

Dignified and Healthy Ageing – A KFSE Approach

Introduction:

The population of older people in the world is growing at an increasing rate. In Africa, due to improved health systems and economic welfare, there has been a dramatic rise in life expectancy from just above 40 years in 1960 to an average of 62.63 for Sub-Saharan Africa in 2019 (World Development indicators 2020)¹. In Kenya life expectancy has risen from about 46.76 years in 1960 to the current average of 67 years. While the rise in life expectancy is commendable, the high number of aging population is altering dependency ratios and dramatically increasing the number of elders who will need care and support.

Governments and other development actors across the globe have noticed this growth in the numbers of older persons with keen interest. In 2002, a number of United Nation member states came together to develop the Madrid International Plan of Action on Ageing (MIPAA). The MIPAA focused on three priority areas including: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. It also encouraged a 5-year progress appraisal, with the first appraisal being undertaken in 2008, and consecutive appraisals were undertaken in 2013 and 2018 respectively.

Building on MIPAA, the World Health Organization developed the Global strategy and action plan on ageing and health 2016–2020.² This process culminated with the proclamation of 2021-2030 as the United Nations Decade of Healthy Ageing during the 75th UN General Assembly in December 2020, (Resolution 75/131)³. The UN Decade of Healthy Ageing (2021-2030) describes MIPAA as “the main guiding document for building societies for all ages.”

At the African level, efforts to address challenges resulting from an ageing population go back to the 1999 Session of the OAU Labour and Social Affairs commission that was held in Windhoek, Namibia. It was however during the 38th Ordinary Session of the Assembly of Heads of State and Government, in 2002 that an African wide policy on ageing was adopted. The AU Policy Framework and Plan of Action on Ageing in Africa, projects the number of people aged 60+ years will reach between 203 and 212 million by 2050. The policy document gravely notes that:

“Older people are consistently among the poorest of the poor, yet their needs are seldom acknowledged in poverty reduction initiatives. Most people in Africa enter older age without any formal social security and so rely on their own, and their family’s ability to meet their needs”

It therefore calls on member states to ensure that not only are the rights of older persons protected, but also that older people are facilitated and enabled to access these rights.

In Kenya, Art 57 of the Constitution (2010) provides the constitutional grounding for human rights of older members of the society. This constitutional requirement has now been operationalized by the Ministry of Labour, Social Security & Services’ National Policy on Older Persons and Ageing which

¹ <https://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=ZG>

² <https://apps.who.int/iris/handle/10665/252783>

³ <https://undocs.org/en/A/RES/75/131>

was first developed in 2009, but later revised in 2014. The goal of the policy is to provide an environment that recognizes, empowers, and facilitates Older Persons to participate in the society and enjoy their rights, freedoms and live in dignity.

The needs and challenges faced by older members of the society therefore, are well recognized both at international, regional and national levels. Equally recognized in all these international, regional and national policies and action plans is the need to bring together diverse stakeholders including the government, civil society and NGOs, international organizations, and the private sector among others to address these issues and needs.

As a member of the civil society, the KFSE is seeking to build partnerships while engaging in programming that ensures that older members of the LGBTQ+ community are included in programs that address older members of the Kenyan society. This is consistent with KFSE's vision of an inclusive, safe, and thriving society that affirms sexual and gender minorities across Kenya and enables them to achieve their full potential.

As the only LGBTQ+ serving organization that currently supports older LGBTQ+ persons, KFSE can draw on years of experience and LGBTQ+ social capital to pioneer cutting edge programs (such as provision of multi-purpose day centres, as well as accessible recreational and leisure facilities), with potential for adoption and scale-up by other service providers (such as other NGOs and County Governments etc.) across the country.

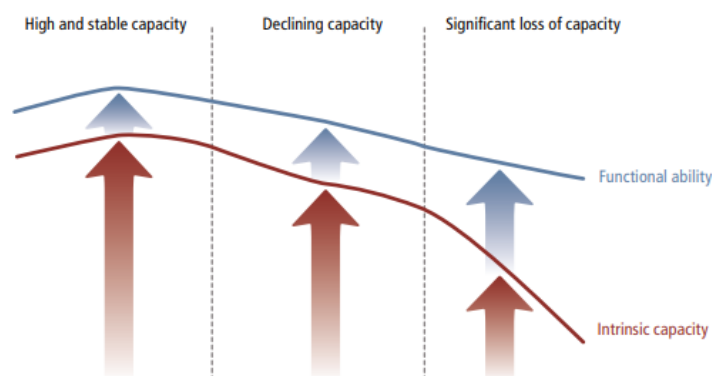
We therefore call upon the different stakeholders including the Government's Ministry of Labour and Social Services, donor and other civil society actors to partner with us in effectuating interventions detailed in this this document.

Statement of the Problem

The [Kenya] National Policy on Older Persons and Ageing notes that Kenya, being a member of the United Nations and African Union, has domesticated international and regional instruments that it is signatory to, as required by the Kenyan constitution. These instruments include the **Madrid International Plan of Action on Ageing**, the **African Union Policy Framework and Plan of Action on Ageing**, and the **United Nations Decade of Healthy Ageing (2021–2030)**. These policy documents are all in accord on the view that older persons in the society face numerous challenges unique to ageing. These challenges listed in these documents include:

1. **Abuse of human rights:** Age based discrimination is pervasive globally, but also in the Kenyan society. It prevents older people from accessing basic rights such as adequate health care and legal protection. Older people are often abused socially, physically, sexually, economically and psychologically. Their basic human rights such as the right to life and liberty, the right to work and the right to freedom from discrimination are often violated. In many rural communities in Kenya, older people are constantly accused of everything from witchcraft to preventing or causing too much rain – for which they are tortured and even killed. Economically they suffer when their assets are stolen and financial institutions refuse to advance them credit and other financial services.
2. **Poverty:** Older people especially in the rural areas and informal settlements in urban areas are consistently among the poorest of the poor. Despite of this, their needs are seldom acknowledged in poverty reduction initiatives. Most people in Kenya enter older age without any formal social security and so rely on their own, and their family's ability to meet their needs. This situation cements their economic dependency, and opens the door for other forms of human rights violations.
3. **Unique Health Needs:** Older people experience natural age-related bodily changes that make them disproportionately vulnerable to certain health condition. Ageing brings with it decline in physical health, elevation of chronic illness that become more prevalent in older age such as diabetes and hypertension and increase in functional and intrinsic capacity limitations as shown in the diagram below.

Intrinsic capacity and functional ability do not remain constant but decline with age as a result of underlying diseases and the ageing process.



Yet, even while their health declines with increasing age, the elderly face negative attitudes of some health workers which in turn affect the quality of services provided to older persons. Due to poverty, many older people are also unable to afford even basic treatment, let alone, the medications needed to control chronic diseases.

4. **Housing and Living Environments:** The majority of older people live in rural areas where, in many cases, land ownership is governed by customary law. Property disputes affect older persons as family and community members strive to take control of this all important asset. In Kenya it is quite common to witness older men but more particularly women, being doused in petrol or necklaced with tyres and set ablaze even as their worldly belongings are stolen⁴. Moreover, older people who suffer from dementia, Alzheimer's or Parkinson's diseases are particularly vulnerable to witchcraft accusation due to poor community understanding of these conditions. Even in urban areas where witchcraft allegations are less prevalent, building designs often limit older people's access to services and civic representation. Equally, public transport and communication systems are hardly ever responsive to the needs of the older in the society.
5. **Social Welfare:** Kenya has initiated an Older Persons Cash Transfer (OPCT) program, which has helped many older people's access essential food commodities. In order to access the social welfare cash transfer (pesa ya wazee) however, the elderly often have to rely on family members to collect these funds from government collection points or digital access (MPESA) – opening opportunities for abuse. Moreover registration for the program is centralised making it inaccessible to those older people who have limited mobility or who are unable to afford the cost of transport from their homes to centres where services are provided.
6. **Employment and Income Security:** Not only are older people among poorest they also often lack access to a regular income. Help International estimates that only four in 100 people in Kenya have paid into a pension scheme⁵. Yet the elderly are denied access to employment opportunities on account of their age and are often the first to be targeted during periods of retrenchment. Most people enter older age totally reliant on their ability to continue generating their own income at a time when they are experiencing declining health which further compounds their economic marginalization and poverty.

Issues faced by LGBTQ+ older persons

There is little data on ageing needs of LGBTQ+ people in Kenya. However data from other parts of the world such as UK and US demonstrate that, in addition to issues faced by cis-heterosexual older

⁴ <https://www.khrc.or.ke/2015-03-04-10-37-01/press-releases/755-lynching-of-elderly-women-in-gusii-land.html>

⁵ <https://www.helpage.org/where-we-work/africa/kenya/>

people, such as loneliness and ageism they face additional challenges emanating from decades of historical discrimination. A study commissioned by Stonewall, a UK LGBTQ+ serving organization found out that Lesbian, gay and bisexual people in Britain were more likely to be single than their heterosexual counterparts. Indeed gay and bisexual men were almost three times more likely to be single than heterosexual men. Also, LGBTQ+ people were more likely to live alone and less likely to have children or see biological family members on a regular basis⁶.

Data from SAGE, a US based organization working with elderly LGBTQ+ person shows that LGBT older people are twice as likely to be single and living alone and four times less likely to have children⁷. They are also more likely to be living in poverty, lacking of affordable housing, lower social security payments and lack of income security in old age.⁸ Further, nearly one-third of LGBT older adults ages 65 and older live at or below 200% of the federal poverty level, compared to a quarter of non-LGBT older adults, a figure that even much higher for transgender persons, 48% of whom live at or below 200% of the federal poverty level⁹.

Due to stigma many middle-aged LGBTQ+ Kenyans prefer not to self-identify with the LGBTQ+ community which may have negative economic outcomes for them later in life. A 2017 study in New York showed that although older LGBTQ adult population in New York City represented an extremely well educated population, they were often under-resourced¹⁰ - as such even though education is positively associated with better economic outcomes; that may not be the case for LGBTQ+ persons. Given the experience from other countries that have had a much longer history of LGBTQ+ human rights work, we can conclude that LGBTQ+ older persons in Kenya also face important challenges which if not addressed, may lead to diminished quality of life in old age.

KFSE intervention for dignified and healthy ageing

KFSE is programming for the growing number of LGBTQ+ people aged 50+ years that are not in heterosexual marriages, and therefore have idiosyncratic ageing needs. The total number of these people remains unknown at the moment. This document will act as a baseline on which basis snowballed data will progressively inform our program interventions. At the outset, KFSE will prioritize advocacy and partnership building, including partnership with the Ministry of Labour and Social Services, under whose ambit Kenya's social protection department falls. Other interventions will be undertaken upon evidence of their demand or need.

To help with intervention selection, we reviewed all the four major international, regional and national policy documents on dignified and healthy ageing, and selected those that a civil society actor such as KFSE can engage in. Below is a matrix of selected programming interventions as extracted from the United Nations Decade of Healthy Ageing (2021–2030), the African Union Policy Framework and Plan of Action on Ageing, and the [Kenya] National Policy on Older Persons and Ageing. We highlight intervention for CSOs and then from these we selected those that KFSE can engage in, given our current capacity and funding.

⁶ https://www.stonewall.org.uk/system/files/LGB_people_in_Later_Life__2011_.pdf

⁷ <https://www.sageusa.org/wp-content/uploads/2021/03/sage-lgbt-aging-facts-final.pdf>

⁸ <https://www.lgbtmap.org/file/understanding-issues-facing-lgbt-older-adults.pdf>

⁹ <https://www.lgbtmap.org/file/understanding-issues-facing-lgbt-older-adults.pdf>

¹⁰ [https://0d677a65-b780-4893-85ba-](https://0d677a65-b780-4893-85ba-349bfaaaed83.filesusr.com/ugd/cc2205_5181f1976d5b429496d21e7457713cd0.pdf)

[349bfaaaed83.filesusr.com/ugd/cc2205_5181f1976d5b429496d21e7457713cd0.pdf](https://0d677a65-b780-4893-85ba-349bfaaaed83.filesusr.com/ugd/cc2205_5181f1976d5b429496d21e7457713cd0.pdf)

Document Title & Source website	Issues highlighted/Policy Issues	Policy Recommendations	CSO Relevant Interventions	KFSE Intervention
<p>United Nations Decade of Healthy Ageing (2021-2030)</p> <p>https://www.who.int/initiatives/decade-of-healthy-ageing</p>	<p>1. Change how we think, feel and act towards age and ageing</p>	<p>1. Modify or repeal any laws, policies or programmes that permit direct or indirect discrimination on the basis of age, in particular in health, employment and life-long learning, and that prevent people’s participation and access to benefits.</p> <p>2. Support the development and implementation of programmes to reduce and eliminate ageism in various sectors, including health, employment and education.</p> <p>3. Support the collection and dissemination of evidence-based, age-disaggregated information about healthy ageing and the contribution of older people.</p> <p>4. Support the development and implementation of activities to reduce self-directed ageism.</p> <p>5. Collect and disseminate evidence about ageing, the roles, contributions and social capital of older people and the social and economic implications of ageism.</p>	<p>Advocacy for laws, policies, practices or programs that discriminate against LGBTQ+ people because they also harm older LGBTQ+ members of the society.</p> <p>Advocacy against ageism including within the LGBTQ+ communities.</p> <p>Develop programs that reduce self-directed ageism amongst older LGBTQ+ population</p> <p>Collect and disseminate evidence about ageing, the roles, contributions and social capital of older LGBTQ+ people</p>	<p>1. Continue to advocate for repeal of repressive laws including those that harm older members of the society.</p> <p>2. Integrate anti-ageism non-discrimination messaging in broader LGBTQ+ non-discrimination advocacy & programming messages.</p> <p>3. Add to existing mental health interventions supported by KFSE, interventions that reduce self-directed ageism.</p> <p>4. Document and disseminate contributions made by older members of the LGBTQ+ communities.</p>
	<p>2. Ensure that communities foster the abilities of older people</p>	<p>1. Support inclusion of the voices of older adults, particularly in disenfranchised and marginalized groups, in multi-sectoral and multi-stakeholder platforms, processes and dialogues.</p> <p>2. Take evidence-based action at all levels and</p>	<p>Scale up visibility of CSO’s work amongst older adults in Kenya by establishing a learning and recreational centre</p>	<p>1. Create a learning and recreational centre where the elderly can:</p> <ul style="list-style-type: none"> • Access social & leisure activities.

		<p>sectors to foster functional ability and to strengthen the capacity of rural and urban communities to:</p> <ul style="list-style-type: none"> • extend options for housing, and improve modifications to their residences that enable older people to age in a place that suits their needs; • provide information and opportunities for leisure and social activities to facilitate inclusion, participation and reduce loneliness and social isolation; • support in income security across the life-course, and protect older people, particularly women, from poverty, including through access to adequate social protection; • promote age diversity, improve workplace health and safety, and assist individuals to extend their working lives in decent work, including through support for re-training and assistance in finding jobs; • deliver comprehensive person-centred, integrated health and social care including for people with dementia; • strengthen programmes and services to improve health literacy and self-management, and increase the opportunities for physical activity, good nutrition and oral health; and • prevent and respond to elder abuses in the community <p>3. Promote the concept of age-friendly</p>	<p>where older members of the society can:</p> <ul style="list-style-type: none"> • benefit from social & leisure activities • alleviate their experiences of social isolation • learn about and benefit from opportunities to reduce poverty and access social protection interventions • advertise their skills and extend their working lives • partner with organizations that offer health services for older members of the society • collect and collate information on elder abuse for action by authorities 	<ul style="list-style-type: none"> • Alleviate their experiences of social isolation. • Attend KFSE’s Elderly Financial Literacy course – to enhance digital inclusion and financial security. • Advertise their skills so as to extend their working lives and volunteer their services. • Access information on organizations that offer health services for older members of the society. • Collect and collate information on elder abuse for action by authorities. <p>The centre will also provide opportunity for facilitating information exchange and learning and sharing good practice among diverse stakeholders engaged in <u>Elderly Programming.</u></p>
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		environments, and support the development of age-friendly communities, cities and countries by connecting partners, facilitating information exchange and learning and sharing good practice.		
	3. Deliver person-centred, integrated care and primary health services responsive to older people	<p>1. Adopt and implement the WHO Integrated care for older people package, including guidance for person-centred assessment and pathways in primary care and other relevant WHO guidance , such as on reducing the risk of cognitive decline and dementia.</p> <p>2. Scale up age-friendly primary health care to provide a comprehensive range of services for older people, including vaccination, screening, prevention, control and management of non-communicable (including dementia) and communicable diseases and age-related conditions (e.g. frailty, urinary incontinence).</p> <p>3. Ensure a continuum of care for older people, including promotion and preventive, curative, rehabilitative, palliative and end-of-life care, as well as specialized and long-term care.</p> <p>4. Facilitate coordination of care for older people with service providers.</p>	<p>Advocacy for evidence-based person-centred integrated care and primary health services that are responsive to the needs of older persons.</p> <p>Advocacy for government sponsored continuum of care for elderly that includes promotive and preventive, curative, rehabilitative, palliative and end-of-life care, as well as specialized and long-term care.</p>	<p>1. Advocate for evidence-based, person-centred integrated care and primary health services that are responsive to the needs of older persons, including older LGBTQ+ persons in the society, by adopting WHO's integrated care for older people package.</p> <p>2. Advocate for government sponsored continuum of care for elderly that includes promotive and preventive, curative, rehabilitative, palliative and end-of-life care, as well as specialized and long-term care.</p>
	4. Provide access to long-term care for older people who need it	1. Member States (UN) should support active engagement of older people and their families, civil society and local service providers in designing policies and services.	Advocacy for government financial and non-financial support to families with elderly members in need of long-	1. Fundraise for and distribute welfare/assistive devices for the elderly who need them.

		<p>2. Implement innovative long-term care services, including with technology, for support, coordination and monitoring.</p> <p>3. Identify cost-effective interventions and good practices and provide means for care providers to share and learn from experience, including in humanitarian emergencies.</p> <p>4. Contribute evidence to develop appropriate models and sustainable mechanisms for funding long-term care in various resource settings and contexts.</p> <p>5. Contribute to the development, implementation and evaluation of an integrated, sustainable, equitable system of long-term care.</p>	<p>term care.</p> <p>Research on innovative approaches to cost-effective long-term care services.</p> <p>Raise resources for and distribution welfare/assistive devices.</p>	<p>2. Research and disseminate findings on assistive technology for the elderly within Kenyan settings.</p>
<p>AU Policy Framework and Plan of action on Ageing in Africa</p> <p>https://www.un.org/esa/socdev/ageing/documents/implementation/AUFrameworkBook.pdf</p>	1. Human Rights	<p>1. Member States recognise the fundamental rights of older persons and commit themselves to abolish all forms of discrimination based on age; that they undertake to ensure that the rights of older people are protected by appropriate legislation; including the right to organise themselves in groups and to representation in order to advance their interests.</p> <p>2. Member States should undertake all the necessary measures to ensure that older people can access all their rights.</p>	<p>1. Non-discrimination on basis of age.</p> <p>2. Right to organize in groups & seek advancement of their interests.</p>	<p>1. Encourage older LGBTQ+ persons (50+ years) to form self-help groups & advocate for their rights.</p> <p>2. Integrating anti-ageism non-discrimination messaging in broader LGBTQ+ non-discrimination work.</p>
	2. Information and Co-ordination	<p>1. Member States undertake to standardise the definition of older people.</p>	<p>1. Definition for LGBTQ+ to be 50+ years.</p>	<p>1. Collect, collate & analyse data on population size & socio-economic situation of</p>

		<p>2. Member States undertake to ensure that comprehensive data on the situation of older persons is compiled and made accessible.</p> <p>3. Member States undertake to ensure that the needs and rights of older people are integrated into all existing and new policies in all sectors.</p> <p>4. Member States should undertake to ensure that coordinating and monitoring mechanisms are established, at all levels, so that issues affecting older people are addressed effectively.</p>	<p>2. LGBTQ+ inclusive data collection & compilation.</p> <p>3. Advocacy for inclusion of older people in existing & new policies.</p>	<p>older LGBT+ persons.</p>
	3. Poverty	<p>1. Member States undertake to ensure that the rights and needs of older people are comprehensively addressed in poverty reduction strategies.</p>	<p>1. Advocacy for poverty reduction programmes that ensure that the specific needs of older people are taken into account.</p>	<p>2. Advocate for & pioneer poverty reduction programmes for older people.</p>
	4. Health	<p>1. Member States undertake to guarantee the delivery of health services that meet the specific needs of older people.</p>	<p>1. Advocacy for universal access to free health services for older people, and especially those with disability, who are unable to meet the costs.</p> <p>2. Advocacy for a comprehensive strategy for the management of chronic health conditions that become more prevalent in old age including, for example,</p>	<p>1. Advocate for evidence-based, person-centred integrated care and primary health services that are responsive to the needs of older persons, including older LGBTQ+ persons in the society, by adopting WHO's integrated care for older people package.</p> <p>2. Advocate for</p>

			dementia, hypertension and diabetes. 3. Provision of promotive, preventive, curative and rehabilitative health services that disproportionately affect older persons.	government sponsored continuum of care for elderly that includes promotive and preventive, curative, rehabilitative, palliative and end-of-life care, as well as specialized and long-term care.
	5. Food and Nutrition	<p>1. Member States undertake to ensure that older people’s rights to adequate food and nutrition are legally constituted and guaranteed.</p> <p>2. Member States undertake to ensure that older people have access to adequate food and nutrition.</p> <p>3. Member States undertake to ensure that older people have equal access to means of food production and marketing.</p>	<p>1. Undertake research into the nutritional status, vulnerabilities and needs of older LGBTQ+ people and participate in the development of food and nutrition policies.</p> <p>2. Advocacy for provision of subsidy to older people for medically recommended foods, medication and related health services.</p>	1. Advocate for provision of subsidy to the elderly in the society so that they can get medically recommended foods and medication and related health services especially during epidemics and disasters.
	6. Housing and Living Environments	1. Member States undertake to ensure that older people have access to safe, durable and affordable shelter.	1. Ensuring that older people and their care-givers access subsidised housing, low cost interest housing loans and other similar benefits	1. Explore an innovative approach to meet elderly housing needs such as partnership with members of Kenya Mortgage Refinance Company.
		2. Member States undertake to ensure that public infrastructure accommodates the needs	1. Advocacy for accessible public	1. Advocate for accessible public buildings and

		of older people.	buildings and transport to accommodate the needs of older people	transport services that accommodate the needs of older people.
	7. Family	<p>1. Member States undertake to enact legal provisions that promote and strengthen the role of the family and the community in the care of its older members.</p> <p>2. Member States undertake to ensure that legal instruments exist to protect the rights of older people within the family and community.</p> <p>3. Member States undertake to develop and strengthen strategies that empower older people to contribute to their families.</p> <p>4. Member States undertake to implement policies and programmes that strengthen families and are inclusive of older people.</p>	<p>1. Enactment or strengthening of legislation specifically designed to protect the rights of older LGBTQ+ people within the family and community.</p> <p>2. Provision training for the judiciary and law enforcement agencies on the legal rights of older persons within the family and community.</p>	<p>1. Advocate for strengthening of the definition of “Next of keen” to include LGBTQ+ partners.</p> <p>2. Urge LGBTQ+ organizations engaged in legal work to include legal issues of interest to older LGBTQ+ persons e.g., estate planning, “next of keen” and legal protection for their preferred care givers etc.</p>
	8. Social Welfare	<p>1. Member States undertake to design, develop, and implement practical, realistic and appropriate social welfare strategies that include the concerns of older people.</p>	<p>1. Promotion of participation of older peoples’ associations, self-help and NGO initiatives in all social welfare strategies.</p> <p>2. Provision and enhancement of access to social assistance schemes for older people including public assistance schemes, old</p>	<p>1. Advocate for financial products for older persons.</p> <p>2. Develop and rollout a financial planning course for dignified & healthy ageing (Elderly Financial Literacy course).</p> <p>3. Create a learning and recreational centre</p>

			<p>age pensions etc.</p> <p>3. Advocacy for welfare systems that ensure that older people are given priority when they seek social and other services including access to multi-purpose day centres.</p> <p>4. Advocacy for the provision of adequate and accessible recreational and leisure facilities both in urban and rural areas to avoid/reduce boredom, loneliness and depression.</p>	<p>where older members of the society. The centre will also provide opportunity for facilitating information exchange and learning and sharing good practice among diverse stakeholders engaged in Elderly Programming.</p>
	9. Employment and Income Security	<p>1. Member States undertake to eliminate the discrimination against older people in accessing employment and training opportunities and retaining their jobs.</p> <p>2. Member States undertake to enact legislation that ensures the establishment and implementation of formal and informal social security systems.</p>	<p>1. Introduction of flexible retirement policies and appropriate strategies and opportunities to enable older people to continue contributing to the workforce as long as they are willing and able.</p> <p>2. Provision of public education on individual responsibility for social</p>	<p>1. Develop and rollout a financial planning course for dignified & healthy ageing (Elderly Financial Literacy course).</p> <p>2. At the KFSE's learning and recreational centre, dedicate space for the elderly to advertise their skills and volunteer their</p>

			<p>security issues so that people understand the need to plan for their old age.</p> <p>3. Provision of support to informal social security programmes through Government and nongovernment supported training.</p> <p>4. Conducting pre-retirement programmes to enable older persons to develop the necessary coping skills that will prepare them for the emotional, psychological and socioeconomic challenges of retirement.</p>	<p>services.</p> <p>3. Advocate with the private sector to consider dedicating a number of employment vacancies for qualified post-retirement members of the society – both to reflect their customer base, but also extend the working lives of the elderly in the society.</p>
<p>[Kenya] National Policy on Older Persons and Ageing</p> <p>http://www.partners-popdev.org/ageing/docs/National_Policy_on_Older_Persons_and_Ageing_Kenya.pdf</p>	<p>Older Persons and the Law:</p> <p>1. Legal measures to ensure that the rights of Older Persons are protected, promoted, and fulfilled.</p>	<p>1. Enact and review laws at National and County levels that promote Older Persons rights and protect against abuse, clearly stipulating obligations of the family and the state.</p> <p>2. Put in place special measures such as affirmative action policies within national, legal, and administrative frameworks with a view of promoting participation of Older Persons.</p>	<p>Advocacy for respect, protection and promotion of the human rights of the elderly in the society.</p> <p>Advocacy for affirmative action policies within national, legal, and practices that promote</p>	<p>1. Advocate against human rights abuses directed at the elderly in the society.</p>

		<p>3. Protect and address cases of elder abuse and Gender Based Violence and other discriminatory practices.</p>	<p>the participation of Older Persons in the society.</p> <p>Advocacy against human rights abuses and discrimination</p>	
	<p>Poverty and Sustainable Livelihood:</p> <p>1. Inclusion of Older Persons in poverty reduction policies, programmes, strategies and in national budgeting processes.</p>	<p>1. Mainstreaming of the issues of Older Persons in all development processes.</p> <p>2. Establish a fund/grant to provide support to Older Persons and their institutions.</p> <p>3. Ensure all development aid for poverty reduction mainstream needs, concerns and interests of Older Persons.</p> <p>4. Put measures in place to safeguard the property of Older Persons.</p> <p>5. Carry out operational research on issues of Older Persons and Ageing.</p>	<p>Advocacy for affirmative fund to provide support to Older Persons and their institutions.</p> <p>Advocacy for development partners to mainstream needs, concerns and interests of older persons in development aid to Kenya.</p>	<p>1. Request for GoK letter off support and funding to establish the KFSE model learning & recreational centre for the elderly.</p> <p>2. Advocate for strengthening of the definition of “Next of keen” to include LGBTQ+ partners to safeguard their properties.</p> <p>3. Urge LGBTQ+ organizations engaged in legal work to include legal issues of interest to older LGBTQ+ persons e.g., estate planning, “next of keen” and legal protection for their preferred care givers to safeguard their properties.</p>

	<p>Health, HIV and AIDS:</p> <p>1. Access and the highest attainable standard of health for Older Persons.</p>	<p>1. Facilitate access to geriatrics health and reproductive care services.</p> <p>2. Review existing health sector laws at the national level and enact county health sector laws and policies to ensure that they respond to the needs of Older Persons.</p> <p>3. Expand and strengthen community and family based Older Persons health care support systems.</p> <p>4. Mobilization of communities to ensure meaningful involvement and participation in management of their life-long health care needs.</p> <p>5. Collect, collate, analyse, and disseminate data on Older Persons that is disaggregated by age sex and disability status to inform decision-making.</p>	<p>Advocacy for evidence-based person-centred integrated care and primary health services that are responsive to the needs of older persons.</p> <p>Advocacy for government sponsored continuum of care for elderly that includes promotive and preventive, curative, rehabilitative, palliative and end-of-life care, as well as specialized and long-term care.</p>	<p>1. Advocate for evidence-based, person-centred integrated care and primary health services that are responsive to the needs of older persons, including older LGBTQ+ persons in the society, by adopting WHO's integrated care for older people package.</p> <p>2. Advocate for government sponsored continuum of care for elderly that includes promotive and preventive, curative, rehabilitative, palliative and end-of-life care, as well as specialized and long-term care.</p> <p>3. Explore establishment a model HIV and AIDS service delivery centre for ageing LGBTQ+ persons.</p>
	<p>Family, Community and Culture:</p> <p>1. Strengthen the family and community support systems to</p>	<p>1. Strengthen family and community initiatives and promote a positive culture that recognizes and respects the dignity and worth of Older</p>		<p>1. Promote families of choice and use of "" as social and legal safety nets as we promote community</p>

	<p>appreciate Ageing, and to respect and honour Older Persons.</p> <p>2. Promote a positive culture that recognizes diversity, protects, and respects the dignity and worth of Older Persons in the society</p>	<p>Persons.</p> <p>2. Enhance positive cultural perspectives on Ageing and the contributions of Older Persons to society.</p> <p>3. Establish care and support programmes for Older Persons that are sensitive to the ethnic and cultural diversity.</p> <p>4. Establish institutions to take care of Older Persons who are neglected, homeless and with special needs.</p> <p>5. Promote community and home-based care for Older Persons.</p>		<p>and home-based care for older persons</p>
	<p>Food Security and Nutrition</p> <p>1. Ensure availability of adequate food that is nutritious and safe for Older Persons.</p>	<p>1. Put measures in place to ensure that Older Persons have access to adequate food that is safe and nutritious.</p> <p>2. Scale up “safety nets” and special assistance programmes targeted to the disadvantaged and poor Older Persons as well as introduce subsidies for medically recommended foods.</p> <p>3. Address food and nutritional needs of Older Persons during relief and emergency situations.</p>	<p>Advocacy for safety nets” and special assistance programmes targeted to the disadvantaged and poor Older Persons as well as introduce subsidies for medically recommended foods.</p>	<p>1. Create a KFSE fund to support food and nutritional needs of Older LGBTQ+ Persons during relief and emergency situations.</p>
	<p>Infrastructure</p> <p>1. Review existing infrastructural policies and legislation to ensure they accommodate the rights and needs of Older Persons.</p>	<p>1. Review and update infrastructural policies, legal frameworks and programs to ensure they address the needs of Older Persons in the rural and urban set up.</p> <p>2. Make consideration to vulnerable older</p>	<p>Advocacy for public buildings and transport infrastructure that is accessible to and responsive to the needs of older persons.</p>	<p>1. Create learning and recreational centre which should present a model for infrastructure that is responsive to the needs of older persons.</p>

		<p>persons in public housing schemes.</p> <p>3. Promote accessible, adequate, affordable, and reasonable standards of sanitation and decent living housing conditions for Older Persons.</p> <p>4. Ensure that public recreational facilities take into consideration the needs of Older Persons.</p>	<p>Advocacy for accessible and decentralized public recreational facilities take into consideration the needs of Older Persons.</p>	
	<p>Education, Training, and ICT</p> <p>1. Tap into the potentials of Older Persons especially skills and knowledge for posterity.</p> <p>2. Promote active participation and involvement of Older Persons in education, training and ICT.</p>	<p>1. Promote the lifelong education and technology that enhances the positive self-esteem and self-reliance amongst Older Persons.</p> <p>2. Provide opportunities within educational programmes and community institutions to enable Older Persons act as mentors, mediators', advisors, and teachers of cultural studies for the exchange of knowledge and experience with Older Persons as resource persons.</p> <p>3. Identify and create awareness of the negative socio-cultural attitudes towards Older Persons and engender positive change.</p> <p>4. Identify and develop an inventory of skilled Older Persons.</p>	<p>Advocacy for lifelong education to enhance positive self-esteem and self-reliance amongst older persons</p>	<p>1. Advertise information on institutions and organizations offering lifelong learning opportunities to the elderly at the KFSE learning and recreational centre.</p> <p>2. Provide a platform for the elderly to advertise their skills so as to extend their working lives and volunteer their services.</p>
	<p>Employment and Income Security</p> <p>1. Put in place measures that ensure Older Persons continue to provide their expertise, talents, experience, and abilities to their</p>	<p>1. Provide a favourable environment including continuous training, legal framework and credit facilities to enable Older Persons to actively participate in the formal and informal sectors of employment.</p>		<p>1. Create a learning and recreational centre where the elderly can:</p> <ul style="list-style-type: none"> • Attend KFSE's Elderly Financial Literacy course.

	families, and community by accessing and creating employment.			<ul style="list-style-type: none"> • Advertise their skills so as to extend their working lives and volunteer their services.
	<p>Social Protection and Services</p> <p>1. Strengthen the existing social and health insurance schemes to cover all workers in formal and informal sectors.</p> <p>2. Upscale social assistance programmes to cover all vulnerable Older Persons.</p>	<p>1. Ensure progressive realization of social assistance for needy Older Persons with special needs.</p> <p>2. Facilitate the creation of community-based structures that encourage membership of Older Persons to social and health insurance schemes.</p> <p>3. Develop and implement programmes of leadership, volunteerism, community service, and self-reliance, for Older Persons.</p>	Advocacy for social assistance for needy older persons especially those with special needs and long-term care.	<p>1. Advocate for social assistance for needy older persons especially those with special needs and long-term care by the government.</p>

KFSE Select Intervention Areas

At KFSE we see ageing as a natural transitional process through which an individual encounters changing roles, relationships, and status within the society as they add to their number of years spent in life. Natural and universal though this process of ageing may be, a wealth of empirical data shows that ageing is positively correlated with poverty, and with some of the most egregious forms of human rights violations. In Kenya, we continue to witness that when physical violence is perpetrated against the elderly, it is done in the most heinous of ways^{11, 12}. It is therefore important to ask why these human violations and poverty are associated with ageing, and what can be done to address this situation.

There three main sociological theories on ageing - including activity, disengagement, and continuity theories. Activity theory postulates that a satisfying late-life is achieved when an older adult remains occupied and involved social interactions. Disengagement theory on the other hand postulates that aging is characterized by gradual disengagement from society and relationships and that this separation is desired by both the society and older adults, and serves to maintain social equilibrium since transition of responsibility from old to young promotes societal functioning¹³- The Kikuyu customary practice of "*Ituĩka*" where the old guard would hand over the reins of government to the next generation¹⁴, would probably fall under this theoretical framework. Lastly continuity theory states that "in making adaptive choices middle-aged and older adults attempt to preserve and maintain existing psychological and social patterns by applying familiar knowledge, skills, and strategies,' in other words older adults will continue to occupy the same general roles they occupied when they were younger.

There is general consensus in both academic literature but also popular social attitudes that as adults get older, they experience reduced **functional capacity** i.e., capability of performing tasks and activities that people find necessary or desirable in their lives; and **intrinsic capacity** i.e., a composite of all the physical and mental capacities that an individual can draw upon at any point in their life¹⁵. As such then, to achieve successful ageing¹⁶, there is need to put in place proactive measures that will ensure older adults maintain healthy, active, productive, optimal and positive outlook in life as they age i.e., adding life to their years.

The KFSE intervention areas are meant to help our beneficiaries achieve successful ageing and also provide a best practice case-study that can be scaled out across the country and the region. Our work is informed by continuity theory (which we find to be more compelling)¹⁷ in informing the choice of our interventions to advance successful ageing.

¹¹ <https://nation.africa/kenya/counties/kisii/elderly-woman-accused-of-witchcraft-lynched-by-kisii-mob-2723968>

¹² <https://nation.africa/kenya/counties/kwale/four-arrested-over-murder-of-elderly-man-in-kwale-126148?view=htmlamp>
<http://repositorii.urindo.ac.id/repository2/files/original/4b88655592225efce4f379853025847b56fe8706.pdf#page=76>

¹⁴ https://en.wikipedia.org/wiki/Kikuyu_people

¹⁵ <https://www.who.int/ageing/health-systems/clinical-consortium/CCHA2017-backgroundpaper-1.pdf>

¹⁶ https://juandieznicolas.es/phocadownload/1_ARTICULOS/art_2011-07_Successful_Aging.pdf

¹⁷ <https://web.archive.org/web/20080111085251/http://www.asaging.org/at/at-214/continuity.html>

We are also cognisant that ageing brings with it significant loss of status, and with the loss of status, one encounters constrained economic and social resources over and above constrained physical strength. Assistive products (Hearing aids, wheelchairs, communication aids, spectacles, prostheses, pill organizers and memory aids) have been shown to help maintain or improve an individual's functioning and independence, thereby promoting their well-being¹⁸.

Below is the matrix of interventions that KFSE seeks to implement to advance successful ageing in Kenya.

¹⁸ <https://pubmed.ncbi.nlm.nih.gov/15347537/>

KFSE Selected Interventions to Advance Dignified & Healthy Ageing

Action Area	Breakdown of proposed activities	Timeline	Budget
1. Continue to advocate for repeal of repressive laws including those that harm older members of the society.	Developing & disseminating IEC materials (brochures & infomercials) Advocacy meetings with Key stakeholders and allies	Ongoing	500,000/year
1. Integrate anti-ageism non-discrimination messaging in broader LGBTQ+ non-discrimination advocacy & programming messages.	Inclusion of anti-ageism non-discrimination messages in existing non-discrimination call for action messages	Ongoing	500,000/year
2. Add to existing mental health interventions supported by KFSE, interventions that reduce self-directed ageism.	Workshops; group & individual counselling	2023 onwards	500,000/year

<p>3. Create a learning and recreational centre where the elderly can:</p> <ol style="list-style-type: none"> Access social & leisure activities. Alleviate their experiences of social isolation. Attend KFSE's Elderly Financial Literacy course. Advertise their skills so as to extend their working lives and volunteer their services. Access information on organizations that offer health services for older members of the society. Collect and collate information on elder abuse for action by authorities. <p>The centre will also provide opportunity for facilitating information exchange and learning and sharing good practice among diverse stakeholders engaged in Elderly Programming.</p>	<p>Development of architectural plans</p> <p>Fundraising</p> <p>Procurement of space</p> <p>Construction & Launching</p>	<p>TBD</p>	<p>TBD</p>
<p>4. Provide a platform for people (individuals, groups, corporations) to donate Assistive products (Hearing aids, wheelchairs, walking canes & walkers, Rollators, communication aids, pill organizers and memory aids etc) – so that needy families with elderly members under care can come and collect for their use</p>	<p>Storage space</p> <p>Maintenance & repairs workshop</p> <p>Dispensing facility</p>	<p>TBD</p>	<p>TBD</p>
<p>5. Explore an innovative approach to meet elderly housing needs such as partnership with members of Kenya Mortgage Refinance Company.</p>	<p>Explore collective approach to collective land & housing financing development</p>		
<p>6. Advocate for evidence-based, person-centred integrated care and primary health services that are responsive to the needs of older persons, including older LGBTQ+ persons in the society, by adopting WHO's integrated care for older people package.</p>	<p>Developing & disseminating IEC materials (brochures & infomercials)</p> <p>Advocacy meetings with Key stakeholders and allies</p>	<p>2024/5</p>	<p>3,000,000/year</p>

		Media paid & free content dissemination		
7.	Advocate for government sponsored continuum of care for elderly that includes promotive and preventive, curative, rehabilitative, palliative and end-of-life care, as well as specialized and long-term care.	Combined with no. 4 above		
8.	Appeal for and distribute welfare/assistive devices for the elderly who need them.	Online & offline appeals Storage space	2022 – onwards	staff costs
9.	Research and disseminate findings on Assistive Technology (AT) for the elderly within Kenyan settings.	Hire consultant for Desk review & report development Disseminate findings	2023/4	500,000
10.	Encourage older LGBTQ+ persons (50+ years) to form self-help groups & advocate for their rights.	Include appeal in existing advocacy meetings Provide space for meetings	Upon establishment of learning & recreational centre	TBD
11.	Collect, collate & analyse data on population size & socio-economic situation of older LGBT+ persons.	Hire consultant to undertake study	2024/5	TBD
12.	Advocate for & pioneer poverty reduction programmes for older people.	Combine with other KFSE poverty reduction measures	2024/5	TBD
13.	Advocate for provision of subsidy to the elderly in the society so that they can get medically recommended foods and medication and related health services especially during epidemics and disasters.	Included in existing advocacy messages		
14.	Advocate for accessible public buildings and transport services that accommodate the needs of older people.	Included in existing advocacy messages		
15.	Advocate for strengthening of the definition of “Next of keen” to include LGBTQ+ partners.	Included in existing LGBTQ+ non-discrimination advocacy messages		
16.	Urge LGBTQ+ organizations engaged in legal work to include legal issues of interest to older LGBTQ+	Meetings & Workshops with LGBTQ+ leaders on elderly	2023/4	300,000

	persons e.g., estate planning, “next of keen” and legal protection for their preferred care givers etc.	LGBTQ+ legal issues		
17.	Develop and rollout a financial planning course for dignified & healthy ageing (Elderly Financial Literacy course).	Insurance companies, Banks and MFIs, government of Kenya	2022/3	3,000,000/year
18.	Advocate with the private sector to consider dedicating a number of employment vacancies for qualified post-retirement members of the society – both to reflect their customer base, but also extend the working lives of the elderly in the society.	Government & CSOs	2023/4	500,000/year
19.	Advocate against human rights abuses directed at the elderly in the society.	Inclusion in existing advocacy messages	2022 -	500,000/year
20.	Request for GoK letter off support and funding to establish the KFSE model learning & recreational centre for the elderly. Request GoK support especially with the Kenya Mortgage Reinsurance Company (KMRC) in setting up the facility.	Meetings & letter writing	2022	Nil
21.	Explore establishment a model HIV and AIDS service delivery centre for ageing LGBTQ+ persons.	TBD	2024/5	TBD
22.	Create a KFSE fund to support food and nutritional needs of Older LGBTQ+ Persons during relief and emergency situations.	TBD		TBD
23.	Advocate for social assistance for needy older persons especially those with special needs and long-term care by the government.	Government, private sector/CSOs		500,000/year