



Lesotho Government

Lesotho Policy for Older Persons



Ministry of Social Development
Health Headquarters Building
Box 514, Maseru. Lesotho

Table of Contents

Table of Contents	ii
Acronyms	iv
Foreword	v
Acknowledgements	vi
Executive Summary	vii
1.0 Introduction.....	1
1.1 Challenges of Ageing.....	2
1.2 Defining Ageing.....	2
1.3 Key International Instruments on Ageing.....	3
1.4 Methodology.....	5
2.0 Situational Analysis.....	6
2.1 Demographic Background.....	6
2.2 Economic Issues of Older Persons	7
2.3 Health and Nutrition of Older Persons	9
2.4 Older Persons' Social Issues.....	11
2.5 Rights of Older Persons.....	12
3.0 Vision, Mission, Objectives and Rationale of the Policy.....	14
3.1 Vision.....	14
3.2 Mission	14
3.3 Objectives.....	14
3.4 Rationale	14
3.5 Guiding Principles	15
4.0 Policy Statements	17
4.1 Economic.....	17
4.2 Health.....	18
4.3 Mental Health	18
4.4 HIV and AIDS	18
4.5 Nutrition.....	19
4.6 Supportive Family and Community Environments	19
4.7 Public Infrastructure	20

4.8 Housing/Shelter	20
4.9 Emergency and Disaster	20
4.10 Safety and Security	21
4.11 Rights of Older Persons.....	21
4.12 Housing/Shelter	22
4.13 Monitoring and Evaluation	22
5.0 Roles of Stakeholders	23
5.1 Central Government	23
5.2 Local Government.....	23
5.3 Families/Villages	23
5.4 Non-Governmental Organization	24
5.5 Private Sector	24
6.0 Policy Review	25
Bibliography.....	26

Acronyms

AU	African Union
FGD	Focus Group Discussion
HIV and AIDS	Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome
ICPD	International Conference on Population and Development
IFA	International Federation on Ageing
LDC	Less Developing Country
MoSD	Ministry of Social Development
NGO	Non-Governmental Organization
NUL-CONSULS	National University of Lesotho, Bureau of Projects, Training and Consultancy
OECD	Organisation for Economic Cooperation and Development
PPPs	Public Private Partnerships
OP	Older Persons
SADCC	Southern African Development Community
UN	United Nations

Foreword

The newly developed Lesotho Policy for Older Persons affirms the government's commitment to protection of the rights and welfare of population ageing. Population that is aged 60 and above is considered as older persons in our country, and this is in alignment with the definition that is used across the African Continent. Currently About 160 000 Basotho are elderly and most of them live in households with other family members. The elderly are the fastest growing population group in Lesotho, and, on average, they are living longer than ever before.

The Lesotho Policy for Older Persons has two broad features. First, by working with NGOs, donors and the elderly themselves, the Policy will make the social, legal, political and economic rights of older persons better defined, acknowledged, respected, protected and served. Second, it will encourage older persons, wherever possible, to join in the way these rights are observed in their households, families, communities and the Nation. And, above all, it will let our elders be seen as assets and not liabilities for social development.

Lesotho is one of the only Less Developed Countries (LDCs) in the United Nations providing a State Pension as a right for its citizens aged 70 and older. The Ministry of Social Development aligns its Policy for the Older Persons with the availability of the Pension. Through this policy, the Ministry of Social Development shall address the concerns raised by older persons regarding eligibility criteria for old age pension, health, safety and security, care for household members, especially Orphans and Vulnerable Children affected by HIV and AIDS.

The implementation of this Policy will require close collaboration with the line ministries such as; Ministry of Health, Ministry of Finance, and other Ministries. We will also collaborate with the public and private providers of occupational pensions and life assurance, the older persons themselves and the local and international groups that support them. The recent Memorandum of Understanding (MOU) between Lesotho and Help Age International is already an important example where we will work together to ensure that Lesotho meets SADC, African Union and United Nations Declarations on the Rights of older persons.

The policy is the product of intensive consultation with all relevant stakeholders, particularly older persons who are beneficiaries of this policy. It further seeks to ensure that older persons enjoy the fundamental human rights as first class citizens of Lesotho like everybody.

.....

Hon 'Matebatso Doti

Honorable Minister of Social Development

Acknowledgements

The Ministry of Social Development gratefully acknowledges the Director of Elderly Care Services who coordinated and provided guidance in process of the development of the Lesotho Policy for Older Persons.

The Ministry is also grateful to the team of Consultants from the National University of Lesotho Ms. Nthabiseng Chaka (Team Leader); Ms Thandie Hlabana; Ms. Moikabi Matsoai; and Mr. David Croome who assisted in developing this policy and showed their professionalism in responding to the challenges encountered during the process.

We also wish to thank experts in the field of ageing who gave their knowledge of the position of current and future position of the elderly in Lesotho. The Chiefs who were able to secure appointments with the older persons during the focus group discussions are also honoured.

We thank the older persons themselves who played a key role in providing issues that went into developing the Lesotho Policy for the Older Persons. We wish to extend our heartfelt condolences to the families of the elderly who played a pivotal role in the focus group discussions and passed on before they could see the realization of their own “dreams”.

We also extend our sincere gratitude to stakeholders and the Ministry’s officials throughout the process, especially their valuable inputs during the validation of the policy. The participation of stakeholders demonstrated ownership of this policy and commitment to its implementation.

.....
Limakatso Chisepo (Mrs)
Principal Secretary MOSD

EXECUTIVE SUMMARY

INTRODUCTION

Population Ageing is described as the rise in the median age of a population resulting in a shift in the age structure of that population. It is a consequence of a number of factors, including declining fertility rates, decreased premature death, and prolonged life expectancies. While population ageing is still in its infancy throughout Africa, there is a growing recognition of ageing phenomenon, and the socio-economic benefits and problems associated with this process. One important consequence of an ageing population is the burden of economic and social dependency. In addition, ageing is linked with chronic physical and mental ailments. These challenges tend to increase personal care needs. Yet, much of Africa faces weak health care systems that are unable to adequately address these emerging health problems among the elderly. As well, much of the region is faced with lack of viable social safety nets, increasing prevalence of poverty, particularly among elderly-headed households, and a shrinking cohort of caregivers in countries ravaged by the HIV and AIDS epidemic. Moreover, linked to the HIV and AIDS epidemic, are the changing family structures where grandparents are increasingly caring for grandchildren left behind by victims of HIV and AIDS. Indeed, Lesotho is no exception to this phenomenon hence the importance of a guiding tool to address these challenges.

About 8 percent of the population in Lesotho is aged 60 years and above. This makes roughly 150, 000 old people in the country. Most care for the older persons is provided in the households in which they live in. However, these households are likely to be poor. This is because the elderly are physically and economically challenged hence have few opportunities of earning income through work. As a result the elderly tend to be perceived as a liability. Until recently, older persons in Lesotho were dependent on the incomes generated by other members of the household. But, in November 2004 the Government fulfilled a promise originally made ten years previously, and introduced the non-contributory pension for older persons aged 70 years and above. At present, old age pension is M500 (about US\$48). This income has become the main source of livelihood for many households in Lesotho, though compromising on the direct benefits to the elderly themselves. This is mainly because older persons in Lesotho tend to care for orphans, and economically inactive and sometimes ailing adult children.

Old age is also associated with chronic health problems. These are attributable to various physical and mental changes due to age as discussed under section 1.2. Consequently, the elderly make a larger fraction of health care seekers. On the other hand, old age also affects the social relationships. While older persons are seen as custodians of culture and inheritance, the changing family structure and living arrangements has left them vulnerable to abuses such as rape, property grabbing and neglect.

GOAL

The overarching goal of the Lesotho Policy for Older Persons is to advocate for observance of rights and respect to older persons by establishing structures that will improve the status of older persons and their well-being, while being sensitive to gender and age difference of older persons.

RATIONALE

Old age comes with associated physical, mental and physiological changes which present new needs and challenges for the social welfare of this age group. In addition, older persons in Lesotho are particularly disadvantaged due to limited social security for their everyday social and economic needs. The care and support by the family and community that used to be done in the past has declined due to changes in societal relationships associated with urbanization and modernity. Thus, apart from their large numbers, the attention to older persons should also, and above all, be seen in terms of right to a decent quality of life and to basic needs. It should be recognized that the existence of today's society is attributable to the efforts by previous generations. Therefore, it is important for the Lesotho National Policy for Older Persons to advocate for intensive efforts to effectively cater for the needs of its old people.

GUIDING PRINCIPLES

The Lesotho Policy for Older Persons, which adopts a rights-based approach, is also guided by five (5) principles based on the eighteen (18) United Nations Principles for Older Persons. These principles include; independence, participation, care, self-fulfillment and dignity of the older persons.

POLICY STATEMENTS

The following policy statements aim at providing an implementation framework which will facilitate the improvement of older person's life and set the ageing agenda within the national development strategies.

Economic

The policy aims to promote financial stability and secure livelihoods for older persons in the country.

Health

The policy aims to ensure that the elder persons will be afforded access to health care services of high quality in order to promote a good quality of life and wellness.

Mental Health

The policy aims to create awareness and understanding of mental problems related to ageing as a means of providing mental health services to the older persons as well as preventing the stigma attached to ageing due to dementia and related problems.

HIV and AIDS

Through this policy the government will also provide care and support for HIV infected and affected older persons.

Nutrition

The policy will also promote food and nutrition security among the elderly and create awareness on the importance of good nutrition and nutritional problems affecting this age group.

Supportive Family and Community Environments

The policy will promote and support family and community care and participation for older persons in Lesotho.

Public Infrastructure

The policy aims at promoting old-age friendly designs of buildings, transport facilities and other infrastructure in order to ensure accessibility for older persons.

Housing and Shelter

The policy shall promote access and maintenance of safe and age-friendly housing for older persons in Lesotho.

Emergency and Disaster Management

The policy shall ensure that the effects of disaster on older persons are mitigated through targeted education on disaster and emergency awareness and preparedness.

Safety and Security

The policy shall advocate that law enforcement service providers such as the police are educated and trained to respond with sympathy and efficiency to the safety and security needs of the elderly.

Rights of Older Persons

The policy shall promote protection and upholding of the fundamental rights of the older persons, by developing laws protecting them from abuse, violence and discrimination.

Education and Media

The policy shall promote education and sensitization of the general public regarding the ageing process.

Monitoring and Evaluation

The policy shall promote continuous research on ageing in order to monitor and evaluate its implementation as well as that of programmes and services to older persons.

Roles of Stakeholders

Since ageing is a cross cutting issue, the implementation of the Lesotho Policy for Older Persons will involve various stakeholders at various levels of Central Government and Local Government as well as Non-Governmental Organisations, private sector, families and communities.

POLICY REVIEW

The Lesotho Policy for Older Persons shall be operational for a period of ten (10) years. Thereafter, it shall be subject to review taking into account the changing demographic landscape of the older persons due to the internal and external environments.

1.0 Introduction

Ageing population is described as the rise in the median age of a population resulting in a shift in the age structure of that population. It is the consequence of a number of factors, including declining fertility rates, decreased premature death, and prolonged life expectancies. In many developed countries, the ageing demographic transition is already taking shape as the average age of populations continues to rise. This is a direct consequence of the post-World War II “baby boom” (Anderson and Hussey, 2000), as well as the indirect effect of socio-economic development (referred to as the demographic transition). Fertility rates have declined below the replacement rate of 2.1 in many industrialized countries. Similarly, the average life expectancy at birth continues to rise. The Organizations for Economic Cooperation for Development (OECD) countries estimates the average life expectancy at 79.1 years, up by 10.6 years since 1960 (OECD,2010). The United Nations (UN) medium-scenario projections indicate that fertility rates will remain below the replacement rate through to 2020 for most of the industrialized countries. At the same time, the proportion of persons aged 65 years and older will increase rapidly over the next few decades, to reach over a quarter of the population in most countries. By comparison, only 10–14 percent of the population was 65 years or older at the turn of the century in most industrialized countries (UN DESA, 2011).

Nonetheless, concerns regarding African populations have traditionally focused on relatively high rates of fertility and mortality, need for the expansion of basic health programs, and, more recently, the high socio-economic and demographic impact of the HIV and AIDS pandemic. Overlooked in the face of these pressing issues is the fact that most African populations are ageing, albeit at slower rates than in much of the developing world. In 2010, 36 million elderly people aged 65 years and over accounted for 3.6 percent of Africa’s population, up from 3.3 percent ten years earlier. In 1980, 3.1 percent of the population was elderly, aged 65 and above and there has been a steady increase during the last forty years. Population ageing in Africa is expected to accelerate between 2010 and 2030, as more people reach the age 65. Projections show that the elderly could account for 4.5 percent of the population by 2030 and nearly 10 percent of the population by 2050 (UNDESA, 2011.) In many countries in Africa, the proportion of older persons will be close to that of industrialized countries by 2050.

1.1 Challenges of Population Ageing in Africa

While population ageing is still in its infancy throughout Africa, there is a growing recognition of ageing phenomenon, and the social benefits and problems associated with this process. One important consequence of an ageing population is the shift in the demographic dependency ratio - the ratio of the combined youth population (0 to 15 years) and senior population (65 or older) to the working-age population (16 to 64 years). It is expressed as the number of "dependents" for every 100 "workers." Similarly, the senior demographic dependency ratio is the ratio of seniors to the working-age population. Africa's population is ageing simultaneously with its unprecedented growth of the youth population and its related challenges. Thus, the ageing population in Africa faces a different set of challenges.

In addition, ageing in Africa is linked with long-term physical and mental disability and a number of long-term chronic conditions. This is likely to increase personal care needs. Yet, much of Africa faces weak health care systems that are unable to adequately address these emerging health problems among the elderly. As well, much of the region is faced with a lack of viable social safety nets, increasing prevalence of poverty, particularly among elderly headed households, and a shrinking cohort of caregivers in countries ravaged by the HIV and AIDS epidemic. Also linked to the HIV and AIDS epidemic are the changing family structures where grandparents are increasingly caring for grandchildren left behind by victims of HIV and AIDS. More than 50 percent of orphans in Africa currently live with their grandparents sharing limited resources and unstable incomes to support their households (UNICEF, 2003).

Lesotho is not spared from this phenomenon of ageing; the challenges that the country is facing are no different from the situation across Africa, hence the need for the Ministry of Social Development to steer the course of action for its older citizens. The main objective of the Lesotho Policy for Older Persons is to give direction to the nation on the most effective approach to dealing with challenges facing the elderly.

1.2 Defining Ageing

Broadly speaking, the ageing of a population is defined as an increase in the proportion of the aged *vis-à-vis* a decrease in the proportion of the young. Most developed world countries have accepted the chronological age of 65 as the definition of elderly or older person, but like many westernized concepts, this does not adapt well to the situation in Africa (WHO: n.d.) The United Nations, therefore, agrees on age 60 and above to refer to older population in order to cater for the situation in Africa.

Apart from chronological growth, ageing is also characterized by the onset of various inevitable changes taking place in the ageing person's body. As people age anabolic (degenerative) processes exceed catabolic (regenerative) processes resulting in loss of body cells leading to reduced efficiency and impaired functioning.

Elderly persons experience a wide array of physiological changes ranging from modifications in body composition whereby a person loses skeletal muscle which leads to a decline in muscle strength, loss of balance and gait, loss of physical functioning and mobility. Reduction of body

weight is another change, which in most cases is due to malnutrition or another effect of changes in body composition. Another physiological change pertains to diminishing immune function which explains why most elderly people are ever ailing. This is a result of nutritional deficiencies which are rife among the elderly that renders old people vulnerable to various illnesses including infectious diseases (Man and Truswell, 2007).

Additionally, sensory changes occur leading to reduced food intake resulting from loss of appetite due to diminishing smell and taste as a result of a declining olfactory nerves and taste buds and sometimes prolonged use of medication. Furthermore, oral health problems such as dry mouth which create difficulties in chewing and swallowing also contribute to a reduced food intake by the elderly resulting in malnutrition. Difficulty in chewing due to loose, decaying or missing teeth, and gum problems also emerge.

In addition to the above changes, mental or psychological changes are also seen among ageing human beings. These include a decline in cognitive function and impairment of mental functions causing senile dementia which leads to Alzheimer's disease which mainly manifests itself through memory loss, reduced use of language, perception and problem solving abilities as well as reduced mobility among the elderly (Rolfes et al, 2006).

These changes which result in a reduced quality of life among the elderly may also be catalyzed or delayed by lifestyle or genetic factors adopted earlier in life. Gerontologists suggest that within the ageing population two distinct aging pathways can be observed. One is where the elderly person experiences a long and slow and gradual decline in functions until the end of life. The second pathway is where bodily and mental functions continue at their previous level and then decline rapidly until death. The amount and distribution of medical, economic and social support required in the total elderly population will depend on the proportion of each.

But, these changes eventually take place for the majority of older persons and negatively affect their quality of life. Also the amount of care needed as people get older will generally increase at a faster rate. This is enough reason to address health issues of the elderly people and make provisions for their health care as these people may form the majority of health care clients due to their increasingly frequent and prolonged ill-health.

For purposes of this Policy, the elderly population will refer to persons aged 60 and above. According to World Health Organization (2005) there are three categories of the aged namely "young olds", which refers to the elderly aged 60-69; the "middle age elderly" referring to the elderly aged 70-79; and the "oldest old" which refers to elderly aged 80 and above. Nonetheless, the challenges that these groups face are the same, what is different are the impact of ageing as they transition from being young olds to being oldest olds.

1.3 Key International Instruments on Ageing

Lesotho is a member of international bodies including the United Nations and the African Union and the Southern African Development Community (SADC). It has committed itself to the main conventions, treaties and declarations on the wellbeing of the elderly that these bodies have agreed. Thus, it is important for the National Policy for the Care of Older Persons to align itself with these international treaties and conventions.

In recognition of the global nature of the phenomenon and other challenges faced by older people, the International Plan of Action on Ageing was endorsed in 1982 by the First UN World

Assembly on Ageing in Vienna as the first international instrument on ageing. The objective of the Plan was to strengthen the capabilities of governments and civil society to deal effectively with the ageing of their population, and to address potential needs of older persons. Sixty-two (62) recommendations for action addressing research, data collection and analysis, training and education, as well as other relevant sectors were made.

This was followed by the International Federation on Ageing (IFA) Declaration of Rights and Responsibilities of Older Persons in 1990. The endorsement of its predecessors developed into the United Nations Principles for Older Persons adopted by the UN General Assembly resolution 46/91 of 1991. The principles emphasized older persons':

- a) Independence;
- b) Participation;
- c) Care;
- d) Self-fulfillment; and
- e) Dignity

These principles were accompanied by the UN Proclamation on Ageing in 1992. The United Nations Principles for Older Persons encourages governments to incorporate the following principles into their national programmes and whenever possible:

- a) Assure the universal access of older persons to economic security, food, health care, shelter, clothing, and transportation;
- b) Assure the full participation of older persons in the social, cultural and political life of their communities;
- c) Assure that the dignity and quality of care for older persons are established, maintained and safeguarded, and that older persons are free from exploitation and mental and physical abuse;
- d) Assure that employment barriers for older persons are eliminated by the provision of training and work opportunities and appropriate work conditions;
- e) Strengthen the capacity of the family and community to provide basic care and support for older persons;
- f) Strengthen opportunities for intergenerational dialogue, exchanges, collaboration and mentoring;
- g) Incorporate Universal Design principles to assure older persons access to all environments; and
- h) Strengthen the ability of the public, private, voluntary, and non-governmental sectors to work together for the benefit of older persons.

The UN Principles for Older Persons in 1991 were followed by the adoption of an International Plan of Action on Ageing by the Second UN World Assembly on Ageing held in Madrid in 2002. The Plan called for changes in attitudes, policies and practices to ensure that older persons realize their human rights, achieve secure and poverty-free ageing, participate fully in economic, political and social life, and have opportunities for development and self-fulfilment in later life.

In line with the UN Principles for Old Persons, in 2003 the African Union (AU) adopted Policy Framework and Plan of Action on Ageing. The aim was to provide a Policy Framework and Plan of Action that will guide AU Member States in designing, implementing, monitoring and evaluating appropriate integrated national policies and programmes to meet the individual and collective needs of older people.

Population ageing also featured as an important issue on the agenda of other major international population conferences including the 1994 International Conference on Population and Development (ICPD) in Cairo, the World Summit on Social Development Declaration in Copenhagen in 1995, and the United Nations General Assembly Special Session ICPD+5 in 1999 among others.

For the purpose of constructing the Lesotho Policy for Older Persons, the AU policy framework was adopted.

1.4 Methodology

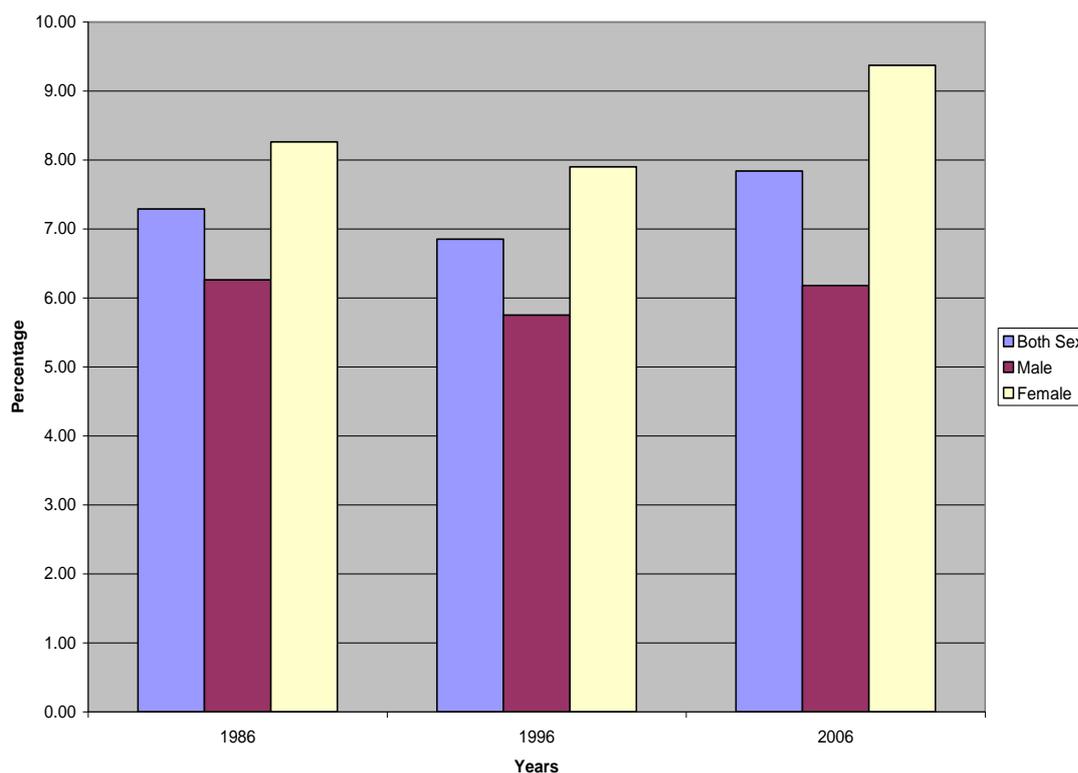
To develop an informed and comprehensive policy for older persons in Lesotho, a multi consultative approach was employed. First, this involved a critical review of relevant national and international literature on older persons. Second, a stakeholder workshop was conducted in order to solicit support for the policy and identify issues related to the elderly in Lesotho. Third, and most important, an insider perspective approach was used where the policy issues, challenges and resolutions were developed using the perspective of older persons themselves. For this inductive approach, thirteen focus group discussions (FDGs) were held with older persons in the three age-groups (60-69, 70-79 and 80+), in all districts of Lesotho, covering urban, peri-urban, and rural areas. One focus group interview was conducted in each district, except for Maseru where four interviews were conducted. These interviews entailed three age-groups of the elderly, and males and females. Last, informed by the older persons' perspectives, in-depth interviews with key informants working directly or indirectly with older persons were conducted in order to understand their different roles regarding older persons, and to verify if specific proposals for the Policy from the elderly interviews were feasible. It is believed that this multi-faceted approach was the best way to develop a Policy that will address and resolve older persons' challenges in Lesotho.

2.0 Situational Analysis of Older Persons in Lesotho

2.1 Demographic Background of the Older Persons

Lesotho had a total population of 1.8 million in 2006 (Lesotho Government, 2010) and this figure remained almost the same for 2011 Demographic survey (Lesotho Government, 2013). This population is expected to increase to 2.1 million in 2026 (Lesotho Government 2010). According to Figure 1, the proportion of the elderly population has been fluctuating over a period of time. In 1986, the population of the elderly to the total population has been 7.29 percent, but dropped in 1996 to 6.85 percent and increased again in 2006 to 7.85 percent. The proportion of female population has been higher than that of males in all the three census periods. Although the proportion of females declined in 1996, in 2006 it recorded the highest figure of 9.37 percent. Figure 1 further shows that there were more elderly women than men, often referred to as feminization of ageing. This yield the sex ratio of 63:100 indicating that for every 100 elderly women there were only 63 elderly men. This ratio further decreases with increasing ages, suggesting continuing higher death rates for men than for women.

Figure 1: Proportion of the Population Aged 60 and above (Census Periods 1986-2006)



Source: 1986, 1996 and 2006 Census reports: Bureau of Statistics

On the other hand, the projections have shown that the number of older persons in Lesotho is likely to decrease in the next two decades as shown in Table 1 from a total of 147, 266 in 2006 to 124, 740 in 2026. This could probably be due to the impact of HIV and AIDS related mortality that is affecting the youthful population. At the same time, it is also important to highlight that the universal HIV treatment is also likely to counteract these projections as more and more population age with HIV and AIDS. Despite this possible decline in the numbers of the elderly in the future, the elderly population continues to remain a priority as one of the vulnerable groups because of the challenges that they face within the society.

Table 1: Number of Older Persons in Lesotho by Sex and Age (2006 – 2026)

Years	Total	Age and Sex					
		60-69		70-79		80+	
		Male	Female	Male	Female	Male	Female
2006	147, 266	31, 111	41, 113	19, 767	34, 129	6, 002	15, 144
2016	136, 384	29, 221	42, 228	17, 309	28, 128	5, 822	13, 676
2026	124, 740	21, 841	39, 674	16, 705	30, 277	5, 007	11, 236

Source: 2010 Lesotho Projections: Bureau of Statistics

Exploration of elderly persons living arrangements revealed that 88 percent of the elderly live with at least one other person, while 12 percent live alone. Of every three elderly persons that live alone, two were female, indicating their higher risk of vulnerability to loneliness than their male counterparts. This risk is higher in rural than urban areas (Bureau of Statistics, 2012) .

The majority (85 percent) of older persons resides in rural areas compared to 15 in urban areas. The sex composition by place of residence shows that there are more females than males who were resident in both urban and rural areas (Sex ratio=63.8 and 62.6 respectively).

2.2 Economic Issues of Older Persons

Most care for the older persons is provided in the households in which they live, these households are likely to be poor. The elderly who are less physically and economically mobile have few opportunities of earning income through working, they were household liability in money terms. Until recently, they were dependent on the incomes generated by other member of the household. But, in November 2004 the Government fulfilled a promise originally made ten years previously and introduced the non-contributory pension for all its citizens. In so doing, it made Lesotho the only Least Development Country (LDCs) in Africa and only the second LDC in the world to assist the elderly in this way. The parliamentary debate on the Pension Bill demonstrated all party support for the old age pension, and the Lesotho Government’s objectives to reduce poverty and reward old people for the largely unpaid services they had rendered to the nation when they were young.

The success of Lesotho Policy for the Elderly is inseparable from the financial resources that are available to the elderly. This will depend on three financial flows. The most important for most of the elderly will remain the Old Age Pension, a direct transfer of cash from the tax-payer to the old person. The second flow will be from an occupational pension accumulated from contributions made by workers and employers. The third income flow will be from any private savings such as life assurance policies.

In Lesotho, a least developed country the Old Age Pension will continue to be the major flow of income for most of the elderly. If the economy and government revenues increase the value of

the Pension is also likely to increase and the age at which is paid will get younger. More workers are likely be covered by superannuation schemes as has happened in the Public Services, a larger proportion of the population may be investing in life assurance. But, the economic environment for the elderly will only change slowly.

In 2014, approximately 80, 000 citizens receive pension each month because they were 70 years or older. The 2006 Lesotho Old Age Pension Impact Study¹ shows that the old age pension is regarded as one of the income flows to the household. Although initially set as an amount just over the national poverty line for an adult, it has increased faster than Gross National Product and National Expenditure and National Income for 2004-2015. At its current value of M 500.00 per month the monetary value of the pension has tripled in the ten years since it was introduced. The annual monetary growth rate has been 13 percent per year, about twice the average annual change in the Consumer Price level (Central Bank, 2012). The value of the pension in terms of the goods and services it will purchase has risen by about seven (7) percent per year. It has become an important, dependable cash income for households. Socially it has transformed the position of the elderly from a household liability to a financial asset. It has reaffirmed the traditional role position of the elderly as the head of households.

Literature from the two surveys of pensioners and their household shows that pension is playing an important role in the social welfare of the pensioner¹ and his/her household (Chaka 2007; Tanga 2009; and Bello 2006). It is usually allocated by the Pensioner to help pay for medical services, travel to clinics, medicine, and secondary school fees etc. Because it is a regular and dependable payment, it can also be used to get credit at local shops to allow for "expenditure smoothing". However, the pension has not made a significant impact on the poverty of the individual elderly recipients. The Pension income is regarded as additional income to be allocated by the Pensioner to meeting the needs of the whole household. The household has an average of six (6) people sharing the household's income. The pensioner is one of these. Even the M500.00 monthly pension is regarded increasing the income of a typical elderly member by about M100.00 on average. This is often not enough to push the pensioner above the poverty line.

The 2012/2017 National Development Strategy (Lesotho Government: 2012) only makes one short reference to the State Pension when it commits Lesotho Government to continuing these transfer payments over the Plan period it has been easy and relatively cheap to administer. It will remain a crucial and central instrument of government's economic and social policy.

The role of the Government in transferring about 3 percent of its annual budget revenue to the elderly reflects an economic life cycle consisting of the three ages through which the individual passes from the start to the end of life (Deaton, 2005). The first age is birth to the point when the individual enters the workforce. In the first age the individuals' expenditure is greater than the resources they can earn. Expenditure on goods and services is paid for by transfers from their parents and other members of their household, their wider family, and, for some services such as education and health, largely by the state using revenue from taxes.

The second age is working life, producing goods and services to be changed for income to pay for consumption. The surplus of income over spending is absorbed by taxes and building up assets by saving. The third and final Age is the time from leaving the work force and the eventual end of life. At this stage the capacity to earn is reduced, but expenditure still has to be made. The third age is again where there a growing deficit between resources and spending.

¹ 2006: Lesotho Pension Impact Study, National University of Lesotho, Roma, Lesotho.

In this stage income levels are maintained by drawing down the assets that were accumulated in the second age or had been inherited. By accumulating assets in the Second Age and running down assets in the First and Third Ages the individual and the household smoothes out flows of income and spending.

The flow of income is represented by the flow from the Pension. It is noted that the pension is a flow of income providing command over current goods and services. But when the assets were accumulated from the surpluses available in the second Phase, they were provided by giving up some command over goods and services during phase two. Even if enough has been saved before retirement there may not be enough held in assets to maintain the life of the pensioner in the third phase expected. In Low Development Countries where real incomes are low, most workers exist outside the formal labour force and savings level are also low, the transfer of funds adequate to maintain a decent standard of living in the Third Phase impossible .

The World Bank (2008) recognized thirty years ago when it urged that funding for the third age would need to have three components or pillars. The first pillar would be a basic Old Age Pension set at a level that would provide a secure and sufficient standard of living for the elderly persons; this universal Old Age Pension would be financed out of general taxation. The second would be a compulsory occupational pension, funded by deductions from pay during the second age and matching contributions from the employer. The third pillar would be the private contributions made in the second age to increase pension assets for use in the third age.

The capacity of government to support the economic and social care of the elderly will depend on macroeconomic and fiscal considerations. The Lesotho National Strategic Development Plan (2012) forecasts that growth rates up to 2017 will be faster than in the last five years. This should provide a positive environment for the Lesotho Government and the new Ministry of Social Development to argue for the increased public expenditure that will be required to carry out some of the recommendations of the Policy for the care of the elderly, including lowering the age of eligibility for the State Pension.

Apart from receiving pension, older persons are still engaged in the economy. Demographic Survey (2011) shows that older persons in Lesotho continue to participate in economic activities as three in every ten of persons aged 60 and above were economically active, two-thirds of the elderly in the labour force was male. Seventy one percent of the economically active elderly persons were self-employed, mainly as subsistence farmers. Labour force participation rates were similar in urban and rural areas, but higher among males in rural areas. About a quarter of all elderly persons were engaged in agriculture. Although the proportion decreases with age, Basotho elderly continue to work even among the advanced old (80+) and thus continue to contribute to the national economy.

2.3 Health and Nutrition Issues of Older Persons

Health problems affecting the elderly are many attributable to various physical changes which result in their weakening health status as discussed under section 1.2. This makes them a larger part of the health care seekers. There is limited documented research evidence on the health of the elderly in Lesotho. Hypertension and diabetes are some of the chronic diseases affecting the elderly. This is a case in Lesotho too, as findings of a *Study on the Prevalence of Diabetes*

and Hypertension in Lesotho (Letsie and Nkonyana, 2001) indicates that these diseases are mostly common among the people above 55 years of age.

Findings from focus groups discussions with the older persons, revealed that apart from chronic diseases such as hypertension, ulcers, heart diseases and diabetes, other common health problems affecting the elderly include poor eyesight and hearing, skeletal problems i.e. knees and feet, bone problems, falling as well as waist problems. Respiratory problems such as asthma, TB and chest pains were also rife in this age group. The senior citizens also reported to suffer from other problems which comprise of swelling, itchiness, and cramps and generalized bodily pains.

The HIV and AIDS pandemic also directly or indirectly affects the elderly, especially females, due to the care role they take on their sick children. Focus group findings revealed that some elderly get infected mostly because the illness is not disclosed by the sick. Apart from caring for their sick children, people who were infected with HIV and AIDS at younger ages progress into older age with the disease. This “ageing” of the HIV epidemic is mainly due to several factors which include among others: the success of antiretroviral therapy in prolonging the lives of people living with HIV; decreasing HIV incidence among younger adults shifting the disease burden to older ages; and the often-unmeasured, and thus often overlooked, fact that people aged 60 years and older exhibit many of the risk behaviors also found among younger people (WHO, 2012).

Malnutrition is another common problem among the elderly, causes of which maybe to a large extent both economic and physiological. Economic reasons include food insecurity due lack of money to purchase food and other food preparation requirements at household level due to high food prices. Food security also resulted from poor food production owing adverse weather conditions and army worms which recently infested certain parts of the country. Another reason was that some elderly people may own fields and gardens but are now unable to produce their own food due to old age.

Physiological causes of malnutrition include dental problems, sensory losses, and loss of appetite as a result of effects of medication or food restrictions because of chronic diseases which then lead to poor intake of food. They reported being forced to eat tasteless foods as a result of hypertension and diabetes, so they would rather not eat. Sometimes, the elderly skip meals because of incapability to cook especially those who live alone. Last, some mentioned unavailability of healthy foods in their areas as well as lack of nutrition knowledge as some areas do not have Nutritionists to advise them.

During the FGDs, mental problems affecting the elderly were also explored. They stated that they suffer from stress due to many problems affecting them. Depression and loneliness due to loss of loved ones were also mentioned. Moreover, many elderly said they have memory loss, sleeplessness and forgetfulness.

Two approaching issues regarding the mental state of the elderly have been raised in the discussions with old people and those that support them in their old age. The first is the increased likelihood of the onset of Alzheimer disease and mental senility. This has become a major cause for concern in economically developed countries. Normally the full effects are not

apparent until after the age of 70 to 80 years old. It has been predicted that, in all societies, perhaps a quarter of those 80 years old will be afflicted in this way, this would mean 5- 6000 households coping with this disaster.

The second issue that may be approaching Lesotho and similar societies as their populations live for longer is the increasing debate on the subject of assisted death. In the last decade especially, some countries have examined and then changed their laws to allow doctors to respond from patients to choose to end their own lives at a time that they wish. A Policy for the social development of the elderly may need to ensure that all stakeholders have an opportunity to debate this matter now rather than later.

2.4 Older Persons Social Issues

Traditionally, Basotho believed in respect for older persons as they were perceived to be closer to God, and would soon be gods (*Balimo*) (Kimaryo, 2004). In addition, older people were perceived as custodians of customs and tradition, rendering them as family and societal assets for continuity and inheritance. Thus older persons were often consulted for their wisdom and guidance. This resulted in younger generations respecting and taking responsibility to care for older generations through provision of shelter, food, clothing and protection.

In Lesotho the family continues to be the most important source of protection and support for older people. Based on the interviews with the elderly, it was indicated that in the past, traditional arrangements of care for the elderly were such that the eldest son would inherit the parental home, which included responsibility for ageing parents. In addition, the eldest grandchild would be given to the grandparents, and this would indirectly mean that the parents would be in constant touch with and support the elderly (Parker and Short, 2009; Goldberg and Short, 2012). These traditional arrangements guaranteed intergenerational care for the elderly.

However, family structures and living patterns are changing, and traditional patterns of resources and care are eroding due to industrialization. For example, rural-urban migration has resulted in many older people living alone in rural areas. Moreover, economic pressures and changing social values have rendered old people as liabilities in families and communities as many families are either unable or unwilling to care for older relatives. It is, therefore, not surprising that cases of older persons' abuse such as rape, property grabbing and neglect are increasing.

Nonetheless, the non-contributory pension introduced in 2004 has changed/affected the family and community dynamics in Lesotho. Interviews with older persons revealed that older persons receiving pension have now been reinstated as household heads, playing important roles in household and community decision-making and upkeep. Moreover, the HIV and AIDS epidemic has also left older people as primary carers of the sick, and of the large numbers of orphaned grandchildren due to the skipped generational effect². While this could be seen as reinstatement of the importance of the elders, it often comes as an economic and social burden of care associated with this role. Many of the elderly persons interviewed in this study claimed to be happy with taking care of their grandchildren, despite the limited resources. They saw this as their responsibility. Thus, even though the pension is often the main source of income for older persons' households, the direct needs of the elderly themselves are often compromised for the care of other household members.

² Households consisting of grandparents and grandchildren, and no middle-generation

On the other hand, the elderly voiced concerns of lack of normlessness among young people. In particular, the generational gap in norms, attitudes and beliefs tends to create tension between the elderly and younger generations. This is more of a challenge for elderly persons caring for grand-children. Nonetheless, some civil organizations are working on bridging the intergenerational gap for both grandparents and grandchildren.

The effects of ageing are also gendered, hence different needs and challenges between men and women. First, there is the effect of feminization of ageing. Here, women live longer than men, making them the majority of the aged. Second, there are significant socio-economic differences between men and women due to gender discrimination. This often leaves older women as victims of witchcraft accusations and denial of rights to their inheritance. As indicated earlier, older women are also caretakers of their unemployed and/or ailing children, as well as raising orphans and abandoned children (Kimane, 2005; Harrison et al., 2013)³. These responsibilities can come as a burden for these older women who need care themselves. Therefore, older women need special attention.

Attention to women should not necessarily imply ignoring the needs of older men. Specifically, older men reported challenges of neglect due to them being disabled from working in the mines, retired and unable to provide economically and care for their families. Thus, ageing redefines the role of men in families and society.

It is important to note that institutional care has become an alternative option to family care, and is more popular in developed countries. When asked if they would like to stay at institutional care, the elderly in the interviews did not welcome the idea. Specifically, they mentioned that shared space would be ground for tension and fights. Moreover, they would be disempowered due their home responsibilities being taken away from them. Such responsibilities included household chores, care for their children's children, being consulted for family decisions. In addition, there were concerns regarding financial decision-making power concerning their pensions if it were to be taken by the care institution.

It is no surprise, therefore, that there are only two church run institutional facilities for older persons. However, there is no regulatory body to support, monitor and evaluate the outcomes of these institutions in order to advance the rights and well-being of the resident elderly. Currently, the government offers subvention to these institutional facilities. The elderly suggested that they needed an integrated day care centre specific for elderly care services and support in their neighborhoods. Moreover, it was suggested that there should be an elderly day once a month whereby services would be brought closer to the elderly such as health care mobile clinics, as well as home affairs services as they are struggle with birth certificates, identity documents and passports for their grandchildren.

2.5 Rights of Older Persons

In our current social climate, it appears that the rights of older persons are not considered separately from human rights. There is a relative absence of specific references to the civil rights of the elderly in national policy statements and legislation. Although people 60 years and older currently form only 8 percent of the population, their numbers are growing more rapidly

³ The elderly in the focus groups complained of the burden their children often leave them when they dump and neglect their children

than other age groups. As such, their position in terms of their human rights needs to be seen as a separate group rather than just as part of the general human rights picture.

In Lesotho there are limited local and national representative pressure groups promoting specifically the need for positive benefits of financial, social welfare and legal support for the rights of the elderly. Currently, the Maseru Women Senior Citizens is the only elderly-focused group included in national directories of NGOs.

The Government of Lesotho has recognized the national concern for the welfare of its old people and marked the start of progress in terms of the rights of older persons through the implementation of a state funded old age pension in 2004. The success of this cash transfer scheme has been widely recognized as one of the principal achievements of the nation (Nyanguru, 2007). The recent establishment of the Ministry of Social Development in 2012 and the development of this policy out of which will come programmes and mechanisms to develop social services for our elderly population are other examples of the progress made towards the realization of rights of elderly persons in Lesotho.

3.0 Vision, Mission, Objective and Rationale of the Policy

3.1 Vision

Ageing gracefully in a society that observes respects and supports the rights and equal opportunities for older persons.

3.2 Mission

To plan, design, implement, monitor and evaluate appropriate integrated national policies and programmes to meet the individual and collective needs of older people.

3.3 Objectives

To advocate for observance of rights and respect to older persons by establishing structures that will improve the status of older persons and their well-being, while being sensitive to gender and age difference of older persons.

3.4 Rationale

Old age comes with associated physical, mental and physiological changes which present new needs and challenges for the social welfare of this age group. In addition, older persons in Lesotho are particularly disadvantaged due to limited social security for their everyday social and economic needs. The care and support by the family and community that used to be done in the past has declined due to changes in societal relationships associated with urbanization and modernity.

In particular, old people are often left on their own to fend for themselves in rural areas while young people flood to urban areas in the country and abroad in search of employment and better lives. Moreover, the HIV and AIDS pandemic has presented new challenges for older person who find themselves having to take up the responsibility of caring for children and the youth as adults succumb to HIV and AIDS or migrate, burdening these physically, socially and economically challenged elderly with issues of care. Old people are also most vulnerable to socio-economic ills facing the country such as poverty, food insecurity, abuse and violence, and inadequate social welfare services.

Thus, apart from their large numbers, the attention to older persons should also, and above all, be seen in terms of right to a decent quality of life and to basic needs. It should be recognized that the existence of today's society is attributable to efforts by previous generations. Therefore, it is important for the Lesotho National Policy for Older Persons to advocate for intensive efforts to effectively cater for the needs of its old people.

3.5 Guiding Principles

In 1991, nine years after the endorsement of the Plan, the United Nations General Assembly adopted the United Nations Principles for Older Persons (resolution 46/91). These 18 Principles fall into five clusters relating to the status of older persons: The Lesotho Policy for Older Persons is also guided by these principles and has adopted the right based approach. The five principles and the activities that are required to put them into practice are reproduced below. They clearly state that older persons should:

3.5.1 Independence

- a) Have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help;
- b) Have opportunity to work or to have access to other income-generating opportunities;
- c) Participate in determining when and at what pace withdrawal from the labour force takes place;
- d) Have appropriate educational and training programmes; and
- e) Be able to live in environments that are safe and adaptable to personal preference and changing capacities.

3.5.2 Participation

- a) Remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations;
- b) Be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities; and
- c) Be able to form movements or associations of older persons.

3.5.3 Care

- a) Benefit from family and community care and protection in accordance with local system of cultural values;
- b) Have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness;
- c) Have access to social and legal services to enhance their autonomy, protection and care;
- d) Be able to utilize appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a human and secure environment; and
- e) Be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

3.5.4 Self-fulfillment

- a) Be able to pursue opportunities for the full development of their potential; and
- b) Have access to the educational, cultural, spiritual and recreational resources of society.

3.5.5 Dignity

- a) Be able to live in dignity and security, and be free of exploitation and physical or mental abuse; and
- b) Be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

4.0 Policy Statements

The following Policy statements aim at providing an implementation framework which will facilitate the improvement of older persons' life and set the ageing agenda within the national development strategies.

4.1 Economic

The elderly constitute the majority of poor households in Lesotho, and thus are unable to meet their daily basic needs. In addition, older persons function as caregivers for many households, especially OVCs. Therefore, it is necessary to promote financial stability among older persons in the country. In order to achieve this, the Government of Lesotho shall:

- i. Assure continued availability and distribution of non-contributory old age pension;
- ii. Facilitate use of modern technologies to distribute monthly pension transfers;
- iii. Lower age eligibility for government non-contributory old age pension;
- iv. Maintain the value of the pension at least in real terms;
- v. Make sure that the days for the local distribution of the State Pension are well publicized and strictly adhered to;
- vi. Encourage and support all employers to have adequate contributory pension schemes to ensure financial security at old age;
- vii. Encourage insurance providers to establish affordable pension schemes for informal sectors workers to ensure financial security at old age;
- viii. Establish programmes for educating younger generations on personal financial management in preparation for meeting their need at old age;
- ix. Remove all forms of age related discrimination in employment, especially for the young olds (60-69 years);
- x. Promote "productive ageing" by ensuring and supporting income generation projects for older persons, especially the young olds (60-69 years);
- xi. Establish and promote subsidised and targeted commodities and services in order to maximise direct benefit for older persons, for example provision, tax and/or fee exemption on basic foods, services and utilities;
- xii. Establish emergency funding for emergencies occurring in older persons households;
- xiii. Remove age-related discrimination in terms of access to credit for older persons;
- xiv. Encourage financial institutions' involvement in the distribution of pension so that older persons can obtain micro loans through them to discourage use of loan sharks; and
- xv. Establish programmes for educating older persons on financial management.

4.2 Health

Frequent, multiple and chronic illness are common features of ageing which requires constant attention and also carries the risk of disability and consequent loss of autonomy. These health problems sometimes require long-term management and nursing care. It is, therefore, important to cater for the health needs of the older persons in order to improve their quality of life. This is essential for them to enjoy life at old age, and to care for themselves as well as carry out their new parental role for the OVCs under their care. Nonetheless, due to physical ailment and poverty, older persons have difficulties accessing health care services. In order to cater for the health needs of older persons in Lesotho, the Government and relevant stakeholders shall:

- i. Ensure access to affordable and quality health care services for older persons;
- ii. Advocate for one stop specialized and friendly health services for older persons in the health facilities;
- iii. Promote deployment of qualified health personnel in all health facilities;
- iv. Advocate for promotion of healthy lifestyles at early ages in preparation for healthy ageing; and
- v. Establish comprehensive outreach programmes at community level.

4.3 Mental Health

Aging is associated with mental impairments that results in memory loss, confusion and depression to mention a few. These lead to social isolation, discrimination and abuse by family and community. It is therefore important to treat the affected and mitigate the effects. The Lesotho Government and relevant stakeholders shall therefore:

- i. Promote public awareness and understanding of mental problems associated with aging in order to combat stigma associated with senility and Alzheimer's disease and consequent dementia; and
- ii. Provide mental health services to older persons with mental illnesses and support to their families.

4.4 HIV and AIDS

Lesotho is one of the leading countries in terms of HIV prevalence. This pandemic which generally affects adults of child bearing age also affects the elderly people in two ways. The elderly are usually left with the burden of having to care for their grand children orphaned by HIV and AIDS. Alternatively, they are a high risk of infection as they care for their children infected and ailing children.

This risk is frequently increased because in most cases the victims never disclose their illness to their care-givers. It is therefore imperative for this policy to address issues of HIV as the elderly are mostly affected. To achieve this, the Government of Lesotho in partnership with relevant stakeholders shall provide care and support for older persons infected and affected by the HIV and AIDS pandemic.

4.5 Nutrition

Optimum nutrition is vital for the wellbeing and enhancement of quality of life among the elderly. This is partly because of critical changes taking place during the process of ageing which sometimes negatively affect food intake, nutrient absorption and eventual utilization by the body. Another issue affecting older persons' nutritional status is the prolonged use of medication which sometimes causes negative interaction with nutrients. This therefore calls for careful planning for food and nutrition security in this age group at individual, household and national levels. In order to achieve this, the Government of Lesotho shall:

- i. Promote food and nutrition security among older persons; and
- ii. Create awareness on the importance of nutrition and nutritional problems of older persons among the general public and care-giver for the older persons.

4.6 Supportive Family and Community Environments

Despite the continuing breakdown of extended family system in Lesotho, the informal care system through family and community remains the main support for older persons. It is therefore, important to promote supportive environments which will facilitate adequate care and support for older persons, and institutional care should be the last resort for the most vulnerable older persons. It is also important to promote participation of older persons in their families and communities' affairs. Therefore, the Government of Lesotho shall:

- i. Promote recognition and encouragement for the valuable contribution that older persons have made in their families and society;
- ii. Promote and encourage multi-generational living arrangements;
- iii. Build the capacity of the families and communities to provide care to for older persons;
- iv. Ensure that legal instruments exist to protect the rights of older people within the family and community;
- v. Establish and support local support groups for vulnerable families caring for older-persons;
- vi. Establish and support local support groups for families with special care giving needs for older persons with dementia and physical disabilities;
- vii. Establish and promote recreational facilities and social clubs to facilitate peer support for older persons in their own communities;
- viii. Develop, implement and support appropriate mechanisms to assist older persons caring for orphans and vulnerable children;
- ix. Develop, implement and support appropriate mechanisms to assist older persons caring for dependent older persons, disabled members, including those affected by HIV and AIDS;
- x. Protect older persons from family and community abuse (physical, mental and economic);

- xi. Advocate for demystification that older women are witches; and
- xii. Advocate for a law that holds children accountable for their elderly parents' care.

4.7 Public Infrastructure

Older persons are often physically challenged hence the need to ensure accessible public buildings in order to accommodate their needs. Thus the government of Lesotho shall ensure that:

- i. National construction policy adopts age-inclusive designs/planning, especially social and health services buildings and public transportation;
- ii. Public infrastructure is designed so that it is accessible to older persons;
- iii. Old infrastructure is adapted so that it is accessible to older persons; and
- iv. Public infrastructure such as sidewalks and public transportation are old-age friendly.

4.8 Housing/Shelter

Older persons are consistently among the poorest of the poor, yet their needs are seldom acknowledged in poverty reduction initiatives, including the national housing policy. Many Basotho enter older age without any formal social security and thus rely on their own, and their family's ability to meet their needs. Housing is a basic need that impacts on the quality of life for older persons. Older persons in Lesotho are faced with inadequate shelter due to dilapidation, poverty and abandonment hence it is important to ensure older persons access to adequate and affordable housing. The government shall:

- i. Assist older persons to attain and maintain safe age-friendly housing standards;
- ii. Assist older persons to stay in their homes as long as possible; and
- iii. Establish, promote and support alternative accommodation that is age-friendly, accredited and monitored for older persons who cannot live on their own or whose homes are vulnerable to disasters.

4.9 Emergency and Disaster Management

When disasters and emergencies (both natural and man-made) hit, older persons are not excluded from such occurrences. It is therefore, imperative for older persons care initiatives to include measures to mitigate the impact of disasters and emergencies which may affect older person at any point in time. To achieve this government of Lesotho shall:

- i. Include the elderly and their caregivers as target groups for disaster and emergency awareness and preparedness education;
- ii. Ensure that special needs of older persons are addressed during disasters and emergencies; and
- iii. Advocate for the elderly to be include in disaster and emergency preparedness and response plans at all levels.

4.10 Safety and Security

There is survey evidence that the elderly often face situations in which they feel unsafe and insecure. This may happen within their households where there are disputes about how the monthly pension money should be allocated or the old person finds someone has taken some of her meager savings. It may happen while the pension cash is being brought back from the Post Office. It may involve the old person being branded a witch. Very often the police are not available to protect the old person's rights or unwilling to engage in domestic quarrels. To provide the elderly with a safe and secure life the Government of Lesotho shall;

- i. Ensure all members of the Lesotho Mounted Police Service (LMPS) are educated and trained to respond sympathetically and efficiently to the safety and security needs of the elderly and the households; and
- ii. Ensure all local leaders, including traditional leaders, Community Council members' public officials, school teachers, health workers, church clergy and officers, etc. are sensitized to the needs of the elderly in their community.

4.11 Rights of Older Persons

The Government and all relevant stakeholders to commit to protect and uphold the fundamental rights of the older persons as outlined in the Constitution of Lesotho and in accordance with the United Nations Resolutions on the rights of older persons (No. 46 of 1991). In order to achieve the rights of older persons in Lesotho, the Government in collaboration with relevant stakeholders shall:

- i. Develop and implement laws to ensure protection against abuse, violence and discrimination to older persons;
- ii. Recognize the fundamental rights of older persons and commit to abolish all forms of discrimination based on age;
- iii. Ensure that the rights of older people are protected by appropriate legislation;
- iv. Undertake all the necessary measures to ensure that older people can access all their rights; and
- v. Develop and implement laws that ensure that older persons are given appropriate treatment by essential public and private services.

4.12 Education and Media

There is a need to educate the general public with regard to the ageing process. Such education must start at an early age through formal and non-formal sectors in order that ageing should be fully understood as a natural process. A coordinated effort by the mass media should be undertaken to highlight the positive aspects of the ageing process and of the ageing themselves. In order to achieve this, the government of Lesotho shall:

- i. Sensitize all media houses about the concept of ageing with dignity so that this concept is evident in their output to the general public;
- ii. Facilitate partnership with media houses so that any activities conducted around senior citizens receive adequate coverage and positive publicity;

- iii. Encourage senior citizens to make contributions to the media in order to raise the profile of older persons;
- iv. Promote intergenerational interaction in the media; and
- v. Sensitize media houses, churches and other social organization to publicize the UN International Day for the Older Persons celebrated on October 1 of every year.

4.13 Monitoring and Evaluation

Issues of older persons are dynamic, as they are affected by both national and international environments. It is therefore important to engage in ongoing research and systems development in order to continuously understand and advance issues affecting older persons. The M& E will also ensure regular review of all programmes to be implemented under the policy in order to appropriately measure progress and make adjustments as required. With this, the Government of Lesotho shall:

- i. Establish an advisory body made up of stakeholders to oversee the implementation of the policy;
- ii. Conduct periodic research on patterns and issues of older persons in order to continuously inform policy, decision-making and change;
- iii. Develop a monitoring and evaluation system with specific indicators for older persons services in order to measure their implementation and outcomes;
- iv. Ensure that an appropriate Portfolio Committee of the National Assembly has a specific responsibility for reviewing at least once a year the progress of the Policy for the care of the elderly and a report of the findings of the Committee is debated in Parliament. This debate should take place, if possible, in October to coincide with the UN Day of the Older Persons.

5.0 Roles of Stakeholders

Since ageing is a cross cutting issue, the implementation of the Lesotho Policy for Care of Older Persons will involve the Central Government, Local Government, Non-Governmental Organisations, private sector, families and communities. The roles of stakeholders will be as follows:

5.1 Central Government

The role of the Central Government will be to:

- i. Supervise and coordinate services provided to older people;
- ii. Enact a law that protects the welfare of older people;
- iii. Ensure older people's participation in the community;
- iv. Facilitate local government authorities and non-governmental organization to take responsibility of providing care and support to older people; and
- v. Sensitize and empower the youth on their preparation towards responsible old age.

5.2 Local Government Authorities

The role of the Local Government Authorities will be to:

- i. Provide care and protection for older people in the community and institutions;
- ii. Ensure the provision of basic needs for older people;
- iii. Involve older people in income generating activities;
- iv. Sensitize the community on issues related to older people and their participation in the national development;
- v. Sensitize and empower the youth on their preparation towards old age; and
- vi. Conduct older people's needs assessment in the society.

5.3 Families/Communities

In collaboration with Local Government Authorities and Voluntary Agencies Families and Communities will:

- i. Provide care and protection to older people; and
- ii. Participate in income generation activities to enhance the livelihoods of older persons.

5.4 Non-Governmental Organizations

- i. In collaboration with Local Government Authorities, NGOs will conduct Older People's needs assessment;
- ii. In collaboration with Local Government Authorities, NGOs will ensure the provision of basic needs to older people;
- iii. To provide care and protection to older people in the community and institutions;
- iv. In collaboration with Local Government, NGOs will mobilize and incorporate older people and their families in income generating activities;
- v. To sensitize the community on issues related to older people and their participation in the national development; and
- vi. In collaboration with Local Government Authorities and other stakeholders will sensitize and empower the youth on preparation towards old age.

5.5 Private Sector

The role of the Private Sector will be to:

- i. Provide care facilities; and
- ii. Support older persons care initiatives

6.0 Policy Review

The Lesotho Policy for Older Persons shall be operational for a period of ten (10) years. Thereafter, it shall be subject to review taking into account the changing demographic landscape of the older persons due to the internal and external environments.

Bibliography

Abigail H. et al (2013) Re-focusing the Gender Lens: Caregiving Women, Family Roles and HIV and AIDS Vulnerability in Lesotho, *AIDS and Behavior*. Vol: 10.1007/s10461-013-0515-z. PMID: 23686152.

Anderson G.F. and Hussey P.F (2000) *Population Ageing: A comparison among Industrialized Countries*. *Health* 19(3): 191-203.

Bello H.M. et al (2007) *Evaluation of Poverty Reduction: Impact of the Non-Contributory Old Age Pension Program in Lesotho*. A paper presented at the 1st Annual Conference on the Economics of Social Protection, South Africa, organized by the Department of Social Development, South Africa and the Department of Economics University of Pretoria. 12-15th June, 2007

Bureau of Statistics (2011) *Demographic Survey Analytical Report, Volume 1*, Ministry of Finance and Development Planning, Maseru, Lesotho.

Bureau of Statistics (2012) *Population Ageing in Lesotho*, Ministry of Finance and Development Planning, Maseru, Lesotho.

Central Bank of Lesotho (2012) *Annual Report 2011, Maseru, Lesotho*.

Chaka N. (2009) *Impact of HIV and AIDS on Female Headed Households* in Ansell, Nicola et al (eds) *Averting 'New Variant Famine' in Southern Africa: building food-secure livelihoods with AIDS-affected young people*. Sweden.

Deaton A. (2005) *Fianco Modighani and the Life Cycle Theory of Consumption*, Paper presented at the Covegno Internazionale Franco Modighani Accademia Nazionale dei Linceu, Rome. February 17-18, 2005.

Goldberg E and Short S.E (2012) *"The Luggage That Isn't Theirs is Heavy: Explanations for Orphan Disadvantage in Lesotho"*, *Population Research and Policy Review* 31(1):67-83.

Government of Lesotho (2012) *National Strategic Development Plan 2012/3-2016/17*, Maseru, Lesotho.

HelpAge International (ND) *AU Policy Framework and Plan of Action on Ageing*, Cooperation Between HelpAge International African Regional Development Centre and African Union, Nairobi, Kenya.

Hlabana, T. (2007) *The Experience of Fatherhood in Lesotho: The Role of Other Male Relatives*, Department of Sociology, Brown University: Providence.

Kimane. I. (2005) *Situational Analysis of Orphans and Vulnerable Children in Lesotho*. UNICEF: Lesotho.

Kimaryo S.S. (2004) *Turning a Crisis into An Opportunity: strategies for scaling up the national response to the HIV/AIDS pandemic in Lesotho*, Third Press Publishers: New York.

Letsie M. and Nkonyana J. (2006) *Survey Report on Prevalence of Diabetes and Hypertension in Lesotho*, Ministry of Health and Social Development Maseru. Lesotho.

Mann J. and Trussel A. S. (editors) (2007) *Essential of Human Nutrition*, Oxford University Press.
Parker E. And Short, S. (2009) *Grandmother Co-residence and School Enrolment in sub-Saharan Africa*, *Journal of Family Issues*, 30(6):813-836.

Nyanguru, A.C. (2007) "Old age Pensioners and promotion of human rights of older people in Lesotho", *Journal of Social Development in Africa* Vol 21(1) Food and Nutrition.

Rolfes et al. (2006) *Understanding Clinical and Normal Nutrition*, Wadsworth Thompson Learning, USA.

Tanga P. (2009) *Impact of Old Age Pension and Social Relationships*, *Review of Southern African Studies*. Volume 13 No 1, National University of Lesotho, Roma. Lesotho.

United Nations (2002) *Political Declaration and Madrid International Plan of Action on Ageing*, Second World Assembly on Ageing, Madrid, Spain. 8-12 April 2002.

United Nations-Department of Economic and Social Affairs (UN-DESA) 2011, *World Population Ageing*, New York, UN-DESA.

World Bank (2008) *World Bank Pension Conceptual Framework*, Washington D.C. *World Bank*.
<https://openknowledge.worldbank.org/handle/10986/11139>.

World Health Organization (2012), *Priorities for the Post 2015 Development Agenda: High Level Task Force for ICPD: Rights, Dignity and Health for All*, World Health Organization, Geneva.

www.who.int/healthinfo/survey/ageingdefholder/en/