

**REPORT ON STATUS AND IMPLEMENTATION OF
NATIONAL POLICY ON AGEING IN KENYA**

**PREPARED FOR UNITED NATIONS DEPARTMENT OF
ECONOMIC AND SOCIAL AFFAIRS (UNDESA)**

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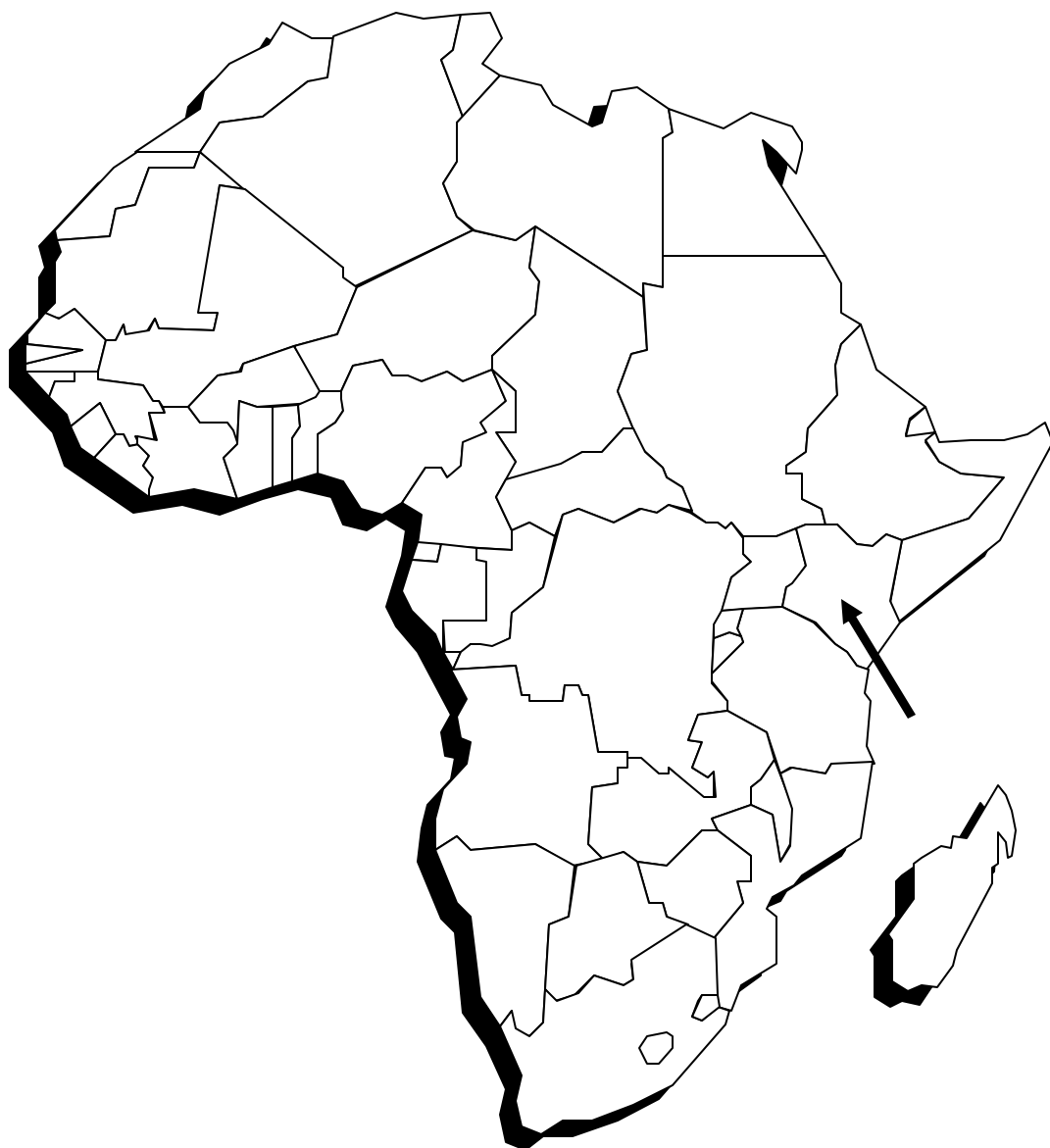
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ACRONYMS

AIDS	Acquired Immuno Deficiency Syndrome
AU	African Union
CBOs	Community Based Organisations
CSO	Civil Society Organisation
DDO	District Development Officer
DWE	District Works Engineer
ERSWEC	Economic Recovery Strategy for Wealth and Employment Creation
GDP	Gross National Product
HAK	Help Age Kenya
HFCK	Housing Finance Company of Kenya
HIV	Human Immuno Deficiency Virus
IGAs	Income Generating Activities
IMF	International Monetary Fund
MDGs	Millennium Development Goals
MIPAA	Madrid International Plan of Action on Ageing
NACC	National Aids Control Council
NGO	Non Governmental Organisation
NHC	National Housing Corporation of Kenya
NHIF	National Hospital Insurance Fund
NPEP	National Poverty Eradication Plan

PCEAs	Pentecostal Church of East Africa
PPO	Provincial Planning Officer
PRSP	Poverty Reduction Strategy Paper
PWE	Provincial Works Engineer
TB	Tuberculosis
UNDESA	United Nations Department of Economic and Social Affairs
VAT	Value Added Tax



1.0 OVERVIEW OF COUNTRY SITUATION

1.1 Background

Kenya government is one of the signatories to the International Plan of Action on Ageing adopted in 1982 in Vienna, Austria during the first World Assembly on Ageing. Since then the government is committed to the United Nations principles, which stipulates the rights of older persons to independence, participation, care, self-fulfillment and dignity.

However despite commitment to the Plan of Action agreed on in 1982, it was noted at the Second World Assembly on Ageing (WAA2) held in Madrid in 2002 that most developing countries, including Kenya, did not take specific steps to domesticate and operationalise the recommendations in the key thematic areas namely, family, social welfare, income security and education. The Conference therefore called member states for changes in attitude, policies and practices at all levels in all sectors to implement revised Plan of Action on Ageing in the 21st century. Further at 38th Ordinary Session of the Assembly of Heads of State and Government of the African Union (AU) held in Durban South Africa in 2002, the Policy Framework and Plan of Action was approved and this binds member countries to formulate national policies on ageing, in order to improve the lives of the continents older persons.

Kenya has prepared a final Draft National Policy on Ageing in line with Madrid International Plan of Action on Ageing (MIPAA) and African Union Framework Guidelines. This report gives a profile on the status and implementation of the National Policy on Ageing. The report reviews the situation of older persons in the country, highlights the progress made in improving their rights since the Vienna and Madrid conferences and gives recommendations on the interventions required.

1.2 Socio-Economic Analysis

1.2.1 Land and People

Kenya lies along the central part of East Coast of Africa, occupying 582,642 square kilometers. It is nearly bisected into two equal parts by the equator since it lies between longitude 31 degrees and 41 degrees east and latitude 3 degrees north and 5 degrees south. It borders Ethiopia, Sudan and Somalia to the north, Uganda to the west, Tanzania to the south and to the east it borders Somalia, and has a 400 km coastline of the Indian Ocean. Kenya has two distinct altitude regions, the lowlands lying along the Indian Ocean in the southeast, Lake Victoria in the southwest and Lake Turkana in the northwest. The lowlands and uplands are interconnected by contrasting midlands, which in some areas rise gradually while in others they rise very rapidly due to the mixed tectonic nature of the underlying rock and now quiescent volcanic activities.

These features combine with the equatorial and coastal location, the large inland lakes and the combined effects of the monsoon and the southerly winds heavily influence the

weather and climatic patterns of the country. The country therefore has seven distinct ecological zones based on the rate of precipitation and the nature of the underlying rocks. These zones are important since they influence the sources of livelihood, nature of occupation, settlement patterns, culture, tradition and behavior. Of significance is that 82% of the northern part of the country is semi-arid with some areas being completely arid, while only 18%, predominantly in the south is arable.

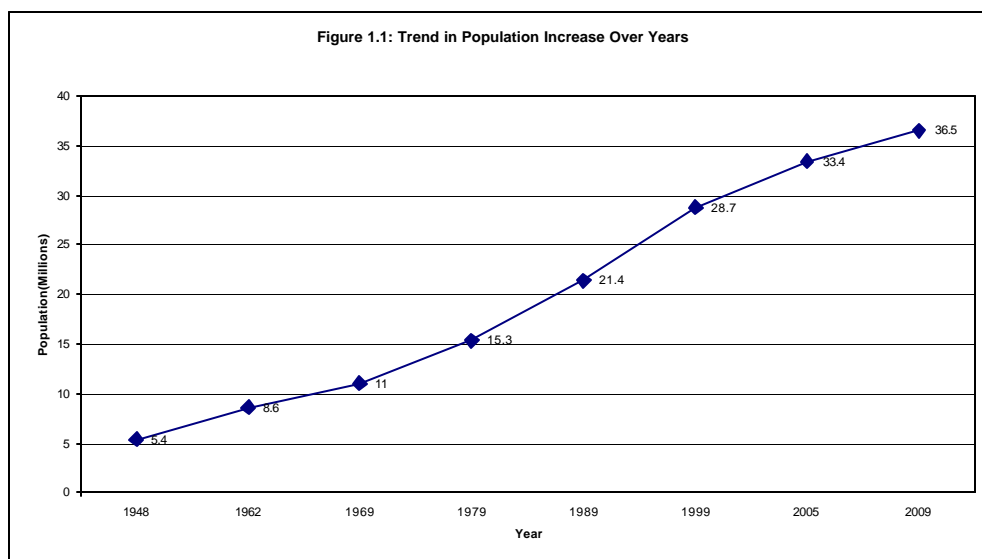
In Kenya there are 43 ethno linguistic groups. These groups originally settled in clusters of common language, cultural practices and major economic activity. This situation has rapidly changed in the last two decades due to a political climate that favors free association, settlement and freedom of trade and occupation. Still ancestry and land heritage holds people of common ethnic and cultural background together leading to ethnic clustering.

1.2.2 Demographic Profile

Kenya's population and development policy objective is to reduce the imbalance between population size and the resources available in the country for the improvement of the standards of living and quality of life. The rapid population growth and distribution of the people impacts negatively on development by acting as development constraints to the achievement of the overall population and other social and economic development objectives. With the adoption of the Sessional Paper No. 1 of 2000 on National Population Policy for Sustainable Development, it is evident that Kenya is committed to pursuing its agenda in the areas of population and development and secondly in the implementation of the goals of the International Conference on Population and Development.

Census data show that the population of Kenya has kept increasing over years. The total population increased from 15.3 million in 1979 to 21.4 million in 1989 and to 28.7 in 1999 and is projected to reach 36.5 million in 2010 as shown in Fig. 1.1. These figures give inter census population growth rates of 3.4 and 2.9 percent per annum during the 1979-89 and 1989-99 inter census period respectively.

Although the population growth rate declined, the age structure remains youthful with persons aged below 15 years accounting for 43.2 percent and 52 percent were aged 15



to 59 years and 4.7

percent were aged 60 years and above as shown in table 1. 1.

Analysis of the population by sex and age for the 1999 census is shown in the population pyramid given in Fig. 1.2. The pyramid shows that Kenya's population has large numbers of people in the younger age groups and tapers off with increasing age. Further, the breakdown of the population by sex shows that women accounted for 50.5 percent of the total population.

Figure 1.2: Population by Age and Sex, 1999

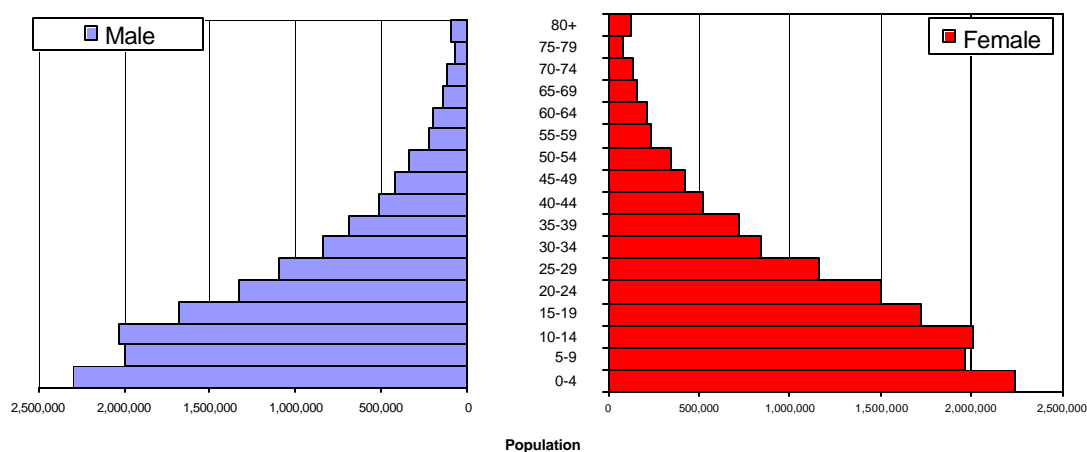
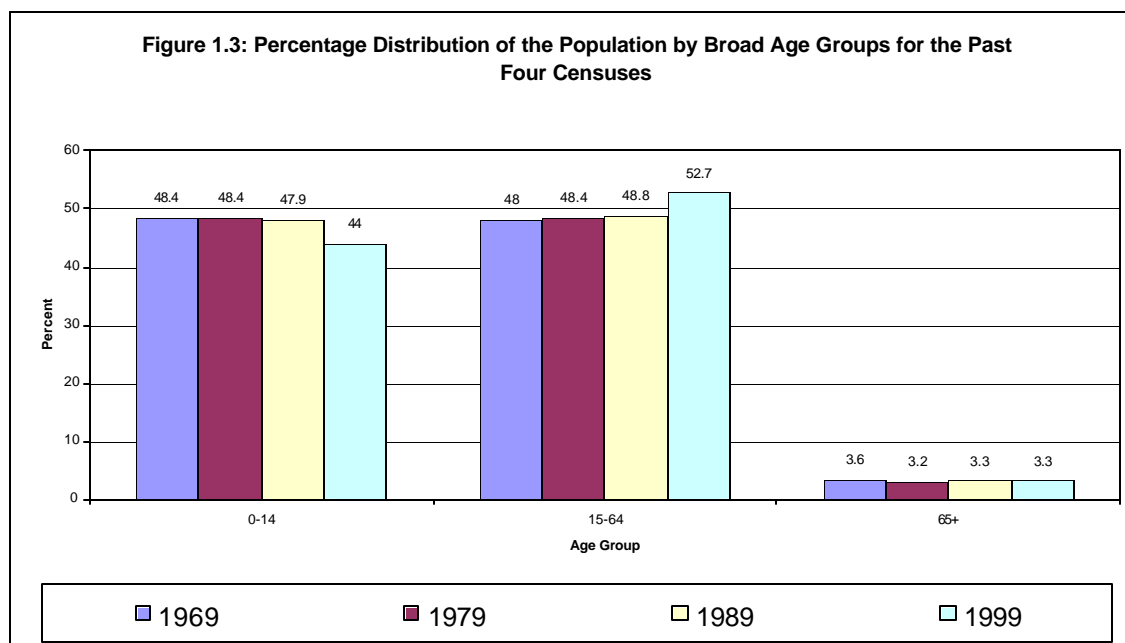


Fig 1.3 shows percentage distribution of population by broad age groups. The data show that those aged 65 years and over constitute around 3 percent over years.



The data in Table 1.1 gives trend in key demographic indicators. Total fertility rate declined from 7.9 in 1970s to 6.6 in 1980s and to 5.0 in 1990s. Similarly crude birth rate declined from 52 in 1970s to 38 in 1990s while crude death rate declined to 10 in 1980s and rose to 12 in 1990s. Subsequently life expectancy, which stood at 59 in 1980s, went down to 57 in 1990s. The increase in crude death rate and decline in life expectancy is attributed to the HIV/AIDS pandemic and the limited access to health care services by the poor.

Table 1.1: Key Demographic Indicators of Kenya by Years of Census

	1948	1969	1979	1989	1999
Population	5.2	10.9	15.3	21.4	28.7
Total Fertility Rate	6.7	7.6	7.9	6.6	5.0
Crude Birth Rate Per 1,000 Pop	50	50	52	48	38
Crude Death Rate Per 1,000 Population	25	17	14	11	12
Infant Mortality Rate Per 1,000 Live Births	184	119	104	66	77
Life Expectancy at Birth	35	49	54	59	57

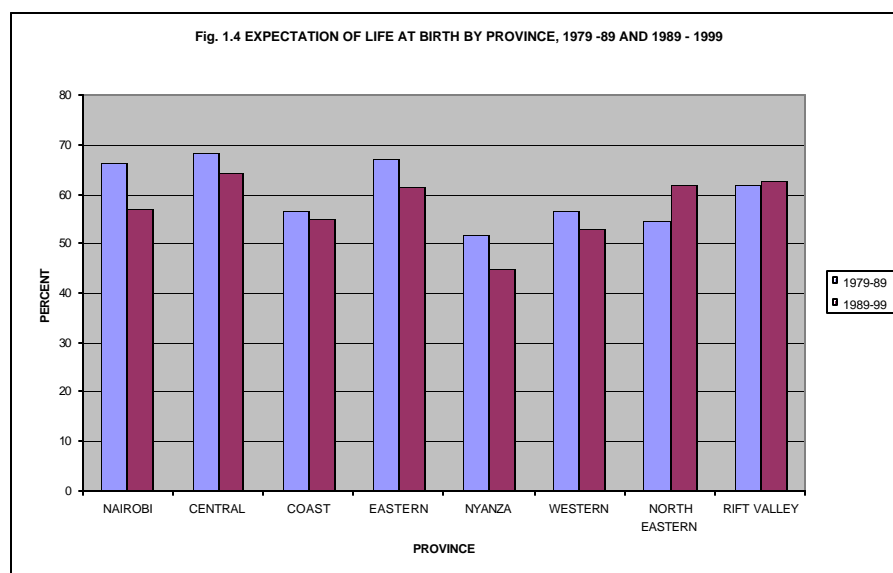
Source: Census Reports

Table 1.2 and Fig. 1.4 depict the differential in life expectancy by gender and province. The data gives an expectation of life of 52.8 years for males and 60.4 years for females. Provincial data show that Central and Rift Valley have the longest life expectancies while Nyanza has the lowest.

Table 1.2: Expectation of Life at Birth by Province 1979-1989 and 1989-99

PROVINCE	MALE		FEMALE		TOTAL	
	1979-89	1989-99	1979-89	1989-99	1979-89	1989-99
Nairobi	65.3	54.1	66.8	59.8	66.1	57.0
Central	67.7	60.4	69.1	68	68.4	64.2
Coast	55.8	52	57.2	58.3	56.5	55.1
Eastern	66.7	57.6	67.7	65.5	67.2	61.5
Nyanza	49.5	41.7	53.5	48	51.5	44.8
Western	55.6	49.8	57.7	55.8	56.7	52.8
North Eastern	55.3	62.2	54.1	61.5	54.7	61.9
Rift Valley	69.9	59.1	62.8	66.4	61.9	62.7
Kenya	57.9	52.8	65.9	60.4	61.9	56.6

Source: Census Reports



1.2.3 Economic performance

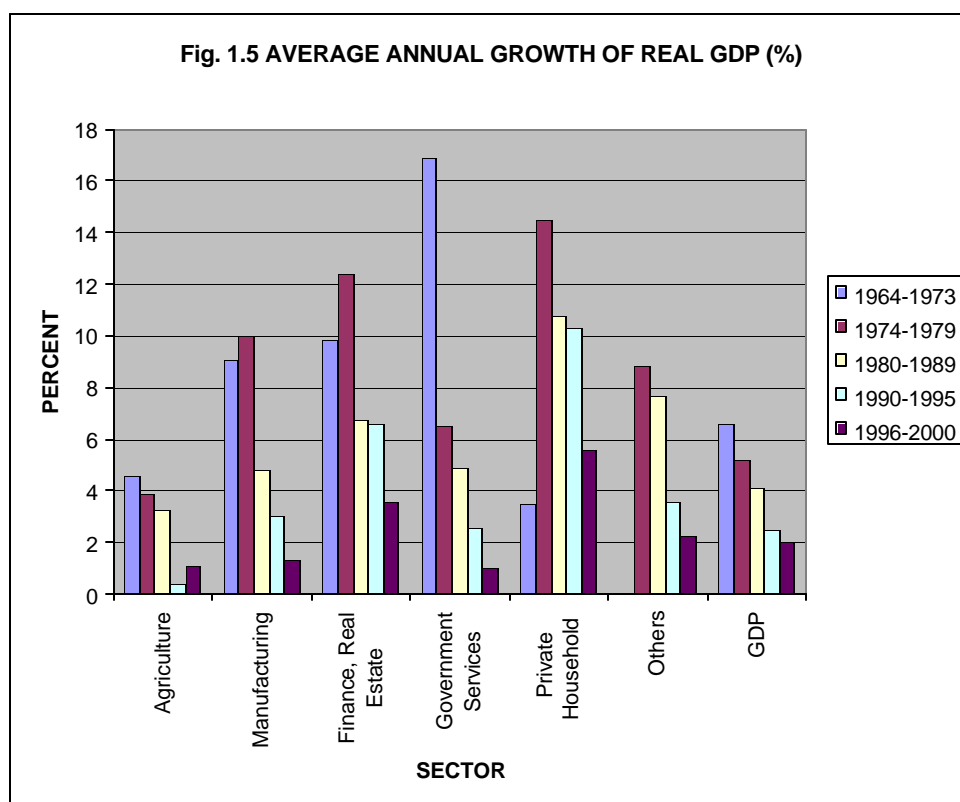
During the first decade of independence, Gross Domestic Product (GDP) grew by an average of 6.6%. This rapid growth resulted mainly from successful rural development policies that led to increased agricultural output, import substitution industrialization strategy supported by good macroeconomic management. The period that followed the economy was on a declining path with the growth rate averaging 5.2% in 1974-79 and 4.0% in 1980-89 shown in Table 1.3. The economy continued performing poorly with the growth rate of 2.5 and 2.0 per cent in 1990-1995 and 1996-2000 respectively. The poor performance in the 1990s was mainly as a result of poor governance, poor

infrastructure, declining donor support, and depressed investment, uncertainties caused by introduction of multiparty democracy, declining tourism activities and poor performance of manufacturing sector.

The continued slowdown of the economic performance was reflected virtually in all the key sectors of the economy as depicted in Table 1.3. and Figure 1.5. Average annual growth in agriculture declined from 4.6 per cent over the period 1964 –1973 to 1.1 per cent in 1996-2000 while in manufacturing this decrease was from 9.1 per cent to 1.3 per cent and in Government Services from 16.9 per cent to 1.0 per cent over the same period.

Table 1.3 Average Annual Growth of Real GDP (%)

SECTOR	1964-1973	1974-1979	1980-1989	1990-1995	1996-2000
Agriculture	4.6	3.9	3.3	0.4	1.1
Manufacturing	9.1	10.0	4.8	3.0	1.3
Finance, Real Estate	9.8	12.4	6.7	6.6	3.6
Government Services	16.9	6.5	4.9	2.6	1.0
Private Household	3.5	14.5	10.8	10.3	5.6
Others	-	8.8	7.7	3.6	2.3
Total (GDP)	6.6	5.2	4.1	2.5	2.0



The poor economic performance over the past two decades exacerbated the difficulties facing Kenyans. There has been reduction in real expenditure on basic social services namely health and nutrition, education, water and sanitation, which are essential for poverty reduction. Over the period 1980-1997, real expenditures in these services declined from about 20 per cent of the government budget in 1980 to about 12.4 per cent by 1997. On education, the decline was from 23 per cent to 19 per cent; on health and nutrition it was from 10 per cent to 6 per cent. Capacity of Government to provide appropriate support to the development of infrastructure and similar development activities was severely curtailed by high domestic debt among other factors. Further income per capita in constant 1982 prices declined from US\$ 271 in 1990 to 239 in 2002. Unemployment stands at close to 15 percent of the labour force and the youth unemployment account for 45 percent of this total.

From the statistics given in Table 1.3 it is evident that Kenya entered the 21st century with a formidable challenge of reversing declining economic growth, generating employment opportunities, reducing both unemployment and poverty among the people. To address these socio-economic challenges the government has adopted long, medium and short-term policies. The frameworks for the policies include National Poverty Eradication Plan (NPEP)-1999-2015; Economic Recovery Strategy for Wealth and Employment Creation (ERSWEC) 2003-2007 and the short term Poverty Reduction Strategy Paper (PRSP) 2001-2004.

1.2.4 Poverty Situation

With the decline in income per capita, poverty has been on the increase. Up to 1980s poverty was more pronounced among subsistence farmers, pastoralists, the landless, and the illiterates among other socio economic groups. In the subsequent period poverty had spread over a wider spectrum, with the overall poverty rising from 43.8 per cent in 1994 to 52.3 percent in 1997. It is estimated that overall poverty has currently risen to 56 per cent, which translates to about 18 million of the 30 million Kenyans living below the poverty line. Poverty is higher in the rural areas 52.6 per cent compared to 50.1 per cent in urban areas in 1997. However, it is also deepening in the urban areas rising by about 20 per cent compared to 8 per cent in the rural areas between 1994-1997.

Poverty in Kenya is a multidimensional and includes; deprivation in knowledge, decline in life expectancy and in the quality of life. It relates to lack of material needs signifying deficiency of social, economic and cultural rights, which are important and vital for survival and or well being especially for the ageing. The causes of poverty include high population growth rate, slow growth of economy, social exclusion, insecurity, and lack of control over productive assets. In terms of composition, the poor include those who are in old age, the landless, pastoralists, the handicapped, females-headed households, households headed by people without formal education, unskilled casual workers, AIDS orphans, street children and beggars.

Kenya's past efforts to reduce poverty were unsuccessful due to poor implementation and lack of focus on specific targeted programs towards poverty alleviation. The Government therefore formulated new initiatives which include the National Poverty Eradication Plan (NPEP) 1991-2015 which stipulates the long term strategy to fight poverty over 15-year time frame, the Millennium Development Goals (MDGs) which aims at reducing the incidence of poverty both in the rural and urban areas by 50 per cent by 2015 and strengthening the capacity of the poor and vulnerable groups including the old aged persons; the Poverty Reduction Strategy Paper (PRSP) 2001 – 2004 and Economic Recovery Strategy for Wealth and Employment Creation (ERSWEC) 2003 – 3007.

1.2.5 HIV/AIDS

The AIDS pandemic continue to pose many challenges to the Government. Over the last decade, HIV/AIDS has become the most devastating pandemic and is a health, social and development problem and also a national disaster. The magnitude of HIV/AIDS in the country makes it imperative for government to intervene and institute measures towards the management and action to mitigate its impact, hence establishment of the National Aids Control Council (NACC). The Council estimated that adult HIV prevalence in Kenya would increase to about 14 per cent by the year 2005 from the current level of about 13.5 per cent. From the estimates, the number of infected people is 2.2 million and 1.5 million have died since 1984 living behind about 1.3 million orphans. AIDS has also a huge impact on older people.

In response to the challenges, the Government formulated Sessional Paper No. 4 of 1997 on AIDS in Kenya to provide a policy framework within which AIDS prevention and control efforts will be undertaken in the next 15 years. Consequently HIV/AIDS Strategic Plan (2000-2005) was formulated and focuses on priority areas for the control of HIV/AIDS and mechanisms for mitigation of the socio- economic impacts at individual, community sectors at national levels. Specifically the targets of the Plan are to: -

- Reduce HIV prevalence in Kenya by 20 to 30 per cent among people aged 15 to 24 years by 2005.
- Increase access to care and support for people infected and affected.
- Strengthen response capacity and co-ordination at all levels.

1.3 Administrative and Policy Making Bodies

1.3.1 The President

Kenya is governed under the leadership of the President who is the Head of State and Commander in Chief of the Armed Forces of the Republic. The President is elected in accordance with the provision of the constitution of Kenya (Amendment) Act No.6 of

1992 which states that the candidate for president who is elected as a member of the National Assembly and who receives a greater number of valid votes cast in the Presidential Election than any other candidate for president and who in addition receives a minimum of twenty five per cent of the valid votes in at least five of the eight provinces shall be declared to be elected as the President.

1.3.2 Parliament

Kenya has a Parliament, which consists of the President and the National Assembly, which comprises the Speaker and the Attorney General as Ex- officio members, 210 Elected Members and 12 Nominated Members.

1.3.3 Cabinet

The Cabinet consists of the President, Vice President and Ministers. The Vice President is appointed by the President from among the Ministers who are Elected Members of the National Assembly while the President among Members of the National Assembly appoints the Ministers.

1.3.4 Administrative Units

Administratively the country is divided into eight provinces namely Nairobi, Central, Rift Valley, Nyanza, Western, Eastern, Coast and North Eastern. The provinces are further subdivided into 71 administrative districts, which are further subdivided into divisions, locations and sub locations. The country has also local government structures with county councils for rural areas, town, and urban and municipal councils.

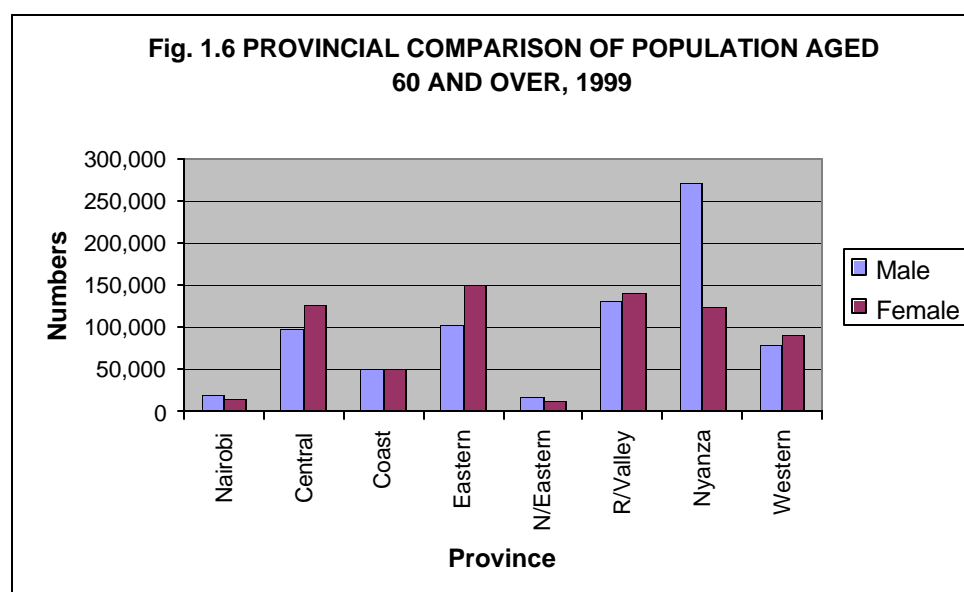
1.4 Situation Analysis of Ageing

1.4.1 Population of Older Persons

In conformity with United Nations and African Union definitions, Kenya has adopted the definition of older people as those aged 60 years and above although the retirement age of employment is 55 years. In terms of demographic profiles the number of older persons has not risen dramatically since 1989. The statistics given in Table 1.4 and Figure 1.6 shows that about 1.5 million people in Kenya are aged 60 years and above, thus constituting 4.8 percent of the total population. The distribution of older persons varies across the eight provinces. The highest concentration of older persons is in Nyanza and Rift Valley provinces.

Table 1.4: Provincial Comparison of Population age 60years and over, 1999

Province/ Gender	60-64		65-69		70-74		75-79		80		Total		
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Total
Nairobi	8,829	5,338	4,697	3,236	3,247	2,948	1,862	1,750	2,513	2,981	21,152	16,253	37,405
Central	28,593	34,523	20,920	24,928	18,256	23,093	13,100	15,761	18,197	28,204	99,066	126,509	225,575
Coast	17,254	17,803	12,854	12,543	9,372	9,093	5,510	4,863	6,251	6,318	50,241	50,620	100,861
Eastern	36,473	42,194	25,042	29,172	26,111	33,916	16,696	17,099	22,738	28,405	103,560	150,786	254,346
N/Eastern	8,169	5,758	2,830	1,591	3,728	2,959	1,187	832	2,366	2,224	18,288	13,364	31,652
R/Valley	39,953	41,508	29,108	31,071	24,030	25,561	18,103	17,219	20,604	25,738	131,798	141,097	272,895
Nyanza	30,966	39,207	25,395	33,400	18,984	22,683	12,388	13,422	12,850	14,731	271,583	123,443	395,026
Western	24,276	28,384	20,123	24,423	14,873	15,271	10,320	10,674	9,781	12,437	79,373	91,189	170,562
Totals	194,513	214,715	140,969	160,364	118,601	135,524	79,166	81,620	95,300	121,038	775,061	713,261	1,488,322

Source: 1999 Census Report

The distribution of population by gender shows that older women are more than men in all the groups for the elderly as shown in Table 1.5 and Fig.1.7 Welfare surveys also indicate that there is an increase of women headed households and this has significant implications for policies and programs with respect to older persons.

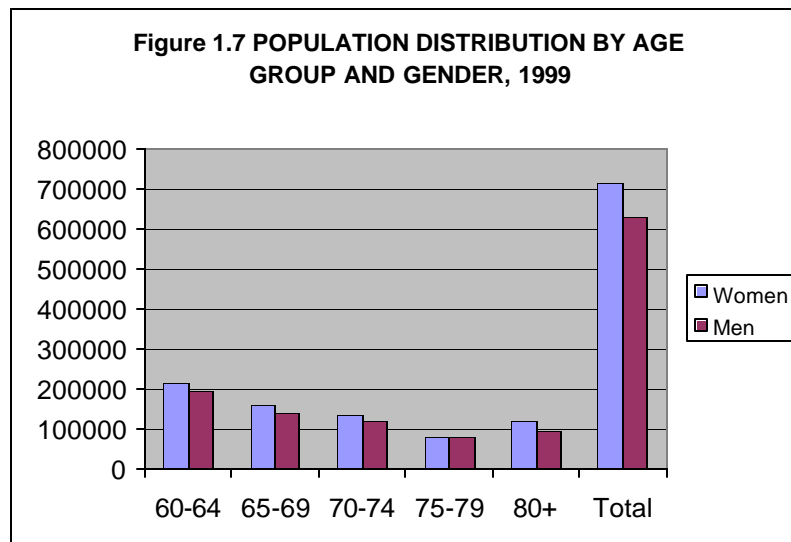
Table 1.5: Age group by Gender, 1999

Age Group	Women	Men
60-64	214,715	194,513
65-69	160,364	140,969
70-74	135,524	118,601
75-79	81,620	79,166
80+	121,038	95,300
Total	713,261	628,549

Source: Population and Housing Census Publication, 1999 Vol. 1

1.4.2 Socio Economic issues affecting older People

The majority of older people in Kenya are faced with a host of problems that vary from economic, health, social and other personal problems. The key areas of concern, which have a direct bearing to the older persons, are:



- **Poverty**

The high level of poverty in the country has diminished the levels of the provisions of basic financial assistance to the older persons. Provisions of such facilities as; food, shelter, health services have been seriously affected leading to low level of livelihood of the older persons. Financial assistance to this population stratum is found to be among the lowly ranked and normally form the victims of any financial reduction in effort to effect any budgetary reductions of many organizations.

- **Health and nutrition**

Older persons suffer from poor health and they are unable to access proper nutrition, which increases their health risk. Their poor health limits their participation in social, economic and political life. They lack income to access appropriate health services, health personnel have negative attitude towards them, drugs are not available and in some cases they are unable to access health services due to long distances to health facilities.

- **HIV/AIDS**

The rapid increase in the number of HIV/AIDS infected people presents a major challenge to the Government of Kenya. It is noted that virtually all aspects of development have experienced the severe impact of HIV/AIDS at household,

community and national level. Further, information available indicates that older persons are dying of the disease yet education campaign on the disease does not target them. They face the risk of infection due to cultural practices including older persons marrying younger girls, widow inheritance, risk of rape and other forms of abuse from younger HIV infected persons. Secondly, they carry the burden of taking care of the orphaned grandchildren after the death of younger persons.

- ***Housing***

Housing is a basic need yet it is a fact that in developing countries, Kenya included, majority of older persons have no access to decent shelter. In Kenya, current statistics indicate that over 47% of the urban dwellers seek shelters in informal settlements, which are poorly constructed and are in areas of high unemployment, high crime rates and increasing cases of HIV/AIDS. Life in these areas depicts conditions of abject poverty and yet they are the areas where majority of the older persons live in. Recognizing that decent housing contribute to the well being of any age group and more so to the elderly, the Government of Kenya has put in place programmes to improve housing in the informal sector settlements in urban areas. It is hoped that new houses will take into account the needs of the older persons.

- ***Income security and social services***

Income security is generally considered to comprise of measures and schemes aimed at ensuring that every citizen is able to meet the basic needs of himself and that of family in times of difficulties such as sickness or sudden reduction of income, receives required supplementary financial support to enable him meet the basic needs of his family. With the waning of the family support and the prevailing economic downturn, older people lack alternative sources of income and therefore face hardship in a number of areas. This has made them to slide deeper into the vulnerable and marginalized members of the society. It is therefore necessary to promote the creation of more income generating projects in the community for older persons.

In Kenya there is no existence of pension fund for those who are either self-employed or unemployed. For those employed there are delays in accessing pension and secondly the amount provided as pension is inadequate to cater for their needs. Under social services, the Government recognizes that the task to improve broad welfare of the citizens entails ensuring that all the various categories of the population including the elderly can access and afford social services.

- ***Abuse and violence***

The elderly suffer from various forms of violence such as physical, psychological and emotional which occur in every society. They are denied access and control

over their own resources and this increases their poverty. Specifically abuse to older persons involves physical assault, insults and threats and neglect.

- ***Community and family support system***

There is a common belief in Kenya as in other countries of the region that older people are well catered for by extended family. However, information available indicates that family members are disintegrated in pursuit of employment and better opportunities in urban areas. Community support system is also weakening such that the elderly are no longer taken care of and respected. Due to the collapse of the extended family support and prevailing poverty levels, older persons are faced with hunger, malnutrition, illiteracy, lack of and failure to access essential social services such as basic education, health, water and sanitation.

- ***Adult education***

Education and training is a right of every member of the society as stipulated under the Education Act of Kenya. Education and training of the older persons fall under the department of adult education. Adult Education is therefore a right of those members of the society who missed to go or attend school during their early phase of life. Although it is not mandatory for every adult to enroll in adult education classes, they are expected to further their knowledge through this service. Current statistics show that adult education enrolment has been declining over the last two decades with many adults reverting to illiteracy. The causes identified for the decline in enrolment include poor training for teachers, inadequate supplies of teaching materials, and cultures where men do not mix easily with women in social activities.

- ***Legal framework***

Legal framework has not been effective in protecting and fostering the rights of the older persons. It has been noted that the elderly people usually find themselves much disenfranchised and abused at societal-cultural levels and in socio-economic and political activities. Older persons have more often been accused a myriad of bad occurrences in society and community mishaps which include deaths and sicknesses. They are often found to be victims of thefts of their properties and sometimes they are forcefully deprived of their belongings, e.g. cattle, land and even their previous investments like houses, or movable assets.

- ***Employment***

According to the 1999 Population Census the size of the labor force in Kenya was 12.4 million of whom 2.8 per cent were elderly persons. The statistics further indicate that out of 11.1 million people who were employed, older persons

constituted 2.3 per cent of who the majority was in family farms. Further it is noted that one fifth of the older persons were inactive for reasons of being retirees, homemakers or incapacitated. They are also denied employment opportunities and are the first victims of retrenchment, which has been ongoing in Kenya.

2.0 OVERVIEW OF POLICIES ON AGEING

The Government of Kenya is committed to supporting welfare activities for older persons. This is evident from the various policy documents in which the Government has made specific provisions for the needs of the older persons. These policies, however, remain in paper as very little has been done to implement them. The key policy documents are: -

(i) 9th National Development Plan (2002 – 2008)

In this plan, it is noted that the disintegration of the extended family support system due to urbanization and modernization and poverty have rendered older persons helpless and sometimes making them to become destitute. It is therefore stated that during the plan period, the Government in collaboration with other stakeholders will undertake the following activities: -

- Operationalize the National Policy for Older Persons to ensure proper coordination of all programmes for older persons.
- Design appropriate capacity building programmes for all the organizations addressing older persons issues.
- Advocacy programmes to sensitize the public on the needs and rights of the older persons; and
- Mainstreaming ageing issues in the national development planning and budgeting processes.

(ii) Sessional Paper No. 1 of 2000 on National Population Policy

The Sessional Paper recognizes that the elderly present a potential problem in light of the breakdown in societal structures that used to take care of them and the absence of comprehensive support programmes faced by the majority of families. The major challenge with regard to older persons is therefore emphasized to be the provision of basic needs and care by formulating long-term programmes to ensure the socio-economic support and security for the elderly, including creation of private social security programmes and encouraging positive traditional support networks.

(iii) Constitutional Review

Kenya has produced a Draft Bill to restructure the current constitution to suit the present and future national aspirations. The bill has provisions for older persons in article 36. The provisions include the right to full participation in the affairs of the society; pursuing their personal development; freedom from all forms of discrimination, exploitation and abuse; live with dignity and respect; and entitlement to reasonable care and assistance of family and state. It is further

provided that older members of society have the duty to plan for their retirement, to share their knowledge and skills with others and to remain active in society.

During the review process, it was noted that the involvement of older persons was spearheaded by Help Age Kenya, which made several presentations. However, the statistics from the Constitution Review Commission indicate that out of 35,000 who made presentation about 15 percent were those aged 60 and above. The debate on the draft bill is still on going and Help Age Kenya has made several presentations to improve on the section on the draft bill for the elderly.

(iv) Kenya National Policy on Ageing

The Government's commitment towards addressing the well being of elderly persons of the society is outlined in this draft policy document. The Policy has the overall objective of facilitating the integration and mainstreaming of the needs and concerns of the older persons in the national development process. The vision of the policy is to create an environment in which older persons are recognized, respected and empowered to actively and fully participate in society and development.

The priority issues covered in the National Policy are: -

(a) *Laws and Rights of Older Persons*

The overall objective of this component is to ensure that the rights of older persons are protected by appropriate legislation especially in the constitution, legal and administrative framework. Further, the section recognizes the fundamental rights of older persons to protect them against discrimination, neglect, abuse and violence.

(b) *Poverty and Sustainable Development*

The stated specific objectives under this priority are: -

- To remove obstacles to older persons' access to and control of productive assets, wealth and economic opportunities for enhancement of sustainable livelihoods.
- To ensure older peoples' participation in the development, implementation, monitoring and evaluation of socio-economic policies including poverty on gender sensitivity.
- To ensure that the national budget includes provisions for the needs of older people, and
- To enhance measures that promote equity and fairness in access to employment opportunities and control of productive assets, especially land.

(c) *Health and Active Life*

The key issues here are to enhance longevity and well being of life amongst older persons by ensuring access to efficient and cost effective health services and to expand and strengthen community based health services and empower communities to take care of their older persons health needs. Efforts will also be intensified and resources mobilized towards promotive and preventive initiative in the control and management of HIV/AIDS.

(d) *Family Culture*

The idea here is nurture the revitalization of traditional extended family and community system to ensure recognition of the role and support for older persons in the family and community at large.

(e) *Gender*

The policy objective here is to focus on providing rights of older men and older women, through understanding and responding to their needs within their family, community and social setting.

(f) *Food Security and Nutrition*

The aim is to increase food security and ensure improved nutrition status of older persons.

(g) *Housing and Physical Amenities*

The main objective is to promote access to older persons to affordable and decent living conditions within and outside their residential areas.

(h) *Education, Training and Media*

One of the objectives is to promote the principle of lifelong education to enhance the spirit of self-reliance and self-esteem amongst older persons. This will involve developing and promoting education and training programmes that respond to the needs of older persons within the changing socio-economic environment. Further, there will be need to encourage the media to highlight contributions that older persons can make to the society

(i) *Employment and Income Security*

The main objective is to increase participation of older persons in labour market and self-employment thereby reducing the risk of their exclusion and dependency in society. This will ensure that old persons continue to provide their expertise, talents, experience and abilities to the communities.

(ii) Social Security/Welfare

The section recognizes urgent need for establishment of a comprehensive and compulsory national security system to cover all segments of the society including special needs of older persons and women whose employment are often disrupted by maternity and family responsibilities.

Under social welfare, it is recognized that family and community remain the most important and effective source of support for all its members including older persons. However, the traditional family structures are changing and older people no longer rely on family support. The priority issue here is design, develop, review and implement practical, realistic and appropriate social welfare strategies that include concerns of older persons.

(iii) Preparation of Retirement

The aim here is that help should be provided to those leaving formal employment, particularly among the older persons in public as well as private sector to make transition to other employment or self-employment as a continued means of livelihood.

(iv) Conflicts and Disaster

In Kenya, draughts, floods, accidents, landslides and industrial hazards are common occurrences. In addition, the HIV/AIDS pandemic has been declared a disaster. However, emergency preparedness and response programmes often fail to consult older people in the design, development and implementation of programmes. The activities under this section will ensure that the needs of older persons are effectively responded to in times of conflict and disasters and that they are involved in addressing the situation.

3.0 INSTITUTIONAL MECHANISM TO PROMOTE THE INTERESTS OF OLDER PERSONS

The Government of Kenya recognizes that the implementation of the policy on Older Persons and Ageing Strategies will require establishment and strengthening of the institutions and organizations responsible for welfare of older persons. It is therefore proposed in the policy document that there will be need for the establishment of a fully-fledged division in the Ministry responsible for social services. Secondly it is proposed that National Council for Older Persons be established to spearhead activities in support of older persons in collaboration with other stakeholders. On the issue of the key institutions addressing ageing issues, there are two focal points in Kenya, namely the Ministry of Gender, Sports, Culture and Social Services and Help Age Kenya which is an NGO.

3.1 The Ministry of Gender, Sports, Culture and Social Services

The Ministry is the main focal point for ageing issues in Kenya. Within the ministerial organization structure, the Department of Social Services is responsible for issues of older persons. The Department which derives its mandate through various legislation, sessional papers and Presidential circulars has the overall goal of promoting the social betterment of the people of Kenya by helping them to help themselves both collectively and individually. The Department has the vision and mission that guides its functions and are stated as follows:

Vision statement: - enlightened and self-driven citizenry for greater participation in socio economic development.

Mission statement: - to prepare individuals, groups and communities through mobilization, imparting knowledge, skills and appropriate attitudes which create opportunities to harness potentials necessary for effective and sustainable development, especially for the most vulnerable.

To fulfill both the vision and mission statements, the department is organized into various functions as shown in the organization structure given in Chart 2.1. The key core functions of the department summarized as follows: -

i) Community Mobilization and Development

The functions of this division include the support of viable and sustainable groups, strengthening of social development committees at all levels, provision of direct assistance to needy projects and monitoring the implementation of self-help projects.

ii) Community Based Nutrition

The division is responsible for, amongst others, the promotion and coordination of poverty reduction activities, building the capacity of the community to undertake interventions aimed at poverty reduction and in supporting community initiatives in general.

iii) Youth development

The activities of this division include promoting youth participation in development planning and implementation at national and decentralized level, lobby relevant line ministries to plan and budget for youth specific programmes and interventions and in finalizing the National Youth Policy Implementation Framework.

iv) Persons with disability

The responsibilities of the division include formulation of the Kenya National Disability Policy, mainstreaming disability issues in other departmental programmes and networking with NGOs, religious organizations, private sector and community based organizations on issues affecting people with disability.

v) Women's Bureau

The activities of the division include formulation, implementation and monitoring of policies on gender issues, coordination of gender related activities and collection analysis and dissemination of sex-disaggregated data among other functions.

vi) Social Welfare Division

The Social Welfare Division is responsible for formulation and implementation of policies for older persons among other activities. The specific activities of the division include: -

- Public assistance to the distress through provision of relief of distress funds, rehabilitation and counseling services.
- Prevention campaigns on HIV/AIDS.
- Formulation and implementation of policies to mainstream active participation of older persons in national development.
- Promotion of income generating activities for the socio-economically distressed to facilitate their access to credit e.g. small revolving funds.
- Promotion of welfare services to older persons either institutional or communal,

- Liaison and networking with voluntary welfare agencies, NGOs, e.g. Help Age Kenya, Help Age International and Religious Organizations.
- Capacity building for officers working in the division and stakeholders in the communities.
- Coordination of celebrations of United Nations days e.g. International Day of Older Persons and International Family Day.
- Strengthening of the Kenya National Association of Social Workers.
- Duty exception for Social Welfare Organizations/Groups
- Promotion, encouragement and monitoring of volunteerism and volunteers.

The social welfare programmes are designed to provide care and support in assisting the needy and the disadvantaged group in the community. The services are mainly in the form of technical and financial assistance to individuals, organizations and institutions in addressing the needs of this cluster of people, which include the aged. Although the mandate for the division in undertaking activities for older persons is wide, yet facts on the ground show that the resources are grossly inadequate for the implementation of the activities.

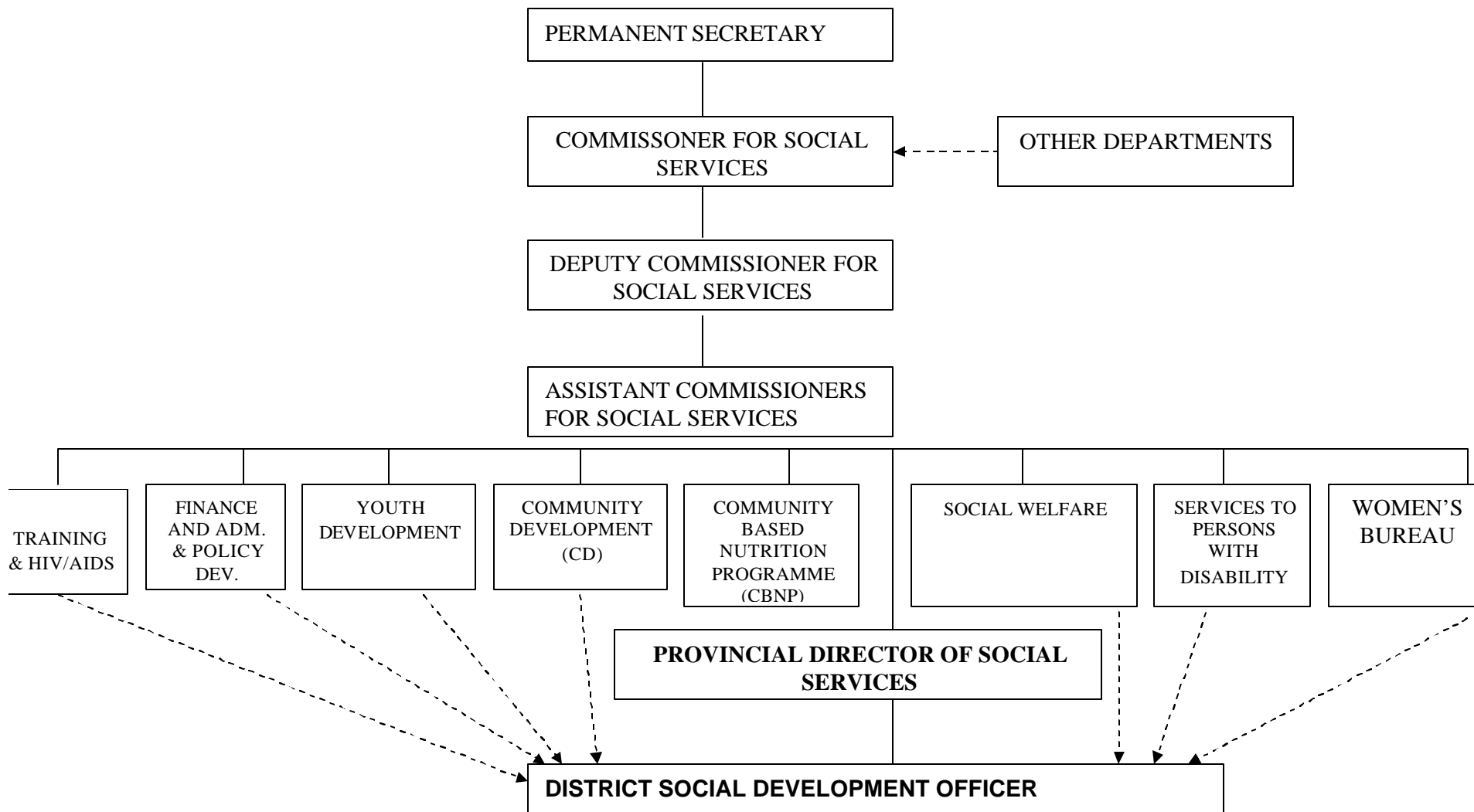
3.1.1 Staffing Levels at the Department of Social Services

The Department of Social Services, which is headed by the Commissioner for Social Services, has staff in all the 71 districts in Kenya. This gives the department a comparative advantage of having officers at the district level. These officers who are designated as Social Development Officers attend to all programmes of the department. In total there are about 118 senior officers distributed in the 8 provinces of Kenya.

Analysis of senior staff records as at the beginning of the year 2003 show that at the Ministry Headquarters in Nairobi there are 43 senior officers of whom 5 officers are in the division of social services where issues of older persons are addressed. Although there is a desk officer in-charge of older persons, any officer within the division can be assigned the responsibility. Given the scope of work, as articulated in the National Policy on Older Persons and Ageing, it is evident that the staffing level is grossly inadequate. Overall the division has no capacity to implement tasks articulated in the policy document as proposed in the strategic plan given in Table 3.3.

Chart 2.1 DEPARTMENT OF SOCIAL SERVICES

ORGANISATION CHART



3.1.2 The Budget Allocation for Social Welfare Division

In the Ministry of Gender, Sports, Culture and Social Services, the budget, which concerns the older persons, is allocated to Social Welfare Division of the Department of Social Services. A review of the budget allocation for the Division for the financial year 2003/2004, shows that activities addressing issues of older persons are grossly under funded as shown in Table 3.1. For example, allocation for the development policy on older persons amounts to only about US\$ 9,000, which cannot finance advocacy activities in the districts. As for grants for older persons, the demand from both homes of the elderly and individuals far much outstrip the allocation. There is therefore urgent need to mobilize funds for the implementation of activities highlighted in the National Policy document. Mobilization of resources will include Government, Private sector, Civil Society, faith based organizations, development partners, community and older persons.

Table 3.1 Budget Allocations for Social Services Division 2003/2004

Budget Line	2003/2004	
	KSHS	US\$
Relief of Distress	822,656	10,970
Grants to Welfare Services	700,000	9,330
Grants to Older Persons	542,657	7,235
Development of Policy on Older Persons	664,220	8,856

Source: Department Of Social Services

3.2 Help Age Kenya (HAK)

Help Age Kenya was founded in 1982 as a non-profit making body to advance the interests of older persons. Its functions are guided by its vision and mission statements, which are articulated as follows:

Vision statement

HAK's vision is of a society where the rights of the older persons are appreciated, guaranteed and protected and also where older people are availed opportunity to live in dignity through easy access to health care, information, shelter and other basic needs.

Mission statement

HAK's mission is to champion the rights, special and general needs and the well being of the older persons, through advocacy for their rights and implementation of sustainable development programs in close collaboration with the older persons.

The activities which have been and continues to be undertaken by Help Age Kenya in trying to ameliorate the living conditions of the older persons in this country is still

unmatched by any other private and Non-Governmental Organizations (NGOs). It can be rated second only to the Government role in the Kenya's situation. It has persistently kept abreast with other players in the provision of assistance to the older persons and has closely worked with the Government multi sectoral committee on ageing in developing the Policy on Ageing, incorporating the issues of older persons in the draft constitution of Kenya, and in poverty reduction strategy paper.

The Help Age Kenya with major support from Help Age International has established a number of programmes spread over the country. These include; schools programme fundraise for the elderly people. This programme was established to create awareness among the youth on the plight of the older persons in the society and the role of young generations in caring for older persons. Through this programme Help Age has visited such towns like Nairobi, Nyeri, Eldoret, Kitengela and Nanyuki among many others. The other programmes include; African schools Drawing Competition which is to create awareness about ageing and older persons among school children, the Ahero Secures Emergency Assistance which conducted needs assessment in support of older people affected by floods in the Kano plains. This was conducted by technical support from Help Age International-Africa Regional Development Centre. It found that many older people were vulnerable and in need of assistance.

Overall, the institution champions the rights, special and general needs of older persons through advocacy and creation of awareness on issues affecting older persons, empowerment of older persons on economic activities, capacity building and in support of sustainable development programs in collaboration with the older persons. The programs are best explained in the institution's 3 years strategic plan shown in Table 3.2 below. The key areas to be supported include awareness creation campaigns, advocacy, capacity building and logistical support.

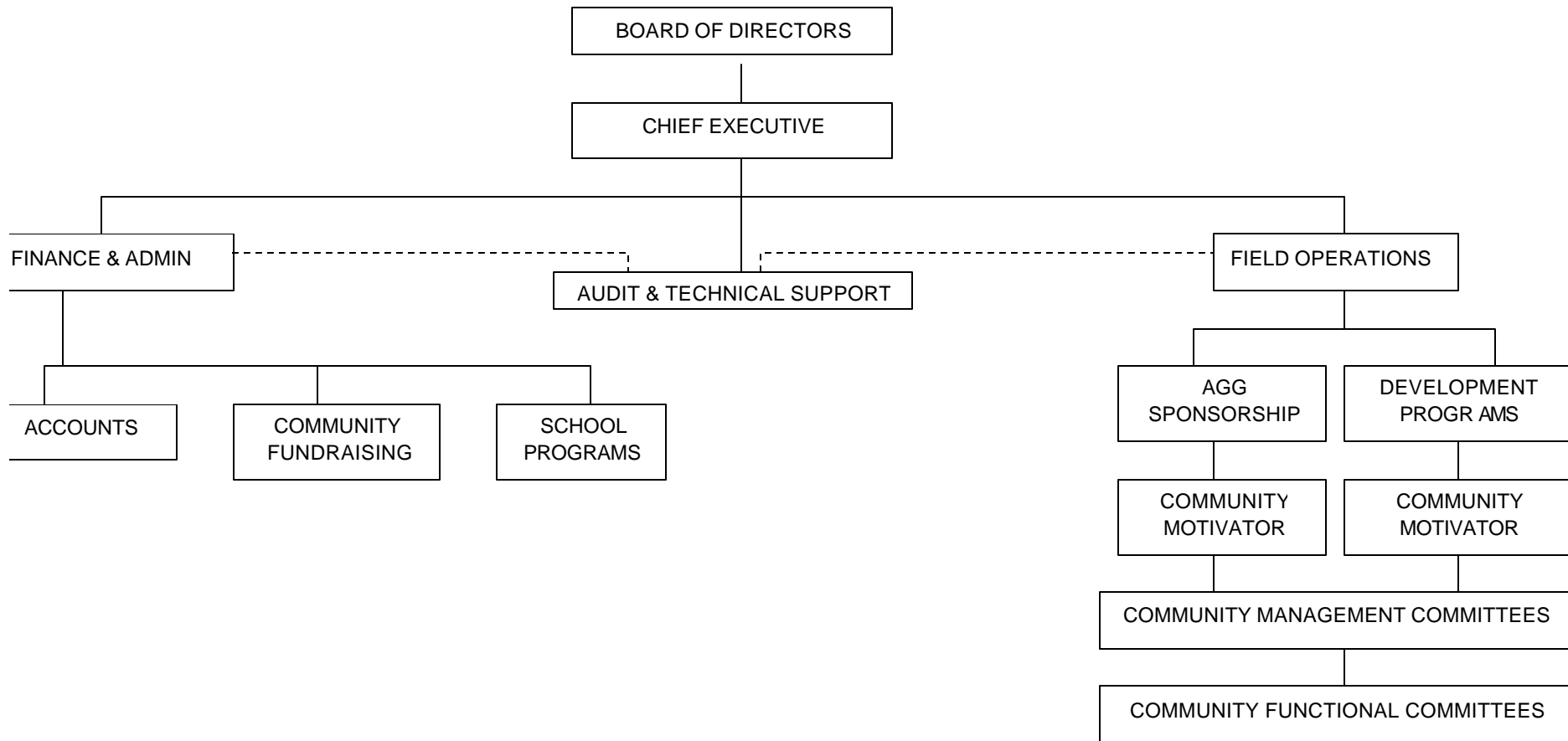
Table 3.2 Budget in the Strategic Plan of Help Age Kenya -2002-2005

	US \$
1. Holding awareness campaigns	8,800
2. IEC materials development	4,800
3 Liaison with media houses	2,600
4. Establishment of an advocacy and lobby network of organisations and individuals	8,800
5. To sensitise children in at least 210 schools countrywide and involve them in at least Kshs 3 million for the support of older persons	10,720
6. To sensitise 300 older persons on their rights by the end of the planning period	12,000
7. To facilitate 20 partner organizations to initiate IGAs by the end of planning period	3,000
8. To establish at least 300 community based resource persons with basic business management skills among older persons by the end of the planning period	2,667
9. To mobilize and tap local and international resource persons for the benefit of at least 500 older persons	2,600
10. 7 Establish baseline data on HIV/AIDS on organization project	5,330
11. To facilitate at least 300 older persons to quality eye, dental care, prostrate and menopausal advice in liaison with relevant institutions by the end of the planning period	1,600
12. To enhance the capacity of at least 200 older persons to care and support their HIV/AIDS infected relatives by the end of the planning period	30,000
13. To enhance the capacity of staff on programmes in the management skills by the end of the planning period	3,200
14. To enhance the organizational efficiency by purchasing two vehicles, two computers and a piece of land for the construction of offices within the next three years	320,000
15. Staff recruitment	43,200
16. Workshops	9,000
Grand Total	483,520

3.2.1 Staffing Level at Help Age Kenya

The organisation structure produced in Chart 3.2 shows that the institution has few staff in its establishment. Worse still, most of the positions shown in the chart are vacant. Given the many commendable programmes for the older persons, who are being undertaken and are planned for the coming three years, it is evident that the institution is grossly understaffed. In terms of decision making it is clear that the management is answerable to the Board of the Directors who approve programme activities.

Chart 3.2 HELPAGE KENYA ORGANISATIONAL STRUCTURE



3.2.2 Financing of Hep Age Kenya

Information available indicates that HAK has not been able to implement its functions as spelt in their mission statement because of lack of adequate funds. Although the major financier for the programme activities is Help Age International, other limited financing come from well-wishers. However, HAK has done very little to mobilise funds from local sources. Currently, plans are underway to formulate strategies for raising funds from private sector, organizations and individuals. Table 3.2 shows the proposed 3-year budget by major item lines.

3.3 Proposed Implementation Arrangements

To achieve full realization of the activities of the National Policy on Ageing, the Ministry realizes the need to strengthen the focal point handling issues of older persons. It is therefore proposed in the policy report that a division within the Department of Social Services in the Ministry and National Council for Older Persons will be established.

The Division will be responsible for providing policy guidelines and coordination of activities in support of older persons and mobilization of resources amongst others. The Council, on the other side, will be an autonomous national coordinating body under the Ministry for Social Services. Its responsibilities will include supporting the government in reviewing policies, mobilization of resources advocacy, awareness creation and in management of programmes and projects targeting older persons.

The Ministry further proposes to establish a Trust Fund for older persons to cater for their special and specific needs. It is expected that the funds for the Trust Fund will be drawn from government grants, private sector donation and contributions from development partners, civil society organizations and individuals. It is further recommended that the Trust Funds will be guided by the existing legal guidelines. Overall there is need that these institutions should be created and strengthened financially and technically to ensure efficient and effective implementation of objectives and strategies stated in the Strategic Work plan (2003-2008) of the Social Services Division.

For effective planning and implementation of activities, the Department of Social Services produced a 5-year strategic plan for the Social Welfare Division as shown in the Log Frame given in Table 3.3. From the activities and the budget allocation it is evident that there will be need for aggressive mobilization of funds to meet the requirements. Mobilization will involve government, international and non-governmental organizations, religious organizations and communities.

Table 3.3 Strategic Plan for Social Welfare Division

Objective	Activities	Budget US\$	Indicators/Output	Assumptions	Time Frame
1. To develop a comprehensive framework that will mainstream ageing issues in all processes of development with aim of improving their well-being	<ul style="list-style-type: none"> Organize workshops with stakeholders on the finalization of the policy on the older persons Hold meetings at grassroots to disseminate the policy and Madrid report on Ageing 	80,000	<ul style="list-style-type: none"> Policy document produced and finalized Workshop held with stakeholders Dissemination meetings on policy and Madrid Report on Ageing held 	<ul style="list-style-type: none"> Timely release of funds Stakeholders informed in good time Goodwill and cooperation from the stakeholders 	2003 – 2008
2. Sensitize the public on the needs and rights of the older persons through observation of the International day of the older person's celebration	<ul style="list-style-type: none"> Organize International day of the older person celebration Publicize the needs and rights of the older persons 	66,500	<ul style="list-style-type: none"> Rally day activities held in 10 districts Number of press releases made Number of feature articles produced Number of public sensitized 	<ul style="list-style-type: none"> Timely release of funds There will be goodwill and cooperation from other stakeholders 	
3. Improve the welfare of the needy and older persons and distressed persons to enable them regain their socio-economic welfare through provision of grants	<ul style="list-style-type: none"> Disbursement of relief of distress grants Grants to the Homes for the Aged Disbursement of grants to welfare institutions. 	60,000 53,000 93,000	<ul style="list-style-type: none"> Number of distressed assisted Number of Homes assisted Number of welfare institutions 	<ul style="list-style-type: none"> Timely release of funds 	
4. Sensitize the public on the importance of family as an important unit of society through the International day of the family	<ul style="list-style-type: none"> Highlight pertinent issues affecting the family through print and electronic media Organize launching and rally day activities 	60,000	<ul style="list-style-type: none"> Number of press release made Number of feature articles produced Rally activities held in 10 districts 	<ul style="list-style-type: none"> Goodwill from media Goodwill and cooperation from the stakeholders to participate in the celebrations 	
5. Help the distressed develop their own coping mechanisms, to continue living within their environment through counseling.	<ul style="list-style-type: none"> Organize and hold counseling sessions according to needy 	40,000	<ul style="list-style-type: none"> Number of clients referred to other welfare agencies Number of clients counseled 	<ul style="list-style-type: none"> Willingness and cooperation from the clients Ability to provide the necessary support 	

Table 3.3. Contd'

Objective	Activities	Budget	Indicators/Output	Assumptions	Time Frame
6. To assess and gauge the achievement of the set objectives as per the divisional programmes through continuous evaluation	<ul style="list-style-type: none"> Field visits to institutions Old meetings with stakeholders and field staff 	66,000	<ul style="list-style-type: none"> Number of institutions visited Number of follow up visits to clients Number of field meetings held Evaluation reports made 	<ul style="list-style-type: none"> Timely release of funds Cooperation of the field staff Availability of vehicle for transport 	
7. To mitigate the effects of drug abuse through awareness creation among communities	<ul style="list-style-type: none"> Sensitization through (TOTs) workshops, in the provinces. Training sessions in 5 selected districts for community leaders Develop IEC materials for distribution to targeted districts. 	53,000	<ul style="list-style-type: none"> Workshop for TOTs held No of training sessions conducted Number of IEC materials produced and distributed Number of the public sensitized on drugs and substance abuse 	<ul style="list-style-type: none"> Willingness of the community to participate Availability of funds Willingness of the community to support the awareness campaign 	
8. To mainstream HIV/AIDS prevention within the departmental programmes	<ul style="list-style-type: none"> Monitoring and evaluation of field activities implemented on HIV/AIDS by the field personnel Dissemination of IEC materials on HIV/AIDS 	106,665	<ul style="list-style-type: none"> Number of visits made to provinces Number of IEC materials produced and disseminated Number of welfare institutions and individuals affected or infected visited 	<ul style="list-style-type: none"> Availability of funds Availability of reliable transport Cooperation from field personnel 	
9. Improve the nutritional of HIV/AIDS and infected especially the orphaned	<ul style="list-style-type: none"> Provision and distribution of nutritional foodstuff to the target households in the districts Enhance community capacity building in production of adequate food at household levels. 	66,600	<ul style="list-style-type: none"> Number of holds that benefited Number of community targeted committees trained on adequate food production in the districts Improve nutritional status and adequate food produced at household levels 	<ul style="list-style-type: none"> Timely release of funds Goodwill and cooperation from the community High expectations from the targeted communities 	2003 – 2008
10. Strengthen the capacity of officers handling Ageing issues through participation in regional and international meetings	<ul style="list-style-type: none"> Participation in regional and International meetings in ageing 	80,000	<ul style="list-style-type: none"> Meetings attended Reports produced and disseminated 	<ul style="list-style-type: none"> Availability of funds 	

3.4 Role of Planning, Budgeting, Programming structures and Processes

The budget is the most important instrument of governance through which the state and several of its economic agencies influence general economic prospects and distribution of national resources. The budget is therefore a financial plan, which outlines the major sources of revenue and how the revenue is to be spent. In Kenya, it is a constitutional requirement that the budget be made and presented in Parliament for approval before the Government can incur any expenditure. Ministerial budget allocations are therefore approved in parliament direct.

Besides being a tool for raising and spending of resources, the budget also performs the function of (i) efficient allocation of resources, (ii) balanced distribution of national resources, (iii) macroeconomic stabilization in terms of fiscal and monetary goals and (iv) ensuring fiscal transparency.

The main components of a budget revenue are (i) direct and indirect taxes, (ii) fees, licenses and other charges raised by state institutions, referred to as appropriations-in-aid, (iii) raising domestic and external debt, (iv) grants (aid) and revenues from public investments.

The expenditure side of the budget mainly includes recurrent and development expenditure. The recurrent expenditure comprises of salaries and other allowances paid to civil servants, operational and overhead costs, Consolidated Fund Services and other miscellaneous costs. Development expenditures are mainly investments and expenditures on long-term policy goods such as roads, hospitals, etc. They include development of infrastructure, technology and research.

Although attempts to the promotions of inclusion participation of the older people in the development; as well as implementation, monitoring and evaluation of economic and social activities have been incorporated in the National Development Plan not much has been achieved.

This has been caused mainly by a number of factors, which include; lack of resources, low commitment by implementing personnel, lack of multigenerational cohesion and the negative attitude of the younger generation towards the older members of the society. This has tended to minimize the role played by the older persons in contribution to the national development plans. Subsequently, it has resulted in low budget allocations and programming of activities. This has resulted in little provisions of activities meant to benefit the older citizens such as sporting, recreational and civic education. It can be pointed out that little reference and negligible emphasis has been put in all the National Development Plans since Kenya's independence in 1963. The current Development Plan has tried to depart from those in the past. The plan spells out the Government policy on the older persons by stating its commitment to provide more resources for the effective management of the population.

3.5 Collaboration and Partnership with Ministries and other Stakeholders

The Ministry of Gender, Sports, Culture and Social Services has developed a number of policies and strategies aimed at benefiting the older persons. However, to be able to monitor and operationalise these objectives and meet the needs of the older persons, it is imperative that the Ministry should collaborate with other public and private bodies and stakeholders. In such issues as human rights, housing, education and employment the Ministry has been and continue to work together with the Ministry of Justice and Constitutional Affairs, Works and Housing; Education and Employment and Manpower Development. The Ministry has continued to work with other stakeholders as; Housing Finance Company of Kenya (HFCK), and Finance, National Housing Corporation (NHC). There has been cooperation with such international and Regional Agencies such as Help Age, their contribution in provision of services to the older persons has had positive impact on the activities of this cluster of citizens. The Ministry has been in the forefront to encourage families and communities to continue to support of their older persons through the provision of their needs which include supply of the basic services as; food and water, shelter and health services.

4.0 CREATING ENABLING ENVIRONMENTS

The Government has been and is still the principal player in policy formulation on the older persons in Kenya. It is envisaged that the state will continue to play such significant role and also provide resources for the effective management and implementation of quality services to improve livelihood of the older persons. However, the evolving political scenario and the economic downturn has had notable negative social and economic impact on a number of sectors in the country. It is probable that these expectations may not be easily realized, unless there are more commitments on the part of both the Government and the implementing officers. Despite the efforts put by the Government to alleviate the socio economic status and well being of the older persons, it is still found that this population stratum continues to be neglected. They continue to experience low priorities in receiving economic, social assistance and cultural respect.

4.1 Political Commitment and Administrative Will

Political commitment and administrative will on the older persons are spelt out through pertinent Government policies. These are contained in the Laws and Rights of Kenya; Section 3 of the Constitution Act Cap 8 clearly states the country's "political commitment and administrative will". These are documented through Acts of Parliament, namely:

- (i) National Social Security Fund Act, Cap 258;
- (ii) National Health Insurance Fund Act, Cap 255;
- (iii) Pensions Act, Cap 199;
- (iv) Widows' and Orphans' Act, Cap 192;
- (v) Provident Fund Act, Cap 191;

The Government in collaboration with other stakeholders has spearheaded implementation of a number of these policies which are both economic and social programmes aimed at providing better living conditions, security and economic activities for the good livelihood of the aged people. The above stated Parliamentary Acts are among the measures, which the Kenya Government has and will continue to undertake to ensure that the retirees and old age citizens do not endure undue, suffering during their later stage of their lives and are targeted to raise the livelihood of the older persons. However, such institutions like the; National Hospital Insurance Fund (NHIF), National Social Security Fund (NSSF), National Pensions Scheme, Widows' and Orphans' Pensions Scheme and Provident Funds schemes are riddled with rampant administrative mismanagement, and low cash flow which are meant to reach the beneficiaries. These have resulted in the low level of services provision to the older persons. Cases have been found of the older persons being tossed from one office to the other when they go to such institutions as; Pensions, and National Social Security Fund in search of their benefits. It is however noted with relief that recently the Parliament passed a bill, which will allow retirees from the public service to be paid their pensions before vacating offices on retirement.

Although there exist written laws intended to protect and help the older persons realize both economic and social gains, there are lapses and complacencies in

implementing the administrative will. It is therefore imperative that corrective measures are effected aimed at removing these ills in the execution of these services. These will lead to streamlining their operations and make them beneficial to those they are intended for. Another area, which does not provide conducive environment for International NGOs working in Kenya, is the Government requirement that they have to pay Value Added Tax (VAT) and corporate taxes. This has made some international NGOs to relocate to other countries.

4.2 Life after work

Some charitable and non-profit making organizations such as Christian, Islamic Centers for old age persons and Help Age Kenya are among the many bodies, which have provided much assistance to the older persons. Such organizations have gone even further by providing/spearheading other initiatives, which are instrumental in supporting individual needs of old people by providing assistance through community projects targeted at older persons.

4.3 Role Accorded to the Older Persons

Various communities in Kenya differ in the role and manner the older persons are regarded and status they are accorded. Some communities respect highly their older generation (Senior citizens) and are given much dignity among the population. Few communities however accord their older persons low esteem and with disrespect. This group regards the aged people as both economic and social burden. For instance they argue that a country with high level of older persons turns out to have high dependency ratio caused mainly by the older people. They argue that the older people are those citizens who have passed their productive stage and are now more of consumers than producers in economic activities as these negative minded groups try to fortify their case. This has led this group to ignore the older persons. As a result the older people are not being consulted for guidance in; cultural matters, land heritage, setting -up of new homesteads; and, discretely, on few cases involving wife or widows inheritance. There is therefore need for older persons to be incorporated in guiding the family and the community in general and in development process and decision-making. This is due to their wide experience and wisdom in such issues.

Further it is noted that the challenge that Kenya faces today is how to create an enabling environment, which recognizes the potential roles and responsibilities of older persons, men and women alike, in the development of the country. This includes implementation of strategies that will address the socio-cultural barriers that have contributed to gender disparities and inability of older women to realize their full potential. As a vulnerable group, they require targeted provision of basic services such as housing, access to medicare, recreational facilities and security among others.

4.4 Housing and Living Environment

Descent and habitable housing and surrounding of the older persons are vital for the well being of the older persons. They offer good accessibility and safety to the older people. The provision of habitable housing relieves the older persons from the

financial burden of struggling to maintain a home. Good housing has been seen to promote good health and well being of this least cared for population group. The older persons should be given the option of choosing where to live. This promotes the satisfaction of the group feeling that they are not simply being hurdled to any homes even where they do not want to live in. Due to rapid urbanization even those who would not qualify to be grouped as aged citizens find themselves falling victim of the situation and normally being asked to retire from the salaried work and thus leading to rapid non-demographic ageing.

The housing situation in Kenya is not satisfactory. Most of the houses which are affordable to older persons are fairly old ones, very small in size and lack the basic amenities like tapped water supply and have filthy, shared toilets and in many cases have no roads. The present Government has come out strongly to correct this unfortunate situation. Already plans have been completed to build descent houses in the low-income estates where many older persons are living. These are within close proximity of the central commercial areas, which will ease transport problem of the older persons. Due to the huge housing requirement, financial resources have been seen to be the major constraint. However, the Government is trying to source funds from outside the country, which are expected to augment local sources from both the public and private sectors. There are indications that the present campaign will result in sizable number of units and development of affordable and habitable houses in good environment. It is hoped that these new houses will take into account the needs of the older persons who should be offered houses, which are easily accessible, particularly the disabled since the present generation of housing have ignored the needs of these people.

4.5 Care and Support for Caregivers

Provisions of care to the older persons by family members and the community are vital for the comfort and psychological satisfaction to the older people. However it has emerged that with the hard life caused by modernization, a number of families and communities tend to ignore the long-standing tradition responsibility and leave only a few people to cater and take care of the older members of their families and communities. This has resulted in having old people being taken for care in old people's homes, home nursing services, foster homes and home help services amongst others. However, a number of care and support centres are not accessible to majority of the older persons due to their costs or room for admission.

In Kenya women caregivers' situation has been worsened by the onslaught of the HIV/AIDS pandemic mainly in the urban areas where it has affected big proportions of the population. This has forced older women to take on the burden of caring for children and grandchildren with HIV/AIDS and for children orphaned from AIDS. Both community and family caregivers sometimes find themselves overburdened, It is therefore imperative that adequate assistance should be in place to lessen the older women's plight. There are efforts to increase quality of care for older persons living alone in order to extend their capacity for independent living. Attempts are being made to support caregivers through; training, information dissemination, economic, social and legislative mechanisms.

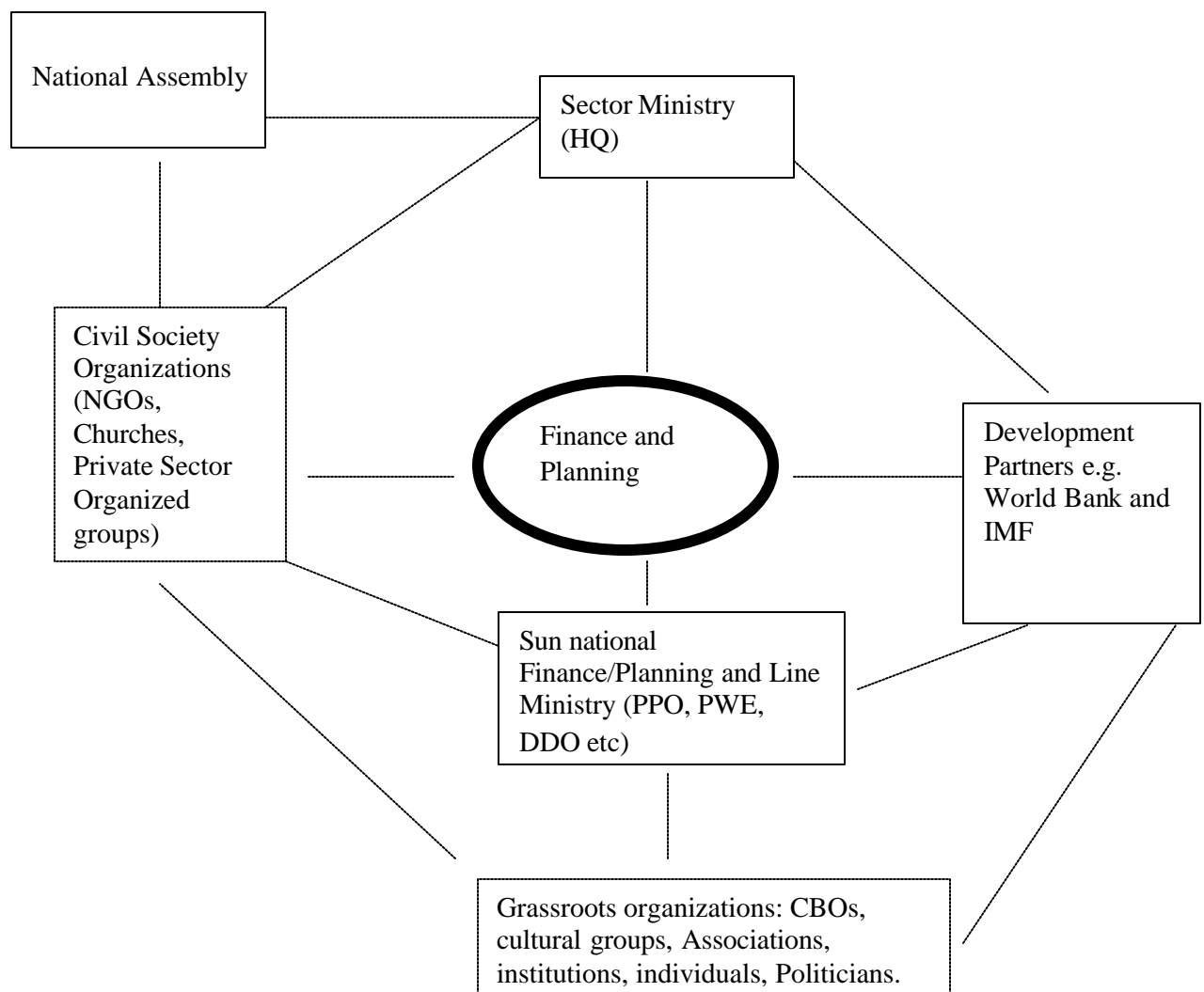
4.6 Policy Formulation Process

The Kenya policy environment has gone through radical changes. Up to around mid 1990s policy formulation was characterized by government mistrust and lack of good working relations towards NGOs, poor governance in all sectors and among all actors and political upheavals. However to date policy environment has changed and is now characterized by political goodwill, inclusivity and enhanced interaction between various actors and openness and freedom of expression.

4.6.1 Government Policy Formulation Process

Traditionally, policy formulation within the government has been inward looking with more emphasis given to idea generated by public servants at the national level planning and line Ministries. However, since the late 1990s and specifically with the preparation of the Poverty Reduction Strategy Paper, process of consultation involving NGOs, private sector and religious organizations was implemented. The actors in policy formulation are shown in Chart 4.1. From the chart, it is evident that there is no involvement of older persons unless represented by an organized group.

Chart 4.1 Current Policy Formulation Actors (Since mid 1990s)



The steps in the current formulation process: -

Step1: Identification of a policy issue, by one of the clusters

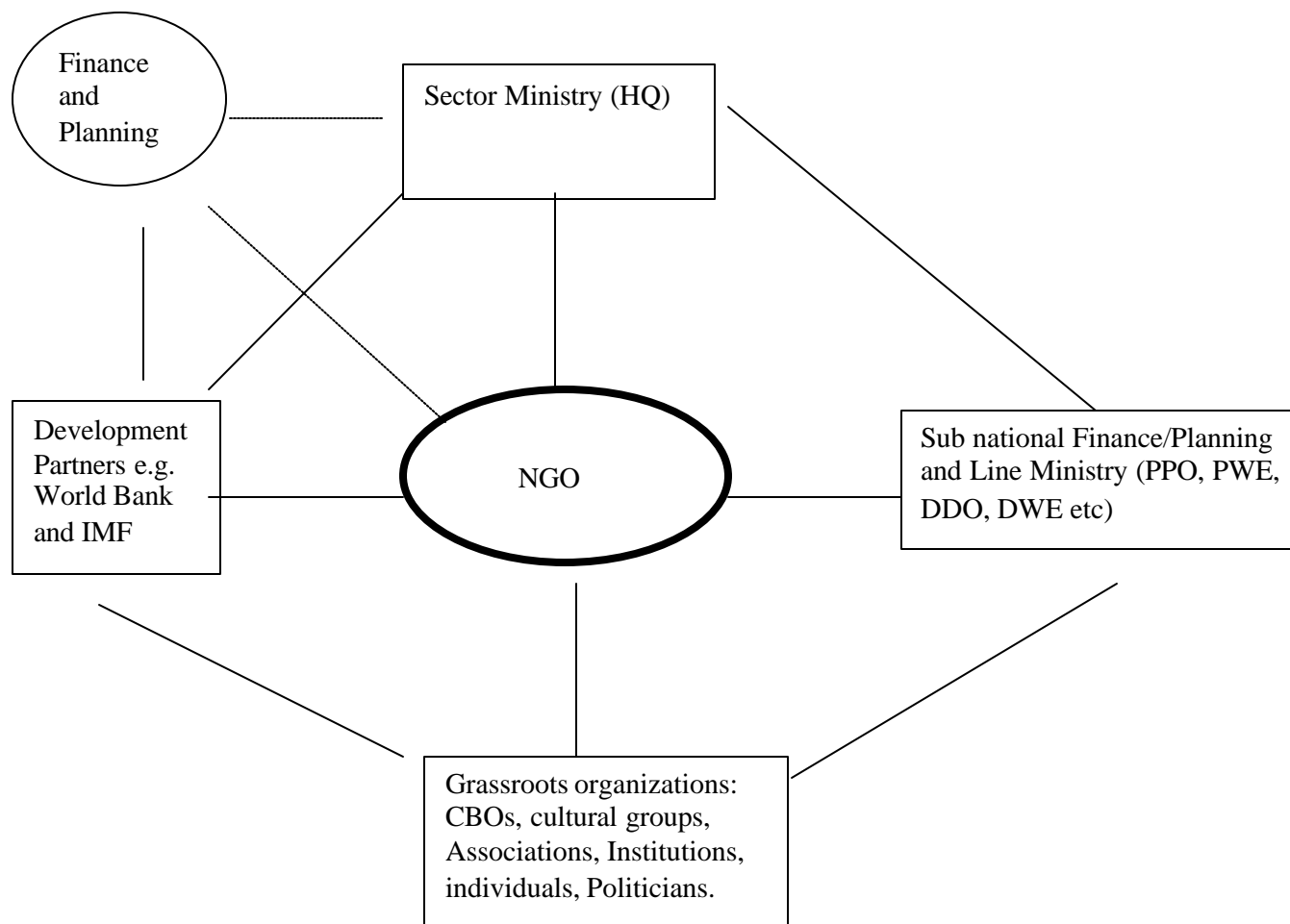
- Step 2: Issuing request, circular or memo (Cabinet Memo) requesting policy formulation
- Step 3: Approval/Concurrence granted or faulted.
- Step 4: Lobbying amongst actors or contents, purpose and identification of actors and sections/areas for involvement.
- Step 5: Publicity, advocacy and civic education.
- Step 6: Gathering of relevant data
- Step 7: Drafting of segments by various actors
- Step 8: Editing of policy document and finalization **(the step in which Kenya National Policy on Ageing is).**
- Step 9: Presentation to the Cabinet/relevant agency for approval /consideration
- Step 10: Tabling in Parliament for debate/approval
- Step 11: Implementation.

There are about 11 steps for policy formulation process implementation. The National Policy on Ageing is at the eighth step, which involves editing of policy document and finalization of the draft at the Ministry level. Thereafter, the document will be submitted to the Cabinet for approval/consideration before it is tabled in Parliament for approval.

4.6.2 NGO policy formulation

The NGO policy formulation process is not well developed in the country. However, the NGO Council is currently spearheading the formulation of a policy that will be of guide to NGO fraternity. Meanwhile the current format for policy formulation is given in Chart 4.2. In all these current processes older persons are not involved but opportunities exist for involvement.

Chart 4.2 Current Policy Formulation Actors (Since Mid 1990s)



5.0 IMPLEMENTATION AND FOLLOW-UP

The Kenya Government is a signatory to the International instruments on ageing as already highlighted. The Government undertook to implement the requirements as stipulated in both Plan of Action on Ageing. The success of these national obligations requires sustained action and commitments at various levels, in order to respond to dynamic demographic changes. It is also imperative to take into account that there is need to mobilize the necessary skills and energies of the older persons.

The implementation of the objectives of the Plans of Action on Ageing requires systematic evaluation of the progress of both current and new challenges. These include both financial and development of the human resource with needed expertise. The challenges can effectively be dealt with by mixing appropriate doses of both local and international contributions so as to handle the needs of the general population and more particularly to assist the needs of the older persons. Further, the contribution of the international community will foster development that will enhance the development of the pertinent policies that will effectively address the needs of the senior citizen.

The successful implementation of the objectives of the Second World Assembly on Ageing 2002 will also call for the establishment of ethical and spiritual vision for social development of the older persons. Other parameters which include variables which go towards the realization of this Plan of Action are; human dignity, human rights, equality, respect, mutual responsibility and their cooperation.

As a follow up to the Madrid International Plan of Action, the Kenya Government has taken certain measures to mainstream ageing issues in development process. These measures include:

- Ensuring that the poverty reduction strategy paper preparation was consultative in nature thus enabling older persons participation in decision-making in poverty reduction strategies.
- Supporting initiatives of older persons through grants.
- Incorporating older persons rights into the ongoing constitution reform.

5.1 Special initiatives with respect to older persons

The commitment of Government in partnership with NGO's, community based organisations; private sectors and religious organisations have ensured the development and implementation of several initiatives for the benefits of older persons in Kenya. These initiatives include: -

5.1.1 National Hospital Insurance Fund (NHIF)

It is a compulsory hospital insurance to which employees in the formal sector make contributions based on salary scale. Whenever contributors are admitted for medical treatment, payments are made out of this fund, the amount depend on the level of availability of facilities at the hospitals and also subject to a given number of days of admission within the year. In the non-formal sector, contributions by those who are self employed are voluntary. Old persons who have retired from active service can

continue with the contributions and payment, however, non members are not eligible for membership of the scheme from the age of 65 years onwards. To meet the health needs of older persons, retired persons and indeed all other citizens, NHIF will be converted to a National Social Health Insurance fund that will cover both in-patient and outpatient. This scheme is expected to cover the older persons and will therefore act as old age security.

5.1.2 National Social Security Fund (NSSF)

The National Social Security Fund plays a leading role in providing social security to workers throughout the country. NSSF operates a provident fund scheme that covers only workers in the formal sector. The scheme is funded by contributions of a fixed percentage of an employee's monthly wage combined with an equal amount from the employer, subject to affixed maximum. The benefit payable is made up of total contributions plus interest and includes:

1. Early retirement benefit paid to a member at 50 years upon retirement.
2. Age retirement benefit paid to a member at 55 years or above upon retirement.
3. Invalidity benefit paid to a member who faces permanent disability.
4. Survivors benefit paid to dependants of a deceased member and
5. Emigration grant paid to members leaving the country permanently.

NSSF is soon to transform to a mandatory social insurance pension scheme and expand coverage to include employees in the informal sector. The conversion of the fund will enable it to offer a more comprehensive range of benefits.

5.1.3 Pensions Fund

Recently the President accented to the pensions bill passed by parliament. The bill will become law (pension act) as from 1st January 2004. The act will ensure that retirees receive their pension benefits immediately they cease to be in formal employment. Related to this a retirement benefits authority has been established to provide policy guidelines and regulations on the management of retirement schemes.

5.1.4 Retirement Benefits Act

The Government formulated this Act under which the Retirement Benefits Authority has been established. The authority has the mandate to regulate and supervise the establishment of all pension schemes through registration, setting out rules and regulations governing the administration of such schemes so that the schemes are professionally managed and the interest of members hence assuring the old persons secure benefits.

5.1.5 Social Welfare Programme

The programme provides support to the needy and disadvantaged in the community. This is mainly in form of technical and financial assistance to individuals, organisations and institutions involved in addressing the needs of disadvantaged persons, including the aged. Meanwhile, the various Non Governmental Organisations (NGOs), Civil Society Organisations (CSOs) and religious organisations in the country continue to be supportive to individual older persons, institutions and community projects targeted at older persons.

5.1.6 Health Care Programme

The health sector provides targeted health services to older persons. These include eye care programmes, diabetic, T.B, hypertension, epilepsy etc. The government plans to decentralize the decision-making process, resource allocation and management of health services to the district level to allow greater participation of the committees in the management of health services. This will encompass the participation of the elderly people and thereby be able to tap their talents.

The current Government health policy is to put more emphasis on the preventive rather than curative approach. This should bring older persons in the management of health services

5.1.7 Non-Formal Support Services

These include the extended family support system still operational at the community level, though under serious stress due to the changing socio-economic environment. There are also community based Development Programmes, NGOs, faith based organisations and philanthropic groups that provide support to older persons through the implementation of various social welfare services and development programmes.

5.1.8 Homes of the aged

Homes for the older persons are fairly few and fall short of the high demand by the elderly people who qualify to be taken care of. They are supported mainly by non-governmental organisations and faith based organisations, the homes provide various forms of care and social support to older persons. Due to the high number of the older persons, which has been oscillating between four and five percent (4% - 5%) of the Kenya's population, a number of these Centres have been set-up. These homes and villages offer conducive living environments for the older persons. The services at these centres have been offered by both public and private organizations. Despite of the good gestures shown by the managements of these centres, the demand for the services is continually outstripped by their demand. It is therefore imperative that their coverage and scope be widened for the well-being of the older persons. More sectors of the economy should be encouraged to contribute towards the establishment of these accommodation centres and sustenance of this stratum of the society. This should be through promotion of public awareness on the importance of ageing with quality life. The public should be educated to prepare for the old age stage of life.

It is also recognised that a number of charitable organizations have been collaborating among themselves so as to tackle the old age agenda. These include the PCEA Kikuyu Hospital eye unit Department, Undugu Society of Kenya, Help Age Kenya and a number of religious organizations. These institutions have played significant role in the provision of the basic needs aimed at improving livelihood of the people. Although they are supposed to supplement the Government contribution to the elderly people, it has turned out that they have taken the leading role in providing for the needs of the older persons, as the state contribution is almost negligible.

5.2 Monitoring and Evaluation

The success in the implementation of any policy will depend on how well the activities are funded, implemented, monitored and evaluated through feedback mechanisms. For this to take place, in-built mechanism that ensures continuous participation of key stakeholders, in monitoring and evaluation is necessary. This feedback informs the next round of planning and resources allocation, hence ensuring efficiency in the way development resources are deployed both for economic growth and poverty reduction. Kenya is in the process of institutionalizing monitoring and evaluation.

It is recognized that collection and analysis of data on socio-economic issues affecting older persons will be crucial for monitoring and evaluation. In collaboration with NGO, Universities, International organizations, private sector and public in general, the Government will have to identify information gaps that exist in relation to the needs and rights of older people, collect data on factors that contribute to the poverty experienced by older people, undertake research on differential ageing in women and men, and research on educational gaps and needs of older people amongst others. The research in various sectors of the economy will assist in providing information for policy formulation.

It is also indicated that monitoring and evaluation processes will be undertaken on a continuous basis and in-built within policy implementation. Older persons will be actively involved in the monitoring and evaluation of the policy with a view to establishing whether it meets their felt needs. In addition, the National Council for Older Persons will have a lead role to play in the monitoring and evaluation of the policy.

Monitoring and evaluation will be based on the following benchmarks against which progress will be assessed initially.

1. Formulation of a national plan of action for the implementation of the policy.
2. The rights of older persons included in the constitution.
3. National legislation reviewed/revised to address the rights and needs of older persons.

4. National budgetary allocations made to support policies and programmes in the interest of older persons.
5. Social security and social welfare policies reviewed and up-dated in keeping with the changing societal needs and demands.
6. Mechanisms established for and participation of older persons in national and community development activities.

6.0 RECOMMENDATIONS FOR STRENGTHENING FOCAL POINTS

The implementation of the goals, objectives and strategies for Kenya National Policy on Ageing both at national and district levels require sound institutional framework coupled with strong public commitment and support. This report underscores the role and identifies the key focal points of ageing issues in Kenya to be the Ministry of Gender Sports, Culture and Social Services and Help Age Kenya. From the findings documented in this report the key summarized recommendations for strengthening the focal points are as follows:

i) The Ministry of Gender, Sports, culture and Social Services.

The Ministry is in the forefront to collaborate with International organizations in seeking technical and financial support to not only government ministries and departments with programmes on ageing but also to seek support for NGOs that promote well being of older persons. It is therefore important for the Ministry to translate the current draft policy on older persons into a Sessional Paper which would give Parliament an opportunity to enact the policy on ageing. The Division in its current structure has no capacity to finalize the policy document. For example, ageing issues are handled just as one of the programmes in the Social Welfare Division with very few staff. There is therefore need to support the creation of a division with adequate staff to fully undertake the activities of ageing. This will require allocation of more funds for ageing issues for capacity building.

Lobbying and advocacy is another broad area, which requires urgent attention and support for the implementation of the national policy on ageing. This is particularly so since the draft policy has to be forwarded to Cabinet and then Parliament for approval. The Ministry will have to be supported to have effective advocacy activities targeting parliamentarians, pressure groups, political parties, faith based organizations and trade unions amongst others to influence and speed up decision-making process. Secondly, to mainstream ageing into other government departments, programmes and policies, there will be need for improved coordination and collaboration between the focal points and other ministries and NGOs. The key area of support will be the need to create awareness among policy makers on the plight of older persons. The information collected show that most government officers are ignorant on the issues affecting older persons. The activities to be supported include networking, consensus building meetings, workshops and press conferences.

In summary, the recommended areas of support to strengthen focal points at the Ministry are: -

- (a) Elevation of the older persons programme into a division of Older Persons within the Department of Social Services
- (b) Finalization of the National Policy on Older Persons and Ageing. Strengthen Multi-sectoral Committee to oversee the process of finalizing the policy.
- (c) Lobby for financial allocation for the Division, which will adequately cater for implementation and monitoring of the Divisions Activities.
- (d) Capacity building of staff, through training them right to the grassroot levels to enable them to effectively deal with older persons and ageing issues.

- (e) Improve coordination and collaboration between the ministry and other ministries on ageing issues.
- (f) Improvement of staffing levels at both headquarters and at the field level, the division's establishment to comprise of at least ten (10) officers, increasing it from the current number of five (5) officers.
- (g) Implementation and dissemination of the national policy on older persons and ageing.
- (h) Facilitate advocacy and mainstreaming of ageing issues in all deployment sectors.
- (i) Strengthen collaboration and partnership with Non Governmental Organizations (NGOs) and United Nations Agencies.
- (j) Improving collaboration with Central Bureau of Statistics in undertaking various researches on socio-economic issues affecting older persons and in data collection and analysis on issues specific to the needs of older persons and that data is disaggregated without upper age limits and by gender.
- (k) Establishing monitoring and evaluating system in the social welfare division.
- (l) Have an international support programme on mainstreaming ageing issues in the development process. The support should be in the form of technical and financial assistance and in provision of equipment such as vehicles and computers.

ii) Help Age Kenya

Although there are some NGOs supporting activities for older persons on ad-hoc basis, Help Age Kenya (HAK) is the main NGO with full mandate for addressing ageing issues. Despite having limited financial and human resources, it has undertaken successful programmes/projects covering older persons both in the urban and rural areas. It was noted that their major financial support came from Help Age International but this has also been substantially reduced as a result of economic recession worldwide. Further they have lean programme staff to effectively cover the activities in their strategic plan. To strengthen the capacity of HAK to effectively address the issues of ageing, the recommended support should be in the following areas: -

- a. Mobilization of resources locally and internationally. There is need to identify more funding partners and put in place effective strategies for fundraising.
- b. Supporting the establishment of website to enable quick publicity of its activities nationally and locally.
- c. Capacity building of program staff through training.
- d. Improving network with government ministries, private sector and other NGOs
- e. Exploring ways of making HAK a membership organization.

In conclusion, it is observed that in Kenya there are, if any, very few pressure groups and NGOs, which focus their activities on ageing issues. With the absence of such bodies enacting the policy into law might take much longer because of lack of critical support from such organized lobby groups. It is therefore recommended that the two focal points on ageing should undertake aggressive and effective campaign to finalize the remaining policy formulation steps for the Cabinet approval and parliament to legislate the National Policy on Ageing in Kenya. This is the key challenge to the Government and unless the process of legislation is given priority, the policy will remain in draft form for years to come.