ageing. The draft policy covers the following areas:

- Institutional Arrangements;
- Education and Media;
- Health and Nutrition;
- Social Welfare;
- Income Security;
- Family;
- Housing and living Environment;
- Legal;
- Preparation for Retirement; and
- Research.

It is proposed in the institutional arrangement for the implementation of the policy that a National Council on Ageing (NCA) would be established to co-ordinate the implementation of the policy.

5.0 PROGRAMMES ON THE AGED

5.1 RURAL DEVELOPMENT, MIGRATION AND URBANIZATION

Ghana has for the past decade witnessed rapid urbanization with majority of the active population migrating from the rural area to the urban centres in search of better opportunities in life. The rural-urban migration and international migration of working population have created social distances between the working population and their relatives thereby increasing the number of neglected and isolated older persons in our communities. Older persons sometimes are responsible for nurturing children of migrants. Remittances from migrant relations are often not adequate and at times irregular therefore worsen the economic status of older persons. There are however isolated cases of migrants making significant contributions to the upkeep of relatives.

Agriculture, which is the main economic activity in Ghana employs 60% of the labour force. The Sector is facing problems in attracting the youth. There is gradual decline in the country’s agricultural production especially cocoa production as result of the migration of the youth from the rural areas to the urban centres. To address these issues the Government of Ghana has embarked on a rural development programme that is improving the infrastructure and other services in the rural areas. Rural electrification projects and potable water are being provided to the rural communities. In addition, feeder roads are being constructed to link the farms gates to the market centers to reduce high incidence of post harvest losses. The establishment of micro credit schemes to provide the much-needed funds for agriculture and other economic activities in the rural
areas are strategies that have been put in place to reduce poverty among older people and ultimately improve their standard of living. High crop yield varieties and improved techniques and technologies have been developed and implemented through agricultural extension officers in the rural areas. These initiatives are intended to create jobs for the youth and encourage them to stay in the rural areas and support elderly family members.

To improve the conditions of disadvantaged older people especially, women in rural communities, the Ministry of Women and Children’s Affairs has initiated a number of activities. One of such activities is the assistance to the abandoned and stigmatized older women at GAMBAGA “witches camp”. The women are supported with money, food, clothing and food processing machines for shea-butter and groundnut. The Ministry also provided micro finance schemes for seventy-eight older women under the Women in Development Fund/Facility in the Eastern Region of Ghana.

5.2 HEALTH AND WELLBEING INTO AGEING

Life Expectancy at birth in Ghana has increased from 45.5 in 1960 to 58.1 in 2000 (Ghana Statistical Service, 2005). In 1970, the life expectancy at birth in Ghana was 48.6 whiles in 1984, life expectancy at birth was 52.7. As people live longer and grow older, their needs for health care normally increase. The higher demand for health services has its accompanying high cost of health services and medication. The situation is further worsened by limited number of health service providers knowledgeable in geriatrics. In general the mental health care of the elderly has not been given adequate attention.

To address the health needs of the elderly, the Government of Ghana instituted exemption policy in 1998. By this policy persons 70 years and above are exempted from paying for medical services at the Public Health facilities in the country. The policy however did not cover certain types of diseases such as diabetes, hypertension etc. It must also be noted that elderly people who are on retirement at 60 years do not qualify to benefit from the scheme. With the introduction of the National Health Insurance Scheme, elderly people are to benefit from it without making direct contributions to the scheme. The Ministry of Health and the Ghana Health Service in collaboration with the Department of Social Welfare, Help Age and some Non-governmental organizations and other civil society
groups have established a few geriatrics wards to cater for the needs of the aged in society.

The Ministry of Health is also promoting healthy lifestyle. The general public is educated on how to prevent certain future diseases by controlling their diet, exercising and limiting the intake of alcohol and tobacco. Education is also going on in the Management of Menopause and Andropause. Furthermore, there are related programmes for

- Care and Support for the elderly
- STIs including HIV/AIDS
- The eradication of poverty
- Protection of the rights of the elderly

An eye specialist from Korle-Bu Teaching Hospital examining the eye of an older woman as part of activities marking Senior Citizens’ Day in 2003

The Ghana Health Service has instituted health walks in collaboration with some NGOs and Civil Society groups to raise the awareness of the public including the Aged on the
importance of physical exercise and sports to one’s health. All these interventions are aimed at encouraging older persons to maintain or adopt an active and healthy lifestyle.

One major challenge identified in the Aged is their exclusion in the compilation of the HIV/AIDS data. This does not allow an assessment of the extent of the disease on them. As stated earlier geriatric medicine is a special field and very limited number of health are trained in this. There is the need for provision of incentive packages for health and social service care providers to counsel and guide persons reaching old age on healthy lifestyles and self-care. The general public should also be trained on how to care for the Aged especially when they are sick.

In certain areas of Ghana especially in Northern Ghana, the isolated and lonely elderly, especially women, are often accused of witchcraft. Such accusations may result in violence and abuse leading to poor mental health implications of the individual. There is the need to intensify the promotion of civic and cultural participation of older persons as strategies to combat such social isolation and support empowerment.

5.3 WORK AND THE AGEING LABOUR FORCE

Although the majority of older people in Ghana work, few earn enough to meet their basic needs. Available statistics indicate that, about 60-80 per cent of the population in Ghana are subsistence farmers, and private sector operators, who have no pensions or any means of income security in their old age.

The Government of Ghana, in partnership with the private sector, has instituted various income-generating ventures as well as employment opportunities to address the problems of population ageing in Ghana. In Ghana, older persons have benefited from livelihood skills in soap and pomade making, batik tie and dye, bakery, aquaculture, snail and bee-keeping among others. All these were done against the backdrop that older people are vulnerable to the effects of economic change, so much so that, those without savings, assets and capacity to generate income are the least able to withstand economic shocks.

In line with the Madrid International Plan of Action, Ghana has established institutions that deal with issues of work and the labour force. Some of these are the Ghana Labour Commission and Fair Wages Commission. In addition, some work related schemes,
funds and programmes have been instituted to ensure that a favourable working environment and conditions are created not only for the aged but for the public at large. These include the Poverty Alleviation Fund, Social Security and National Insurance Trust (Pension Scheme), and a National Social Protection Strategy (2007).

In order to promote active ageing, there has been a general policy to remove some barriers to flexible, full-time and part-time employment, is being implemented in some critical sectors. Consequently, contracts have been awarded to some retired teachers who are still active to fill vacancies in schools which lack teachers.

The National Service Scheme also operates a ‘National Volunteer Programme’ under which active but retired civil servants, including teachers, voluntarily render services to their communities and are paid some allowances for their services.

5.4 ACCESS TO KNOWLEDGE, EDUCATION AND TRAINING

Education and access to knowledge are important factors for achieving sustainable development and improving the well-being of individuals. They enhance the acquisition of skills, decision-making capacity and play an essential role in improving quality of life of the aged. High level of adult illiteracy in the country limits the opportunities for older persons to earn livelihood; acquire useful and new skills for their effective participation in decision making at all levels. This has resulted in some older persons being virtually alienated from enjoying the benefits of the current technological advancements.

In developing, countries most of the programmes aimed at improving access to education and knowledge have focused on children and young people who constitute more than half of the population. However in most of these countries including Ghana a large number of persons are reaching old age with little or minimal literacy or numeracy.

In order to address these challenges the government has endorsed the MIPAA recommendations and has taken a number of measures to address the objectives for improving access to knowledge, education and training. Key among these is ensuring equality of opportunity throughout life with respect to continuing education, training and retraining as well as vocational guidance and placement services.
To improve access to quality education in the country Free Compulsory Universal Basic Education (FCUBE) policy in 1995, the establishment Ghana Educational Trust Fund (GETFund) was introduced in 2000, the Capitation Grant and School Feeding programme were also introduced in 2005. These policies and programmes were introduced among others, as part of the measures to ensure that children and the youth have easy access to good quality basic education with the opportunity of continuing to higher levels throughout the country.

The FCUBE policy for instance guarantees free tuition for all children at the basic level in public schools, regardless of their income status or geographic location. It stipulates that all children should start basic school by age 6 and finish junior secondary school by age 14. The GETFund, which was established to support educational programmes at all levels and to strengthen human resource development in the country provides educational facilities in the form of classrooms, laboratories and libraries. Teachers’ and student’s residential accommodations have been upgraded, and incentive packages have been given to teachers to motivate them under the fund.

Programmes have also been put in place to ensure equitable access to basic and continuing education for adults as well as to improve on the adult literacy levels of the country. The Non-Formal Education Division of the Ghana Education Service provides functional literacy to adults who have not had any formal education especially women and the rural poor. The programme equips them with basic knowledge and skills that would enable them live a meaningful life in their communities. They are equipped with record keeping techniques, better farming techniques, income generating activities and family planning Information and services. Thus enabling active participation of older persons in their community activities.

The Adult Education Unit of the University of Ghana also provides opportunities for adults to further their formal education in various disciplines, critical to national development. Many tertiary educational institutions have introduced distance education and sandwich programmes that have resulted in the enrollment of adults who wish to continue their education in various disciplines without necessarily having to sit in a formal classroom environment. These programmes have contributed to training and retraining of older workers in both the formal and informal sectors, who may continue to
use their acquired knowledge and skills even after retirement. Many adults who either dropped out of formal school or had never had any formal education have also benefited immensely through these programmes.

5.5 GOVERNANCE AND AGED

The role of the aged is acknowledged throughout the country particularly in the area of government. The expertise of older persons is engaged in pursuit of good governance, democracy and socio-economic development. Prominent citizens who have distinguished themselves in various capacities in both public and private sectors have been appointed to membership of the Council State, District Assemblies, Boards and Committees at both national and local levels after their retirement from active service.

Government also recognizes the role of traditional leaders particularly chiefs, many of whom fall in the category of older persons, in the promotion of peace in their communities and in the nation as a whole. In many instances, the Government had appointed traditional leaders to arbitrate or mediate in disputes at both local and national levels. The role that some of these chiefs have played in conflict resolution in some parts of the country has averted serious civil unrest and clashes between rival factions.

The Government recognizes the important role of older persons to national development and is therefore committed to the dissemination of information to them on various issues of national development. Radio and TV programmes in local dialects have been developed and targeted at adults and older persons to disseminate to them not only at the national level but through to the local and community levels.

Measures have been initiated to encourage the full utilization of the potentials and expertise of older persons in the public sector, particularly in the health and education sectors. Under these measures, health and educational professionals, especially tertiary school teachers, doctors and nurses are engaged to continue their services for a considerable period of time after retirement, on contract basis. The rich expertise and experience of these professionals are utilized in the training and capacity building of younger workers in these sectors.
5.6 INTERGENERATIONAL SOLIDARITY

The role of the family as the basic unit of society is recognized as essential to the attainment of social integration. The elderly are considered as a link between the ancestors and the community. However, the weakening of the traditional family and community support systems for the elderly poses a threat to the harmonious intergenerational existence. The traditional values that associated old age and ageing with dignity, wisdom, knowledge, respect and obedience are giving way to disrespect for older people.

To revitalized and strengthened these values, the Government of Ghana has accepted the observance of the International Year of Older Persons in 1999 in which Ghana actively participated to sensitize the Ghanaian population on issues of the aged. Since then, the Government, NGOs and Civil Society have kept up the momentum of the celebrations to highlight the needs of older persons in the society. Conscius efforts are being made by all stakeholders to ensure that older persons are not neglected or abused by the society, especially the family and their community members. In addition to the United Nations day of older persons, Ghana has designated the first of July, the Republic Day, as Senior
Citizens' Day in appreciation of the immense contribution of older persons to the development of the nation.

The Department of Social Welfare in the Ministry of Manpower under its Community Care Programme has developed strategies to render care and support to the Aged. Counselling, social and public education programmes are carried out by their field workers at the district and community levels. The Department has established Family Welfare Services Group and Community Work Group. Furthermore the Department in collaboration with NGO such as Help Age Ghana, Christian Action on Ageing, provide Day Care Centres, Recreational facilities Counselling and Psycho-Social Support food, clothing and shelter. The Department need to be strengthened and resourced to effectively play its role in supporting the aged.

Some NGOs play important role in addressing the issues of the Aged. One such NGO is HelpAge Ghana. The work of HelpAge however is based in Accra, the capital where they have established Day Care Centres to give old people somewhere to go for company and get a daily meal. They also provide medical assistance where it is needed and organize an "Adopt a Granny" volunteer scheme to visit people in their homes. The Religious Organizations in the country also have programmes to bring old people socialized as well as meet their health needs sometimes.
5.7 INCOME SECURITY & SOCIAL PROTECTION

Income security/social protection for older persons is a priority issue for the Government in view of the existence of a large and expanding informal sector, which is virtually not covered by the Social Security and Pension Scheme.

Presently, Ghana has two main types of Social Security Schemes - ‘CAP 30’ which was established by the CAP 30 Pension Ordinance in 1946 by the British Colonial Government for Pensionable Officers in the Civil Service and Members of the Armed Forces in the former British West African Colonies. The scheme covered Pensionable Officers and African Civil Servants who joined the service before January, 1972.

The other type is the Social Security and National Insurance Trust (Pension Scheme) established by NRCD 127 in 1972, and amended by the Social Security Law 1991, PNDC 247. This is a contributory scheme which covers workers in the formal and informal sectors.

Research findings have established the following about the present pension schemes:
- Older people recognize the importance of the pension schemes regarding their standards of living and that of their families
- Poverty is still the older person’s trap because the schemes cover only a small percentage of the working population in Ghana;
- The amount offered to majority of pensioners is too meagre to serve them adequately;
- There are a lot of bureaucracies associated with accessing the schemes on retirement and when increments are offered in the course of the year; and
- Collecting Pension from the banks is too burdensome to many older people in terms of distance and time spent in the banks.

5.8 ERADICATION OF POVERTY

Poverty reduction is a major development challenge for the 21st century and it is a subject of significant policy focus in Ghana today. Fifty years after independence of Ghana, poverty has not reduced significantly. About one-third of Ghanaians now live below the national poverty line, having fallen from 52 percent in 1991/92 to 28.5 percent in 2005/6. Poverty levels in Ghana are generally higher in rural areas than urban centres. Majority of the aged in Ghana live in rural areas and are mostly poor. The problems of the aged are further worsened by the eroding capacity of urban wage earners. With other compelling demands, such as payment of utility bills, taxes and school fees for their wards, on these workers, their remittances to relatives in the rural areas are decreasing.

A new phenomenon is emerging as Ghana is now witnessing an increasing number of urban poor. According to the fifth round of the Ghana Living Standards Survey (GLSS 5), poverty in urban areas is worsening. Poverty level in the Greater Accra Region, which is the most urbanized part of the country, doubled from 5.2 per cent in 1999 to 11.8 per cent in 2006. Only a small percentage of the working population in Ghana is covered by the current pension scheme. Furthermore, many pensioners find the amount paid to them inadequate to meet their needs. Generally, the economic and social structures are ill-equipped to manage the increasing older population of the country. This situation perpetuates poverty among the elderly especially among women who constitute the majority of the population yet occupy positions in the lower echelons of both the public and private sectors.
Prior to the development of the (GPRS 1), efforts were already underway to reduce poverty levels in the country. The National Population Policy, Revised Edition, 1994 has specific objectives and strategies to improve the quality of life of the aged and other vulnerable groups in the society. The draft National Ageing Policy was also developed to ensure that older persons are provided with protection, care and opportunity to participate in the development of the country.

6.0 CONCLUSION:

Ghana has made modest progress in the implementation of the Madrid International Plan of Action on Aging. However, there are some challenges that should be addressed. These challenges include:

There is the need to finalized the policy on aging and develop appropriate action plans for its implementation.

Secondly, there is the need to strengthen and resource the Ministry of Manpower Youth and Employment (MMYE) and other institutions to effectively co-ordinate the implementation of the MIPAA.

In all these modernization is impacting both positively and negatively on traditional values. There is the need to project the positive elements of modernization to benefit the aged.
Reference:


Ghana Statistical Service, 2005, *Population Data Analysis Reports, Volume 1; Socio-Economic and Demographic Trends Analysis*.


