

REPUBLIC OF KENYA



**MINISTRY LABOUR AND SOCIAL PROTECTION
STATE DEPARTMENT OF SOCIAL PROTECTION, PENSIONS AND SENIOR CITIZENS
AFFAIRS
DEPARTMENT OF SOCIAL DEVELOPMENT**

FOCUS AREA OF THE IX SESSION OF THE OPEN-ENDED WORKING GROUP ON AGEING

Long-term care and palliative care

1. In your country/region, how is long-term care for older persons defined and provided for in legal and policy frameworks? What types of support and services are covered?

- *Definition of 'care' for older persons “means physical, psychological, social or material assistance to an older member of society, and includes services aimed at promoting the quality of life and general well-being of an older member of society” as per the Draft Members bill (2016).*

The following are some of the legal and policy frameworks guiding the Long-term care provision in Kenya:

a) National legal and policy frameworks:

Legal Framework

- Constitution of Kenya 2010, Article 57 mandates the State to take measures to ensure the rights of older persons.
- Draft National Policy of Older Persons and Ageing (2014) :The overall 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, freedom and live in dignity.
- Older Members of Society Bill Draft (2016): and A draft Guidelines for Establishment and Management of Older Persons’ Institutions.
- Kenya Vision 2030: Kenya Vision 2030 is the long-term development blue print for the country aimed at creating a globally competitive and prosperous nation with high quality of life by 2030. The broad flagship project under the social pillar in Vision 2030, which is relevant to Older Persons, is through the establishment of a Consolidated Social Protection Fund (CSPF).

- Institutional framework

MINISTRY OF LABOUR, STATE DEPARTMENT OF SOCIAL PROTECTION, PENSIONS AND SENIOR CITIZENS AFFAIRS: The Ministry is mandated to coordinate, mainstream and implement Older Persons concerns. It is charged with the responsibility of developing policies to guide in the implementation of the programmes and inclusion of Older Persons in the development process.

NATIONAL GENDER AND EQUALITY COMMISSION (NGEC), this is a Constitutional Commission mandated to spearhead efforts to reduce gender inequalities and the discrimination against all; women, men, persons with disabilities, the youth, children, **the elderly**, minority and marginalized communities.

b) Region:

- Africa Protocol Draft: Common African Position on Long Term Care Systems for Africa
- African Protocol to the African Charter on Human and Peoples' Rights and Rights of Older Persons in Africa

The following are types of support/programme and services rendered:

The Government has put in place various programmes to provide care and support to the needy and disadvantaged members of the society. Such programmes include:

Social Protection The specific social protection programmes implemented by the Government include social assistance, which comes in form of cash transfers that target Older Persons. Other forms of assistance include food subsidies

Adult Education This programme is meant to provide Older Persons with functional literacy to enable them participate actively in national development.

- National Social Security Fund- NSSF: Retirement benefits for the older persons
- National Hospital Insurance Fund- NHIF: Provision for health insurance cover
- Retirement and benefits authority- RBA : Regulates the retirement benefits
- Charitable institutional care for destitute older adults (Operated mainly by faith-based organizations)
- Private-for-profit home based nursing care for older adults with ability to pay: operated by commercial providers
- Private-for-profit retirement homes / centers for older adults with ability to pay as well as paid home care services. Such services are operated by commercial providers.

Private and charity institutions are beginning to offer training courses and services on long term and palliative care. However, due to high costs of accessing the private institutions, only economically able families are able to access the services. The limited capacity of the charity and government institutions in terms of bed capacity and resources, only allow minimal number of destitute older people to benefit.

The services available are not well coordinated, regular and not covering the whole country. They include:

- Provision of food and clothing at home or at a congregate setting such as a church or other community facility.
- Household support e.g. cleaning, meal preparation.
- Assistance to older people to access health care when ill, where relatives are not available or able to provide transportation and/or pay for medical bills.
- Opportunities for enrolment and/or access to the older persons cash transfer programme (OPCTP) through information and referral assistance.
- Universal pension for older people above 70 years to begin in by mid 2018
- "Friendly visiting" by volunteer group members to offer friendship to older people who are known to be isolated or alone in their homes
- Training courses for homecare personnel for vulnerable people needing care particularly older people and people with disability.
- Few geriatric centers have been established by private institutions and charity organizations in Nairobi and Nakuru.

2. What are the specific challenges faced by older persons in accessing long-term care?

The following are some of the challenges facing older people in accessing Long Term Care:-prohibitive medical costs and limited Human Resource and health center capacities

- Communities and family members have very little (indigenous) knowledge on how to manage long-term care
- Facilities available do not meet the required standards.
- The private institutions are very expensive to be afforded by many.
- High costs of diagnostic, medication and transport costs to access LTC services
- Assistive devices are expensive, should one need one.
- There are few formal centers offering long term care. Most of them depend on the social systems i.e. relatives for long term care.
- Non-existence of a regulatory or policy framework on long term care system.
- Ageism that results to stigmatization and discrimination of older people by society and policy makers.
- Lack of adequate resources hinder the provision for long term care and support.

- Lack of information and understanding on LTC and wider rights of older people by the older people themselves, community and policy makers. Manifested in lack of demand for action by the citizens and older people, which is necessary to improving the policy and programmatic change.

3. What measures have been taken/ What are necessary to ensure high-quality and sustainable long-term care systems for older persons, including for example: - sufficient availability, accessibility and affordability of services on a non-discriminatory basis?

- **Autonomy and free, prior and informed consent of older persons in relation to their long-term care and support?**
- **Progressive elimination of all restrictive practices (such as detention, seclusion, chemical and physical restraint) in long term care?**
- **Sustainable financing of long-term care and support services?**
- **Redress and remedy in case of abuse and violations**

The following are some of the Measures taken by the Government to ensure high quality sustainable Long Term Care:

Anchored in the Constitution (2010 - article 57) and the Draft senior members of society bill (2016), where government commits to protect and promote the wellbeing and rights of older people). Specifically the Draft senior members' bill commits to provide community care and geriatric care and services. The following are some of the steps taken:

- Establishment of Health and Ageing Unit within the Ministry of Health
- Undertaken a baseline survey on the location of the homes/centres that offer long term care for elderly to be able to locate the homes by the Ministry of Labour and Social Protection
- Survey to establish the framework of the services being provided in this care institutions (baseline survey carried out with stakeholders- (APHRC &HA)
- Construction of a government owned model for care institutions(*ongoing project*) Ministry of Labour and Social Protection
- Developed (Draft) Guidelines for Establishment and Management of Institutions of Older Persons by the Ministry of Labour and Social Protection
- Establishment of the older people cash transfer and universal pension for 70+ by the older people Ministry of Labour and Social Protection
- In 2015, the Government of Kenya tasked initiate a Health Insurance subsidy program to identify and offer health insurance cover to older people through the National Hospital Insurance Fund. In the first phase 245,853 older people and people with severe disability were covered.
- Ongoing establishment of Federation for older people likely to spur the demand for action on ageing. Though the capacity and governance structure needs strengthening.

National Hospital Insurance Fund- NHIF

- Due to a restructuring of the programme, the number of those covered was scaled down to 42,000 in the subsequent period due to technical issues experienced in the implementation of the program. This is the number that is currently covered directly under the national government. However, the National Hospital Insurance Fund-NHIF has engaged county Government to identify the elderly, vulnerable and people living with severe disability and provide health insurance cover for the same.
- So far, NHIF has been able to sign agreements with six counties namely Marsabit, Laikipia, Nyeri, Elgeyo-Marakwet, Baringo and Homa Bay to provide health insurance to indigents who include the elderly. In the same light he National Government though the State Department of Social protection is working on a comprehensive cover for all senior citizens aged 70 years and above to be administered through NHIF. This cover is expected to be launched and rolled out in the course of this year.

These are just initial interventions which are on the pipeline and government has plans to develop a more comprehensive LTC in collaboration with Ministry of Health following the establishment of Health and Ageing unit, which is currently exploring the development of community care strategy and Health and Ageing strategy for the country.

4. What other rights are essential for the enjoyment of the right to long-term care by older persons, or affected by the non-enjoyment of this right?

Other rights include:

- Older people should not be subjected to arbitrary interference and intrusion with their privacy, family, home or correspondence or other types of communication
- Entitled to a right to participate in sports, recreation, leisure and cultural activities
- Access to justice and a right to be educated on the need of making wills and powers of attorney to protect their property.

5. In your country/region, how is palliative care defined in legal and policy framework?

Within the national legal framework, its is called “**respite care**” and is defined as “a service offered specifically to a frail older member of society and to a caregiver and which is aimed at the provision of temporary care and relief”

6. What are the specific needs and challenges facing older persons regarding end-of-life care? Are there studies, data and evidence available?

There are no specific palliative care services for older people. The available palliative cares are for terminal ill patients such as cancer and HIV and AIDS and they could not be age friendly. Older people experience loneliness and a continuous unbearable pain due to un-affordability of medication and/or

lack of proper medical services due to negative attitudes of health personnel towards ailing older person. Culturally, death is rarely talked about and it is a taboo.

Are there studies, data and evidence available? The country has not undertaken any study on challenges faced regarding end-of-life care but there is national data on the institutions offering services to older persons and the framework of the services offered from three Counties (Kiambu, Nairobi and Siaya) only.

7. To what extent is palliative care available to all older persons on a non-discriminatory basis?

Even if the constitution and draft bill promotes non-discrimination, palliative care is only available in major urban set-ups. There is none in rural areas.

8. How is palliative care provided, in relation to long-term care as described above and other support services for older persons?

Palliative care is only available in major referral hospitals and those offered by private hospitals. The home-based care volunteers based on Community Health Strategy offers some support but is challenged by limited technical capacity on palliative care for older persons.

9. Are there good practices available in terms of long-term care and palliative care? What are lessons learned from a human rights perspective? Learning from palliative care for people living with HIV and AIDs and terminal illness patients. That these services should be available, affordable and accessible for older people living in urban and rural areas regardless of their economic status.