



NGEC
National Gender and
Equality Commission

At Sunset will It Be Home?



**Audit of Residential Institutions of
Older Members of Society in
Selected Counties of Kenya**

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Published by

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FOREWORD

The National Gender and Equality Commission (hereinafter referred to as “NGEC” or the Commission) was established pursuant to Article 59 (4) & (5) of the Constitution through the National Gender and Equality Commission Act, 2011. The core mandate of the Commission is to promote gender equality and freedom from discrimination in compliance with Article 27 of the Constitution of Kenya. This mandate of the Commission is achieved through monitoring, auditing and facilitating the integration of principles of equality and inclusion in all national and county policies, laws and administrative regulations in both public and private institutions.

Section 8 (m) of the Act mandates the Commission to conduct audits on the status of special interest groups (SIGs) including minorities, marginalized groups, persons with disabilities, women, youth and children and it is against this background that the Commission carried out an audit on residential institutions for older members of society in six counties in Kenya with an aim of establishing the status of older members of society ‘homes’ and their adherence to the principles of equality and inclusion.

The audit revealed that there are very few faith based and private institutions uniquely established for the care of older members of society in Kenya in the counties visited. Of great concern is that the government does not have a home for the Older Members of Society in the said six counties.

The findings of the audit will be useful in generating and issuing advisories to both the National and County Governments, private sector

and non-state actors on the protection of the rights and privileges of the older members of society in need of care and protection. I take this opportunity to thank Vice Chairperson Commissioner Simon Ndubai who coordinated the audit and the NGEN staff that conducted the audit and compiled this report, and all stakeholders who participated in the audit



WINFRED O. LICHUMA, EBS
CHAIRPERSON

ACKNOWLEDGEMENT

The National Gender and Equality Commission (NGEC) would like to sincerely thank all stakeholders who made important contributions towards the development of this report many of whom we are not able to list their names in this page.

Special gratitude goes to all the administrators and managers of homes for the older members of society and the outreach centres who supported this assessment and provided information on the status of the institutions and services offered.

We acknowledge the NGEC team led by the convener of the Persons with Disabilities and Older Members of Society Program, Commissioner Simon Ndubai and staff, John Nzioka Nzomo, Kevin Mpaka, Linet Kohanya-Amollo, Gideon Ndeti and Freshiah Njoroge for their dedication in conceptualization, planning, data collection and writing of this report. The report would have not been complete without the input from Fred Lumiti, Head of Monitoring and Evaluation unit at the Commission.

Finally, we would like to thank the Government of Kenya, UNDP, Government of Finland, and Government of Sweden for the financial support towards the activity.



PAUL KURIA

**AG. CHIEF EXECUTIVE OFFICER/ COMMISSION
SECRETARY**

ABBREVIATIONS

DAPESCOW – Deliverance African Gospel Church Crisco
Worldwide

KICOSHEP – Kibera Community Self-Help Project

MOLSSS – Ministry of Labour, Social Security and Services

NHIF – National Health Insurance Fund

PWDs – Person with Disabilities

EXECUTIVE SUMMARY

The National Gender and Equality Commission conducted an audit of residential institutions for older members of society in six counties in Kenya to establish the status of these ‘homes’ and their adherence to the principles of equality and inclusion. The select counties are Kiambu, Kericho, Vihiga, Machakos, Nairobi and Kajiado.

The audit involved administering interview guides to administrators and Managers of the institutions, local administrators, faith based leaders, village heads and through observation in the homes and outreach centers.

The audit reveals that, the institutions lack reliable and unpredictable means of funding but in spite of the constraints, these institutions are playing a crucial role in alleviating suffering and improving the quality of life for older Members of society.

The audit further revealed that there are very few institutions uniquely established for the care of older members of society in Kenya. All homes audited are either managed by faith based organizations or by private institutions. None of them is run or managed by the government. The audit made a finding that this vulnerable and significant part of the population continue to seek care in these institutions due to weakening health, illnesses and conditions associated with ageing, poverty, neglect and abandonment by their families, loneliness and insecurity.

The report makes the following recommendations-;

1. The National Government to conduct continuous public

education for mandatory and comprehensive implementation of the national health insurance and the national social security scheme particularly in the informal sector to cushion the population during their old age and retirement.

2. County Governments to support national initiatives to ensure complementarity and upscaling of the social protection programmes namely the urban food programme, the cash transfer and fast-track specific legislations to enable realisation of the specific rights of the older members of the society as outlined in Article 57 of the constitution.
3. National Gender and Equality Commission (NGEC) to coordinate the faith based and private institutions in entrenching principles of equality and inclusion in their programmes targeted at the older Members of Society.
4. The NGEC to continue working with other agencies in its coordination and advisory role in public education programmes to ensure mainstreaming of issues of older members of the society in the institutions.

1.0 INTRODUCTION

1.1 Background

The National Gender and Equality Commission (NGEC) is a constitutional commission established through an Act of Parliament in 2011 pursuant to Article 59 of the Constitution. The Commission's core mandate is to promote gender equality and freedom from discrimination in line with Article 27 of the Constitution. The commission coordinates, monitors, audits, facilitates and advises on the integration of principles of equality and inclusion in national and county government and in the public and private sector. The commission's special interest groups (SIGs) include; women, youth, children, the older members of society, persons with disabilities, minority groups and marginalized communities.

Care and protection of the older members of society is a becoming a great concern in recent times. Globally, the population of the ageing persons in the world is rapidly increasing especially in the developing countries (United Nations, 2013) due to improving live conditions. As such there is need to plan and build a society for all, a clarion call of the Madrid International Plan of Action on Ageing of 2002.

In African culture and practice and particularly in Kenya, the care and protection of the older members of society is often the duty of children and family. The children take care of their ageing parents in their households and their institutionalization has been considered as a western practice. Challenges occur where one has no children and family members have to care for them.

Urbanization and changing value system in search of better lives has meant majority of the young people have left their parents, and are therefore unable to fulfil their traditional role of caring for them. Further, the pressure of taking care of own families and work pressure has forced the young into abdication of their expected traditional role and thus the option of sending them into homes. 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. Poverty among the older persons is high as the number of working age adults per population in developing countries shrinks due to high unemployment rates and thus older persons seeking care in institutions. This move leaves the older persons with little care even when independent living is no longer possible in African setting. The lack of companionship and not finding alternative places to live in their advanced years are also some of the reasons why most elderly people move to these homes.

The traditional African culture expected the elderly to be cared for by their children after most of them retired to their villages as they grew older. However, with an improved quality of life, rapid disintegration of African culture and the growth of urban lifestyle, a growing number of older persons can now afford to plan for a quiet old age in the confines of retirement homes. Although the number of the population seeking to spend their old age in those homes is small, it is expected to rise as their children spend more time in their careers.

1.2 Population

The Constitution of Kenya identifies the older members of the society as those who have attained the age of sixty years and above. This particular segment of the population is rapidly growing worldwide. In Africa, there are estimated sixty million older members of society representing nearly 6% of the entire population. According to the National Bureau of Statistics in 2009, the number of older members of the society in Kenya is estimated at 1.9 million; with women and men estimated at 1,000,000 and 900,000 respectively.

One of the biggest increases in population ageing in Africa is expected to occur in Kenya where it is projected that by 2050, there will be a 470% increase in the number of older members of the society who will represent approximately 10% of the Kenyan population. Currently, the biggest population of older persons in Kenya is found in Nyanza and Rift Valley regions. Predominantly, there are more older women than older men, and their population is projected to reach 2.6 million by 2020 (KNBS, 2009).

According to Help Age (Kenya) (2014), more than half of the older members of the society live in absolute poverty. People ages 56 and above are the poorest age group in the country. Majority of older members of the society have no formal sources of income in their earlier years and therefore have no pension to fall back on for their care and protection during their old age.

Traditional support of the family is increasingly unable to cope with the problem. In a world where the joint family is breaking down, and children are unable to take care of their parents, millions of older

members of the society face destitution. The emerging demographic profile and socio economic scenario of the country indicate that matters will worsen dramatically in the years to come.

Demographic changes in families increase vulnerability of older persons in many families to loneliness and depression. Under such circumstances, they are prone to forgetfulness, self-neglect, hunger, poor hygiene, malnutrition, dehydration and other problems.

1.3 Life Expectancy in Kenya

Kenya's life expectancy, a critical measure of the number of years a new born infant would live if prevailing patterns of mortality at the time of birth were to stay the same has shot up (World Bank 2014). This is probably due to social security programmes such as the cash transfer programmes for the older members of the society among other poverty reduction programmes initiated by the government.

Notably, improving healthcare has tremendously improved the life expectancy from a low of 50 years between 1980 and 2000 to according to average of 56.5, 68 and 63 for women and men respectively (University of Washington, 2014). However, the life expectancy is nine years short of the world average which stands at 71 years.

Although the country is making good progress in improving the quality of life, the number of older members of the society who become more dependent is increasingly alarming. This is concern for the governments' intervention in ensuring access to independent living at old age.

1.4 Legal Frameworks

Internationally, countries have taken steps in developing legislation specific to older populations. The 1982 Vienna International Plan of Action on Ageing was the first international instrument on older persons, created by the first World Assembly on Ageing, and later endorsed by UN General Assembly resolution 37/51 of 1982. The instrument is developmental in focus, outlining principles and recommendations on areas such as the family, social welfare, health and income security. General references are made to human rights via reaffirmation of the applicability of the principles and objectives of the Universal Declaration of Human Rights to older people. It is important to note that the two are not binding treaties.

In 1991, The UN Principles for Older Persons were adopted by UN General Assembly resolution A46/91. These Principles are preceded by a reaffirmation of faith in fundamental and equal human rights. This instrument is however not binding. Additionally in 2002, the Madrid International Plan of Action on Ageing (MIPAA), a product of the Second World Assembly on Ageing in Madrid was approved by the 151 countries participating in the Assembly and the Millennium Development Goals.

Kenya's constitution 2010 is considered among the most progressive legislations in the Africa providing for economic and social rights for all its citizens. Article 43 of the Constitution provides for progressive realization of social and economic rights to every person including adequate housing, highest attainable standards of health, and reasonable standards of sanitation, social security and clean and safe water in adequate quantities which are critical in old age.

The specific rights of the older members of the society in addition to the bill of rights are spelt out in Article 57 of the Constitution. Such rights include the requirement by the State to take measures to ensure participation of the old members of society in affairs of the society, pursuit of personal development, care and assistance and to live in dignity and respect and to be free from abuse and to receive reasonable care and assistance from the family and the State. The Government has further made efforts to increase on myriad of policies to safeguard the rights and welfare of the older members of the society. These include; The National Policy on Older Persons and Ageing (2009), Social Protection policy and Social Assistance Act.

1.5 Old Age and Elderly Care

Elder care and rehabilitation services are designed for the aged who live by themselves, are sick or handicapped, and or cannot properly look after themselves. Elderly care takes various forms and services and is certainly differentiated by cultural practices. It is critical to note that in developing countries, especially in Africa, fulfilling the special needs unique to old age is tied to home-based care and direct involvement of family members. Such care includes adult day care, outreach services, hospices and home care. Home based care for the elderly enables the older members of society maintain their individual freedom, their lifestyle and it gives them the comfort of staying in a familiar environment.

Out of the 1.9 million population of older members of the society, only a few can afford the high cost of their care and thus need for either retirement homes or outreach programmes to address their needs (Help Age Kenya, 2014).

Living arrangements for older members of society in developing countries are mostly confined to circles within the family. Options for alternative living arrangements are few and far apart, often because of social economic restraints, cultural issues, demographics and family finance.

Widowed, divorced or persons who never married or who separated in their marriage often suffer much more at older age compared to their counterparts. As more people get older with lack of alternative living arrangements, the socio-economic pressure on affected families and society begin to emerge.

Facilities for alternative or assisted living for retired and vulnerable persons are in the infancy of development in Africa, with most countries in sub-Saharan region having no public policy or infrastructure for absorbing aging people into safe alternative living arrangements.

Older persons who are also vulnerable and live in difficult circumstances often need to be rescued and put in places of safety for care and protection over a period of time. Retirement or residential homes offer this solution. Categories of the members placed in residential homes vary in institutions and include those abandoned, neglected, sexually, physically, emotionally and psychologically abused, vagabond older members of the society, those with disabilities making, their care unique compared to other categories of the population.

Services offered in the homes are tailored to meet the needs of the particular category of the older members of society admitted therein

and include provision of basic needs such as food, shelter, clothing, entertainment, medical care, guidance and spiritual nourishment.

In 2014, NGEK released findings of the rapid assessment on violence against older persons in Kenya in a report dubbed “Whipping Wisdom”. The commission established that older members suffered various forms of violence among them psychological harm, hindrance from use and disposal of property, forced to write wills, social stigma and neglect and abandonment. The perpetrators were family members and close relatives. The drivers of violence from the findings were land succession with regard to inheritance, poverty and degrading family and community values. The commission made key recommendations that included immediate operationalization of the National Social Assistance Act 2013, intensive public education on succession to reduce conflicts, call on county governments to invest in care programmes including in homes for the elderly and the National Government through the judiciary to establish special courts or court sessions to adjudicate on legal matters affecting rights and safety of older persons.

It is against this background that NGEK in a second endeavour conducted an audit of residential homes for older members of society to determine their status and establish adherence to the principles of equality and inclusion in the Institutions.

2.0 METHODOLOGY

2.1 Tools

The audit employed structured questionnaire, key informants interviews and interactive observation tools.

2.2 Objectives of the Audit

- To establish the status of homes for older members of society in selected regions
- To determine adherence of these institutions to the principles of equality and inclusion

2.3 Expected Outcome

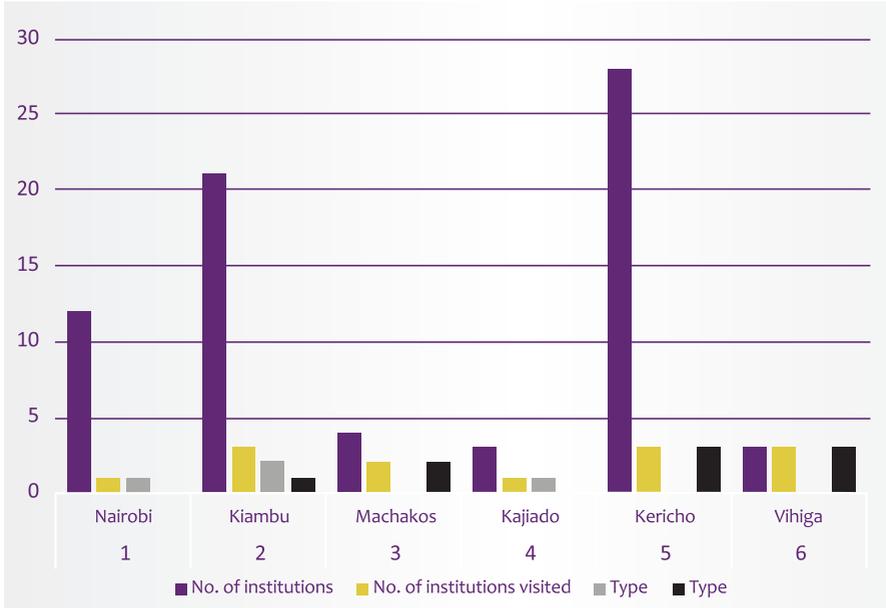
The findings of the audit will be useful in generating and issuing advisories to both the National and County Governments, private sector and non-state actors on the protection of the rights and privileges of the older members of society in need of care and protection. It is also expected that the findings will be a reference point in formulating the basic standards expected of institutions offering services to older persons in Kenya. For counties that do not have homes, the findings will be used to inform relevant authorities on the need to step up measures for the care of the older members of society.

2.4 Coverage

The audit was conducted in April 2015 and covered Kiambu, Kericho, Vihiga, Machakos, Nairobi and Kajiado Counties. The counties were sampled purposively based on the number of institutions offering

both residential and outreach services to older members of society as shown in Figure 1.

Figure 1 Number of Institutions Audited per County



Data was collected from administrators of the institutions and the local administration structures at both national and county levels. Additional information was gathered from opinion leaders among them faith leadership and village heads.

3.0 Key Findings

The audit elicited several important findings, based on the key objectives. These findings seek to describe the institutions that offer care to the older members of society in Kenya.

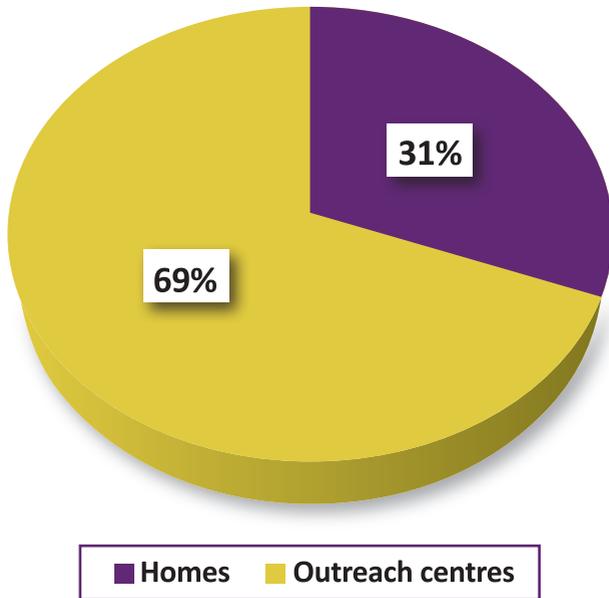
3.1 Characteristics of Audit Respondents

- The audit received response from 17 administrators of the elderly person's institutions and 21 care givers.
- The team made observations in four and 7 outreach centers.
- A third of the interview respondents were over 50 years. 25% of respondents were of ages 30–35 years.
- Half of the respondents had formal education. Two tenths had elementary education.

3.2 Characteristics of the Institutions

The audit revealed that all the residential institutions existing in the counties visited are private and managed by faith based organizations. All the institutions indicated that they were duly registered with the Ministry of Labour, Social Security and Services and filed their annual returns with the Registrar of Societies. Figure 2 showing distribution of homes by type.

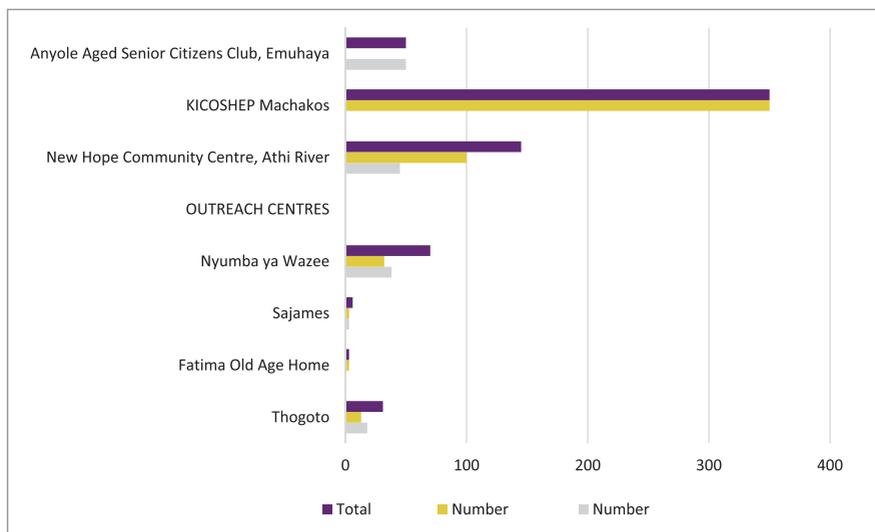
Figure 2 Type of Homes



3.3 Population of Older Members of the Society in Institutions

The audit established that there are more women than men in the homes. Approximately 70 per cent of the population of the older members of the society are women with the men constituting only 30 per cent as shown in Figure 3.

Figure 3 Percentage of Women to Men in the Institutions



3.4 Admission Criteria

The residential homes reported having clear admission policy into their institutions and this includes ability to pay for the services within the institution either by self or their families.

The Catholic Church, which runs Fatima Home in Kajiado endeavors to establish if the elderly persons has any surviving relatives who can take care of them. The team however noted that Fatima Home for the Aged is underutilized – only three elderly women were housed at the center at the time of the audit while it has a capacity of 20 persons.

A majority of the members in the residential homes sought admission on their own volition to avoid burdening their relatives. Others moved into the homes because they were abandoned and felt lonely and therefore preferred the established company in the institutions.

3.5 Services Offered by Institutions of Older Members of Society

The findings on the institutions revealed that members seek basic livelihood services like feeding programmes, healthcare services for chronic diseases such as pneumonia, counselling and psychosocial support services.

3.5.1 Counselling and Psychosocial Support

Counselling is a major service offered in the residential homes. The homes have taken significant effort in providing full time services. Some of the homes have employed nurses who also double up as counsellors.

All the institutions audited provided counselling services including giving the beneficiaries hope, encouragement and at times providing entertainment as a means of relieving stress associated with their condition.



Elderly Women at Anyore Senior Citizens Club Vihiga County

3.5 2 Healthcare Services-

The audit revealed that the health needs of the older members of society increases as their ages advance. Although a significant number of the persons did not indicate any specific health interventions services, they were perpetually seeking medical attention for chronic health diseases.

Those in residential homes continually receive medical services from the resident nurses and are taken to hospitals if the resident nurses are unable to help them.



Older members of the society at Nyumba ya Wazee in Kasarani, Nairobi County

3.6 Sources of Funding and Support

The primary objective of the elderly care institutions is provision of services to older members of the society. The audit established the need for financial support from state and non-state actors to run the elderly care institutions.

Some of the residential homes reported that families pay certain

amount of fees for admission of their kin. However, all the institutions reported their reliance on donation from well-wishers and the churches owing to their affiliation to them. A case in point is *Nyumba ya wazee* in Nairobi County where well-wishers donate curtains and adult diapers for the homes.

3.7 Drivers for Older Members of Society to Institutions

Institutionalization of older members of society has taken a multifaceted perspective all taking cognisance of the weakening bodies and need for care.

Urbanisation and increasing responsibilities of the younger generation traditionally expected to take care of their ageing parents are some of the major drivers for institutionalisation of the older members of the society.

a. Illnesses & Conditions Associated with Old Age

The increased healthcare needs of the older members of society exert a lot of pressure for frequent medical check-ups. Consequently the caregivers who in most cases are their children even though willing to act have limited options to take care of their ageing parents and therefore send them to institutions such as homes where their healthcare is addressed. Many older members of society suffer from Dementia and other chronic diseases and such conditions require adequate and constant healthcare attention.

Some of the older members of society are compounded

by illnesses associated with old age such as high blood pressure, poor vision, hearing impairment, and Alzheimer's disease rendering them into institutions even against their own will.

In the institutions audited, illnesses and weakening health associated with old age was cited as a key driver pushing older members of society to residential care.

b. Neglect and Abandonment by Family Members

According to the administrators of the institutions audited, about 70% of older members of society in the centres were reportedly neglected or abandoned by their families. Both drivers were largely passive and unintentional by their family members. As a result, many older members of society found themselves vulnerable and thus admitted into the institutions.

c. Poverty

Majority of older member members of society seeking care from the institutions cited lack of basic needs as a driver to such institutions. Their age made many of them unproductive and therefore reliant on their dependent families for care consequently pushing them to seek support from older persons institutions.

d. Loneliness and Insecurity

Loneliness and consequentially insecurity is associated with some of the older members of society desire to live in institutions especially residential homes. This is common

mostly in cases where the persons are left alone in their homesteads with no one to take of them. Other elderly people become disoriented upon the demise of their beloved spouses and thus prefer the company in residential homes.

For some older members of society, it was reported that it was their choice to move into residential homes upon retirement either formal or informal employment.

Despite owning homes, some older members of society nevertheless want to be admitted to the homes to run away from wrangling families.

Elsewhere, the drive for being in institutions was due to insecurity where majority of older members of society reportedly felt safe in the institutions rather than their homes

3.8 Status of Equality and Inclusion in the Institutions

Across all the audited institutions, there were no written guidelines on entrenching equality and inclusion. However, in practise, the institutions indicated their understanding on equality and inclusion principles.

All administrators reported of not being aware of the National Policy on Older Persons and Ageing. Despite the Constitution of Kenya 2010 providing for the specific rights of the older members of society, the administrators of the institutions decried the lack of specific legislation and policy to actualize the specific rights of the older members of society as outlined in the Constitution.

4.0 CONCLUSION AND RECOMMENDATIONS

4.1 Conclusions

The audit concludes that the issues affecting older members of society in the country are increasingly becoming critical owing to the changing demographics and population projections. The following conclusions are drawn from the audit.

- There are few homes for the care of older members of society in Kenya, most of which are faith based and private institutions.
- Some residential homes which are privately run only admit persons who can afford the cost.
- The counties visited do not have Government residential homes for the older members of Society.
- Majority of the organizations catering for the needs of this vulnerable group are outreach centres. They however offer limited services and are reliant on donations and well-wishers. As a result, many older members of society are in dire need of care and continue to become more vulnerable especially after their productive lives.
- Older members of society continue to seek care in these institutions due to weakening health, illnesses and conditions associated with ageing, poverty, neglect and abandonment by their families, loneliness and insecurity.
- Care of the older members of society is increasingly becoming costly due to illnesses associated with advanced age/old age.

- Many families have abdicated the role of taking care of their ageing parents contravening the provisions in the constitution which requires them to give reasonable care and assistance.

4.2 Recommendations

In the light of the findings and conclusions of this audit, the Commission recommends:-

That the National Government

- Conducts continuous public education through National Social Security Fund and the National Health Insurance Fund for mandatory and comprehensive implementation of the national health insurance and the national social security scheme particularly in the informal sector to cushion the population during their old age and retirement.
- Fast-tracks specific legislation to enable realisation of the specific rights of the older members of the society as outlined in Article 57 of the constitution and in particular the family responsibilities for the well -being of older members of society.
- Establishes at least one residential home in every county to take care of older members neglected and abandoned by their family members.
- Issue guidelines on establishment and management of the residential homes by non-state actors.

- Ensure equal coverage by medical insurance firms without discrimination due to age.
- Undertake public education and sensitization to inform the citizens of the constitutional provision that requires them to give reasonable assistance to the aged and to treat them with dignity within families.

County Governments

- To work closely with the national government in ensuring complementarity and upscaling of the social protection programmes namely the Urban food programme and the cash transfer for the older members of society to reach higher population of the older members of society.
- Create awareness and targeted programmes for older members of society.
- Follow through social workers to ensure that families that are able do not neglect the older members of society.

National Gender and Equality Commission (NGEC)

As a commission whose mandate is to promote gender equality and freedom from discrimination, NGEC should:

- Coordinate faith based and private institutions in entrenching principles of equality and inclusion in their programmes targeted at the older members of society.
- Work with other agencies in its coordination and advisory role

in public education programmes to ensure mainstreaming issues of older members of society in Kenya.

- Continuously monitor all public and private interventions meant to support older members to ensure that the dignity of older members is respected and that inclusion principles are adhered to without taking advantage of their aging conditions.

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