

REPUBLIC OF RWANDA



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National Older Persons Policy

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ACRONYMS AND ABBREVIATIONS

ARR	Association Rwandaise des Retraités
ARPA	Association Rwandaise des Personnes âgées
AU	African Union
CSOs	Civil Society Organizations
DDS	District Developments Strategies
DPs	Development Partners
EDPRS	Economic Development and Poverty Reduction Strategy
FARG	Genocide Survivors Support and Assistance Fund
FBOs	Faith Based Organizations
GoR	Government of Rwanda
HIV/AIDS	Human Immuno deficiency Virus / Acquired Immuno-deficiency Syndrome
LG	Local Government
LODA	Local Administrative Entities Development Agency
MINEMA	Ministry of Emergency Management
MIGEPROF	Ministry of Gender and Family Promotion
MINEDUC	Ministry of education
MINAGRI	Ministry of Agriculture and Animal Resources
MINALOC	Ministry of Local Governance
MINECOFIN	Ministry of Finance and Economic Planning
MINISPOC	Ministry of Sports and Culture
MoH	Ministry of Health
MNICT	Ministry of ICT
MINIJUST	Ministry of Justice
MINAFFET	Ministry of Foreign Affairs and Cooperations
NCDs	Non-Communicable Diseases
NCHR	National Council for Human Rights
NGOs	Non-Governmental Organizations
NIC	National Itorero Commission
NISR	National Institute of Statistics of Rwanda
NST	National Strategy for transformation
RALC	Rwanda Academic of Language and Culture
RDRC	Rwanda Demobilization and Reintegration Commission
RPHC4	Fourth Rwanda Population and Housing Census
RSSB	Rwanda Social Security Board
OGS	Office of the Government Spokesperson
SMIG	Salaire Minimal Interprofessional Grantie
SP SWG	Social Protection Sector Working group

SWOT	Strengths, weaknesses, opportunities and threats analysis
UN	United Nations
WHO	World Health Organisations

GLOSSARY OF TERMS

Active Ageing	Is the process of optimizing opportunities for health, participation, and security in order to enhance quality of life.
Ageing	Is the process of growing old manifested in the multidimensional process of physical, psychological, and social change.
Older Persons	In Rwandan context, a persons who turns 65 years old is regarded as an “old person’
Abuse	Is any action that harms or creates the risk of harm to anybody. In this context, Older persons’ abuse is perpetrated physically, emotionally, sexually, through exploitation, neglect and abandonment.
Geriatrics	Is the study of the process of ageing
Gerontology	Is the study of the ageing process as individuals mature from middle age through later life. It includes the study of physical, mental, emotional, and social changes in adults as they age.
Hospice care	Is a type of care and philosophy of care that focuses on the palliation of a chronically ill, terminally ill or seriously ill patient's pain and symptoms, and attending to their emotional and spiritual needs.
Insurance	Is a form of risk management primarily used to hedge against the risk of a contingent, uncertain loss.
Intergenerational	Is the interaction between members of different generations.
Productive capacity	Is the capacity of the older Persons to continue to work in a paid or voluntary capacity.
Social Justice	The fair and proper administration of laws conforming to the natural law that all people irrespective of ethnic origin, gender possessions, race, religion, or ability should be treated equally and without prejudice.

FOREWORD

The government realizes that older Persons are a resource in the development of our nation. The existence of Rwanda as a nation is an evidence of older Persons' contribution in political, economic, cultural and social domain.

Older Persons have been the cornerstones to the development of our country, and the contribution they have made to our society is part of the future that they have prepared for us. Therefore, we must work towards the development and rights of older Persons so that they can spend their lives having a sense of independence, self-fulfillment, dignity and healthy life.

The National Older Persons Policy builds on Government's commitment to empower, support and promote the inclusion of older Persons in all aspect of Rwandan society. This policy is aligned with international, regional legal instruments, and more specifically, alignment with the Rwandan Constitution of 2003 as revised in 2015.

In addition to aligning of this policy to the Constitution, the policy is developed to include emerging issues and the concerns of the older Persons for the realization of the Vision 2020 and the National strategy for Transformation (NST1).

This policy is developed with ultimate goal of securing an environment in which older Persons are ensured with fully dignity, guaranteed to reach their rights to health, secured lives and responsibilities.

The National Older Persons Policy will not place a strong focus only to provision of protection, care and residential services, but also a need to focus on the participation of a growing number of older Persons in socio-economic activities through strengthened volunteerism culture. The older Persons must be encouraged to remain active citizens in our society and must be fully involved in national development agenda.

Furthermore, this policy will provide and highlight the importance of balanced intergenerational relationships based on mutual respect.

This policy will inform other sectoral policies, programmes and plans to ensure mainstreaming of issues regarding the older Persons in development processes. The policy will also provide a coordinated and harmonized mechanism for implementation of outlined interventions for each thematic area of concerns.

The process of developing this policy has been involved widespread consultations and the participation of different stakeholders; namely relevant Ministries, Agencies, Local Government Authorities, Civil Society Organizations (CSOs), Faith Based Organizations (FBOs) through Social Protection Sector Working Group and Social cluster forum. To this end, we are grateful for

their time and the valuable inputs shared to have this policy developed. I personally believe that all stakeholders will work in close partnership to ensure smooth implementation, monitoring, and evaluation of this policy.

Ministry of Local Government

EXECUTIVE SUMMARY

The National Older Persons Policy reinforces the Government of Rwanda's commitment to promote the value and participation of older Persons in communities. Older persons are important members of society and have the right to be afforded dignity in their senior years. They have skills, knowledge and experience to contribute to society and the expected national growth.

In rwandan context, this policy will target old Persons aged to 65 years and above.

The aim of this Policy is to secure an environment in which older persons are ensured with fully dignity, guaranteed to reach their rights to health, secured lives and responsibilities.

This will be achieved through identifying barriers to participation and working with all sectors to develop actions to address them.

Prior development of the National Older Persons Policy, the analysis revealed that there a number of bottlenecks faced by older persons and they are related to quality of life, rights, care giving in family, health, employment, income security and social welfare, poverty, food & nutrition and Inter-generation relationship. More specifically, Poverty and poor living conditions characterize the lives of most older persons and there is need for a more responsive social protection system that cater for the older person's needs.

The observed issue regarding the benefit from pensions, whereby the pension benefit provided are not matching with the current standards of living are calculated without taking into consideration the indexation.

Additionally, ageing preparedness is humpered mainly by a big number of workers operating in informal sector and during their retirement age, they don't expect any pension benefits. The assimilation expressed by the adoption of the different culture lifestyles in which the respect for the older is diminishing. Lack of adequate care, loneliness and social isolation are also big challenges for older persons to develop socially, economically, culturally and politically their potentials and should also be added to the intergeneration conflict.

The National Older Persons Policy lies within the scope of international, regional and national legal instruments. It is linked also to the statements by various summits, protocols and recommendations from international institutions and to the laws, policies and sector strategies in Rwanda.

In order to overcome such barriers, the Government of Rwanda developed a comprehensive National Older Persons Policy, with clear specific objectives and their repectives recommended policy actions. This policy shall cause the govemement efforts to:

- ❖ Create awareness among the community members as to ensure physical, economical and psychological preparedness for older Persons
- ❖ Improve health and quality of life of older Persons.

- ❖ Provide older Persons with protection and care through appropriate support services
- ❖ Promote positive values for intergeneration relationship

Over the medium term, there should be a move towards a universal approach to provision of social security and social protection in the form of a universal social pension, to meet the needs of current older people. This will be achieved through the enhancement of the long-term savings promotion (Ejo HEZA) for the informal sector, to help meet the financing the pension and asset protection needs of the next generation of older people.

It will also be important to begin to establish frameworks for the gradual implementation of long-term care for older people in their homes through by ensuring the cohesion of families through family support structures. This shall be achieved through supporting care homes and safe places for older people through existing social protection programmes by introducing social care services. This would not only provide relief and care burden on families for older people, but would also train younger working age adults in a profession which could later on become valuable in the pursuit of paid employment.

The National Older Persons Policy provides a framework within which all policies with implications for older Persons can be commonly understood and developed. The framework incorporates broad principles that will guide the development of policies and services from a wide range of government agencies.

Successful implementation of National Older Persons Policy programs depends on strong vertical and horizontal partnership at both central and local administration and health sectors, health professionals and social workers, community groups, as well as older Persons themselves. MINALOC has the overall oversight of the National Older Person's Policy.

Implementation of this policy will have an implication on business, justice and as well as on legal framework. In legal framework for instance, it is envisaged to elaborate a legal framework on eligibility of older Persons to the different insurance services and establishment of the law on older care.

CHAPTER I: INTRODUCTION

The United Nations (UN) Bureau of Census (1999) has shown that the world older Persons are increasing very rapidly. The increase is more pronounced in the developing world where the rates of population growth are much higher than the capabilities of these countries in terms of health, nutrition and other basic amenities for a reasonable standard of living.

Rapid ageing in developing countries is accompanied by dramatic changes in family structure and roles, as well as in labour patterns and migration. It is expected that, very soon, most institutions of civil society in many developing countries will be overwhelmed by the social, economic and health needs of this ever-increasing segment of the population.

In 2006, almost 500 million people worldwide were 65 and above. By 2030, that total is projected to increase to 1 billion in every 8 of the earth's inhabitants. Significantly, the most rapid increases in the 65 and above population are occurring in developing countries¹.

While global ageing represents a triumph of medical, social, and economic advances over disease, it also presents huge challenges. Population ageing strains social insurance and pension systems and challenges existing models of social support. It affects economic growth, trade and disease patterns. Data from the United Nations and other groups and individuals researchers, like demographers and economists or experts on ageing, identified emerging challenges in global ageing. Non-communicable diseases are becoming a growing burden and the major cause of death among older Persons in both more developed and less developed countries.

Life expectancy is increasing most countries including developing countries, show a steady increase in longevity over time, which raises the question of how much further life expectancy will increase.

The Fourth Rwanda Population and Housing Census (RPHC4) establish that the population of Rwanda is 10,515,973 residents, of which 52% are women and 48% men. There are 511,738 older persons (60 and above) living in Rwanda out of a total population of 10,515,973 inhabitants. Older Persons represent 4.9% of the total resident population. The older Persons are composed of 207,239 older men and 304,499 older women².

Data from the RPHC4 indicate that the proportion of older Persons first increased from 4.8% in 1978 to 5% in 1991, dropped again slightly to 4.3% in 2002 and has only minimally increased to 4.9% in 2012. Despite this stagnation in terms of population shares, it is important to note that the

¹ AU Policy Framework on Ageing

² Republic of Rwanda, NISR, Fourth Population and Housing Census 2012, Thematic Report, Socio-Economic Status of Older people, January 2014

number of older Persons in the country has more than doubled since 1978, growing from 231,999 to 511,738.

It was also projected that the size of older persons aged 60 and above will be inevitably more than doubled between 2012 and 2032, increasing by 115%.

According to administrative data from the National Identification Agency (NIDA), the citizens registered in Rwanda revealed that 267,125 citizens were 65 years and above (Dec, 2020).

In Rwanda, there have been lots of changes in government social programmes with new sets of country targets all promoting inclusive development. They include NST1 adopted in 2018, the recently adopted social protection policy (June, 2020) and its related social protection strategic plan. Although a number of policies and strategies were adopted for promoting inclusive development for all, there are still emerging needs of elderly people. Social security policies exist to provide income protection to those who have been employed in the formal sector and as such coverage is limited and often restricted to a cross-section of older Persons that worked in the formal sector. To date, very few statutory programs exist to cater for the needs of the majority of older persons especially those in the informal sector.

This policy aims also to mobilize the Rwandan population at large to always plan ahead for their future retirement and minimise the possibility of vulnerability at old age, thus, there is a need to recognize the scope of the new demographic reality and adjust current policies accordingly.

The national older policy lies within the scope of international, regional and national strategies. It is linked also to the statements by various summits, protocols and recommendations from international institutions and to the laws, policies and sector strategies in Rwanda.

This policy is formulated within the framework of the following old age specific international instruments:

- ❖ Universal Declaration of Human Rights (1948)
- ❖ The International Covenant on Economic, Social and Cultural Rights (1966);
- ❖ The Convention on the Elimination of all forms of Discrimination against women (1979);
- ❖ The United Nations Plan of Action on Ageing (1982);
- ❖ United Nations Declaration on the Right to Development – 1986
- ❖ The United Nations Principles for Older Persons(1991);
- ❖ The United Nations Proclamation on Ageing (1992);
- ❖ The Madrid International Plan of Action on Ageing (2002);
- ❖ Sustainable Development Goals (2015) which promote equality, human rights and “leave no one behind” reaching the farthest behind to ensure prosperity all – people of all ages;
- ❖ WHO Global Strategy and Plan of Action on Ageing and Health (2016);
- ❖ The Yaoundé Declaration on Ageing (2006).
- ❖ African Union Common Africa Position on the Human Rights of Older Persons (2012).

- ❖ Agenda 2063, African development plans which recognizes the changes in Demographic change, human rights and promotes universality (2015).
- ❖ African Union Common Africa Position on the post-2015 Development Agenda (2015).
- ❖ Adopted Protocol to the African Charter on Human and People’s Rights on the Rights of Older Persons and needing signing and ratification (2016).
- ❖ African Union Common Position on Long Term Care (2017).

At National level: This policy is linked with high level national agenda and other policies and strategies such as:

- ❖ National Strategy for Transformation (NST1);
- ❖ Social Protection Policy and its related sector strategic plan;
- ❖ Gender and Family Promotion Policy;
- ❖ Social Security Policy and Strategy.

1.1. Definition of Older Persons

There is no universally accepted age to define ‘older’ people. The term “Older Persons” is generally defined according to a range of characteristics including: chronological age, change in social role and changes in functional or psychological and intellectual abilities.

As far as chronological age is concerned, old age is generally defined in developed countries in relation to retirement from paid employment and receipt of a pension, at 60 or 65 years. It is in this context that this policy will take old persons to be those ones who are above 65 years of age in line with the Rwanda labour law.

The social and economic changes are experienced with loss of status in society, loss of companionship, loss of income and loss of a meaningful lifestyle. The psychological and intellectual changes are harder (as brain loses cells, its power declines and memory fades, lack of concentration and difficult to think quickly are also problems) because they come with frustration, loneliness, loss of assertiveness and apathy.

In the developed countries, the standard tends to be 65 years, as this has been, until recently, a common age at which people are expected to retire. In the African context, however, ‘retirement’ as such is not as relevant a concept, with few workers eligible for a pension or able (or wanting) to stop working.

As such, the WHO has adopted the age of 50 for the purposes of collecting data on older people in the region³. Although it is inevitably somewhat arbitrary, this is consistent with the UN agreed standard, as well as the definition used by NISR for ‘elderly’ in its 2012 Thematic Report: Socio-Economic Status of

³ Kowal and Dowd (2001): Definition of an older person. Proposed working definition of an older person in Africa for the MDS Project. Geneva: World Health Organization.

Elderly People.⁴ In the context of this policy, older persons will be considered as those persons aged 65 years and above in line with the labor law and specifically the retirement age of 65 years.

CHAPTER II: SITUATION ANALYSIS

Older Persons situation was analysed in different angles, but the focus was put on following areas: Quality of life, rights, care giving in family, Health, Employment, Income security and Social welfare, poverty, food & nutrition and Inter-generation relationship.

a) Quality of life of older Persons

Globally, ageing is a success story. People today are living longer and generally healthier lives. This represents the triumph of public health, medical advancement, and economic development over disease and injury, which have constrained human life expectancy for thousands of years.

This transition is characterized by a broad set of changes that includes: a shift from high to low fertility, a steady increase in life expectancy at birth and at older ages and a shift from the predominance of infectious and parasitic diseases to the growing impact of non communicable diseases and chronic conditions. The health transition shifts the human survival curve so that the chances of surviving another year are higher at every age.

But sustained growth of the world's older population also presents challenges. Population ageing now affects economic growth, formal and informal social support systems, and the ability of states and communities to provide resources for older Persons.

b) Rights

The human rights are enjoyed by everyone equally including the the older Persons. In Africa as well as in Rwanda, it is often believed that older Persons are well respected and supported as it is enshrined in Rwandan culture. Unfortunately, some violences against older Persons are not easily detected. It is not always easy to quantify the nature and extent of violence affecting older Persons due to lack of disaggregated data on violence cases committed. Older victims of abusive acts are usually unwilling to report cases of abuse, especially when the perpetrator is a family member. Older Persons who are abused may therefore suffer in silence through fear of being further victimised, isolated or abandoned.

In some conditions and circumstances, older Persons are abused socially, physically, sexually, economically and psychologically. Some older Persons are accused by community members of different evil actions from witchcraft to preventing or causing too much rain or drought – for which they are tortured and assaulted. Economically, they suffer as their land and other belongings are

⁴ It is also more likely to be a useful cut-off for the purposes of social protection policy than 50, at least for now, as categorical transfers tend to start with a focus on the oldest age groups.

seized. Financial institutions refuse them credit, insurance and other services because lending agencies have age limit for giving credit or insurance. Age is a barrier to employment and retrenchments hit Older Persons first. Other times they are treated with discrimination against their age preventing them from access to specific and adequate health care. Some psychological abuses are difficult to detect but, they exist: these include insults and neglect as they don't receive adequate care to meet their health, nutritional, hygiene or emotional needs. Furthermore, the 1994 genocide against the Tutsi put older Persons in a disadvantaged situation as majority lost their children and grand children hence suffering from physical loneliness and associated consequences.

c) Care giving in family

As people live longer and have fewer children, family structures are transformed. This has important implications in terms of providing care to older Persons. As a result of this trend and the global trend toward having fewer children, people will have less familial care and support as they age. As life expectancy increases in most nations, so do the odds of different generations within a family coexisting. As mortality rates continue to improve, more people in their 50s and 60s likely will have surviving to his/her family relatives.

Childlessness is another important factor that will affect care giving but has received relatively scant attention. Given the variation in family structure worldwide, it will be increasingly important to distinguish between the various reasons for childlessness voluntary, involuntary coerced, involuntary natural, or loss of children due to HIV/AIDS. Each has different implications for care arrangements as middle-aged women reach older age.

Older Persons's living arrangements reflect their need for family, community, or institutional support. Living arrangements also indicate sociocultural preferences for example; some choose to live in nuclear households while others prefer extended families. Even in societies with strong traditions of older parents living with children, traditional living arrangements are becoming less common. In the past, living alone in older age often was equated with social isolation or family abandonment.

There also are broader concerns related to young adult migration, levels of interfamily remittances, and return migration of adults after extended periods of employment in other countries. Long-term care for older persons has become a key issue. Such care involves a range of support mechanisms such as home nursing, community care and assisted living, residential care, and long-stay hospitals. While the cost of long-term care is a burden to families and society, there are other concerns as well as economic pressure.

d) Health

As far as health matters are discussed in relation to older Persons, it becomes evident that there is a growing burden of non communicable or chronic diseases such as heart disease, cancer, and diabetes. This represents a shift in disease epidemiology that has become the focus of increasing attention in light of global ageing: already in 2002, Global burden of disease project estimates

revealed that non communicable diseases accounted for 85 % of the burden of disease in high-income country and 44% of the burden of disease in low and middle-income countries.

By 2030, according to projections, the share of the burden attributed to non communicable diseases in low and middle-income countries will reach 54%. If we restrict attention to older ages, non communicable diseases already account for more than 87% of the burden for the over-60 population in low-middle-, and high-income countries.

Besides to those chronic diseases, older Persons encounter other health problems like Alzheimer’s disease, hearing impairment and teeth, mouth and eye complaints.

Health insurance coverage: Health insurance coverage is key among older adults given the prevalence of illnesses and disability in this group. Health insurance coverage (in the form of the Community Based Health Insurance or ‘mutuelle de sante’) is an important prerequisite for accessing health care. Table indicates that 87% of older people are covered by medical insurance, the same percentage as for the population 0–59.

Table 1: Percentage of elderly people with medical insurance compared to younger people (aged 0– 59) by sex, area of residence and province

	Elderly people (60 and above)			Younger people (0-59)		
	Male	Female	Both sexes	Male	Female	Both sexes
Rwanda	84.0	88.4	86.7	86.0	87.6	86.8
Area of residence						
Urban	70.9	87.5	80.3	84.2	88.4	86.2
Rural	85.7	88.5	87.4	86.4	87.5	86.9
Province						
Kigali City	78.8	86.7	83.4	83.3	86.6	84.9
South	72.9	81.4	78.0	77.5	79.5	78.6
West	88.7	91.5	90.4	89.1	90.3	89.7
North	92.4	93.6	93.1	91.7	92.3	92.0
East	87.2	90.5	89.1	88.9	90.4	89.7
Count insured	174,142	269,325	443,467	4,176,963	4,509,455	8,686,418

Source: 4th Rwanda Population and Housing Census.

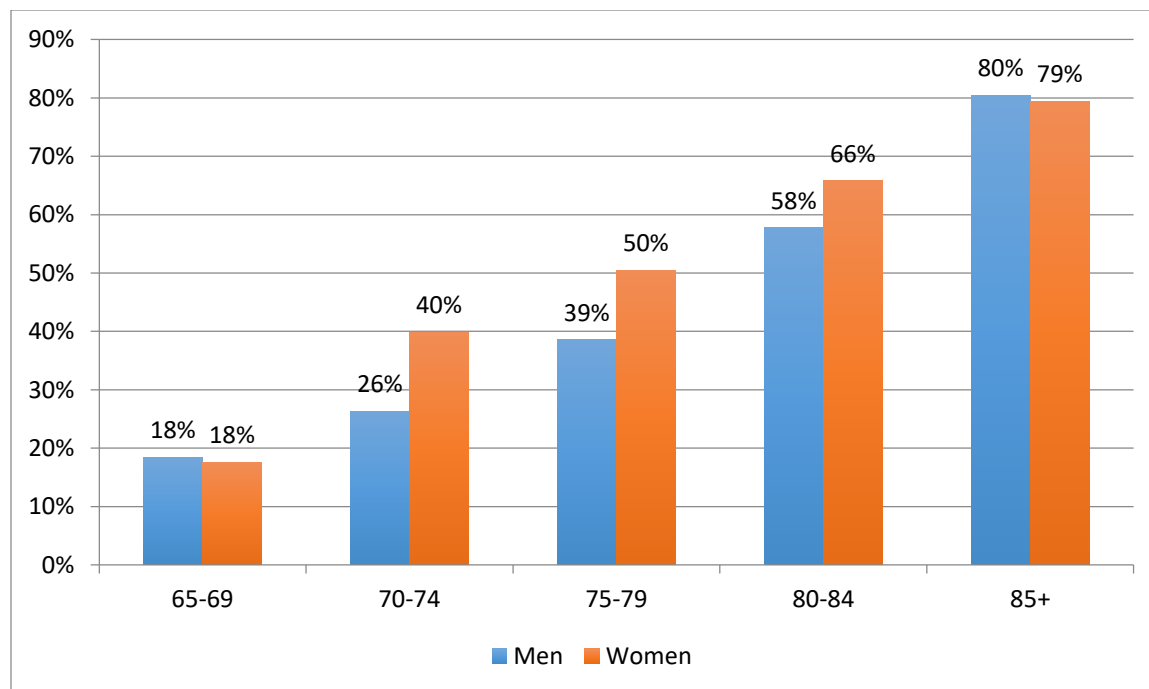
Among older adults who are insured, a large majority (88%) are covered by the community-based health insurance (Mutuelle de Santé) with the remainder insured under RAMA, which mostly targets public sector employees.

A similar pattern emerges for younger population groups. Despite the high coverage statistics, older people in Ubudehe 1 who are meant to be provided with free community-based health insurance (Mutuelle de Santé) are often more likely to be excluded and left uncovered. This implies that there are some constraints in the ability of Mutuelle to reach the most vulnerable, based on the fact that ubudehe has been found not to be a good targeting tool.

The health and well-being of older people face inevitable declines in physical and mental capacity that occur in the process of ageing toward later life but whose onset, nature and extent is tremendously variable and depends in large part on health systems and environment responses (WHO, 2015);

Moreover, health and other services for Older people have circumscribed access to basic services, in particular to health care and education (Mc Intyre, 2004; Aboderin & Beard, 2015). However, a key supply-side factor underpinning such access limitations is a profound non-preparedness of the health and education systems to respond to old age-related needs – as they remain oriented to addressing challenges of younger age groups specifically infants, children and reproductive age adults (Aboderin & Beard, 2015; WHO, 2015) . While the health of old persons may continue to deteriorate in old age, the capacity to continue being productive is majorly hampered by disability in old age.

Figure 1: Rates of disability by age and sex



Source: EICV4, 2013-14

In addition, older Persons face some other challenges related to logistics: distances to facilities, inefficient services due to inadequate training of medical staff (no training in geriatrics), negative attitude by health practitioners, cost (medicines are expansive or not available). Then, due to those problems, majority of older persons rely on traditional medicine.

At health facilities, it was also observed the issue of an adequate access to customised health services for older persons, hence geriatrics and gelontology is highly recommended to adress this challenge.

e) Employment, income security and Social welfare

Ageing weakens the physical energy of any body making him/her unable to work and other associated vulnerability resulting from ageing. However, in most developing countries including Rwanda only older Persons from formal sector benefit from pension scheme, leaving majority from informal sector at the mercy of their families, community and or government.

Social policy and programs have different forms of social security, however, as mentioned in the preceding paragraph only employees in formal sector benefit from social security schemes (contributory social insurance, contributory provident funds, occupational pensions).

Contrary, informal social security (non-contributory and contributory social security schemes) started recently and as it continues to grow, it is anticipated that it will provide informal sector older persons safety net to guarantee decent life during their retirement.

Social security is based on the understanding that human beings are exposed to unavoidable risks which undermine their capacity to continue earning income (due to diverse causes such as old age, sickness, maternity, employment injury, unemployment or death).

Pensions and savings: In the context of high levels of poverty and the lack of formal employment, only a fraction of older people will have contributed to a pension. In addition, due to the lack of development of the financial sector those with a pension receive a lump sum⁵, and probably use that to purchase assets, so it is somewhat difficult to really understand who receives a pension or not. This could be why ‘other pension’ category has more data: maybe they invest their lump sum into some other kind of account, and then draw this down over time.

Older people, especially in rural areas, rarely benefit from formal pensions (which are reported in the EICV4 as either RSSB/Caisse Sociale, private pensions (combined into ‘pensions’ in the definition here) or ‘Old Age Grant’ income source.

Households with older persons, working age adults, and children are the least likely to be in receipt of any kind of pension, while those with older persons only are most likely, suggesting that there may be some element of choice for those few older persons with pension provision to live independently, whereas those without, rely more on multi-generational family support structures.

Table 2: Percentage of households with older persons receiving pensions, by household type

	Pension	Old Age Grant
Older Persons only	0.9%	7.5%
Older Persons & working age	5.9%	5.0%
Older Persons & working age & children	2.7%	2.5%

⁵ Callund Consulting (2014) Feasibility Study on the Development of an Informal Sector Pension Scheme (ISPS), Final Report, September 2014.

Older Persons & children	1.9%	6.7%
Working age & children	0.5%	0.1%
Working age only	0.9%	0.2%

Source: EICV4, 2013-14

Another difficulty that is worth discussing is that families rely so much on the pension to provide other needs, such as school fees, medicines or food for grandchildren, that old persons's needs are not adequately catered for.

Many formal contributory schemes are not linked to price increases (no formula of pension indexation to market costs) and so over years, the amount of money that a retired persons collects drops in value. Although these types of schemes are often more sustainable, the difficult with them is that many employees receive such a low wage that their contribution is also low and so their final benefit is also inadequate to meet their retirement needs. More than that, is the fact that these schemes are not yet universally designed. They essentially are used for a tiny portion of the population in public and private sectors whereas a the big rural area population has no benefit from their hard work when they enter in old age.

On the other hand, as the support that families, neighbours and communities provide to older Persons has declined, many people have tried to protect themselves for the old age by setting up informal contributory schemes such as burial societies or savings and credit schemes based on a system whereby members put their contributions together and take turns to benefit from the lump sum. The problem with these is that they exclude the very poor who cannot afford to make any contributions.

f) Poverty and ageing preparedness

Most people do not prepare for their ageing, as majority believe their work will continue providing and also misguiding tradition proverbs "*Amavuta y'umugabo ni amuraye ku mubiri*". Therefore, older people find themselves in helpless situation. Ultimately, there is a strong correlation between ageing and poverty, this could be attributed to the fact that most older people lost their productive capacity.

Poverty over the life cycle: Older people may be subject to an accumulation of harmful exposures and limited opportunities over the life cycle, especially where lives have been lived within contexts of poverty (WHO, 2015; Aboderin, 2010).

Youth and working-age: A lack of schooling and consequent illiteracy for many; absent opportunities for gainful work, saving or investing during younger years; or exposure to chronic sickness are three prominent examples of poverty that continue to reverberate and indeed magnify as people age. (Negin & Cumming 2010; Hontelez *et al.* 2011; Zhao & Goetz, 2011; Aboderin, 2011, WHO, 2015).

Older years: In most Sub Saharan African countries, more than 60 per cent of older men and 50 per cent of older women remain in the labor force. However, older adults are predominantly engaged in vulnerable and low paid employment, specifically in smallholder agriculture, where functional limitations combined with limited education may constrain their productivity (Aboderin, 2012; Payne *et al* 2013; Li & Sicular, 2013; Skirbekk, 2008);

Important to note is that measuring the poverty and vulnerability of older people in a quantitative sense is challenging, because consumption, income, transfers, and assets are all measured at the household level, with assumptions about older people receiving their fair share. Poverty amongst older persons is therefore normally measured in terms of the incidence of poverty (among various dimensions) of households with older people compared to those without, as shown in the table below.

Table 3: Poverty incidence by household composition

Composition	Extreme Poverty	Poverty
Older Persons only	15.0	4.2
Older Persons & working age	17.0	5.1
Older Persons & working age & children	33.7	12.9
Older Persons & children	35.9	12.6
Working age & children	39.3	16.0
Working age only	9.8	1.9
Total	34.4	13.6

Source: EICV4, 2013-14

g) Food and nutrition

Globally and Rwanda in peculiar nutrition interventions have been directly focusing on the needs of the children <5years, lactating and pregnant mothers. This therefore, created a lacuna in the health needs of other population groups including older Persons. It is a fact that very little is known about the nutritional situation and needs of older Persons in the country

Traditionally in Africa and Rwanda in particular treat some nutritious foods with contempt and consider it as taboo. They even discourage the young from eating such food e.g fish, chicken, fruits etc.

h) Inter-generation relationship

Generation gap has always existed and is prevalent in all societies throughout the world. But with rapid uMedia Housesnization, changing wealth with money based economy and new technologies era and improving literacy rate, the attitudes, behavior and ways of thinking of the youth towards the elders are often very conflicting. The younger generation has a tendency to resist their elders,

question their decisions and flout their instructions. On the other hand, the older generation feels frustrated that their decisions are being contested. Very often, such a situation gives rise conflicts and tension in the family. More than that, over the past years, with fundamental transformation of the society, we have witnessed a rise of materialism and an erosion of social, moral and cultural values which have earlier provided cohesion to institutions and communities.

The older as custodians of tolerance, wisdom and experience has an important role to play in the transmission of these traditional values. Communities have to be reinforced and the older Persons are called focussing on coaching and mentorship of young generations. Inter generational support roles and burdens of older people, engendered, in the Rwandan context, particularly by the genocide and to a lesser extent by disease burden (UNICEF, 2007) have placed enormous pressure on old persons. Such roles include caregiving to grandchildren, orphans or the maintenance of kin who are unemployed or otherwise unable to earn a livelihood. Older people are also expected to care for grandchildren whose parents have migrated. Notwithstanding potential positive effects, the strain of having to provide such support may affect older persons' material, physical and emotional well-being negatively (Schatz & Seeley, 2015; Chepnengo-Langat, 2014; Kohler *et al.* 2012);

Both the older and younger generations have much to gain from each other by developing mutual respect, understanding and tolerance.

2.1. Understanding the role of demographic, societal, and economic change

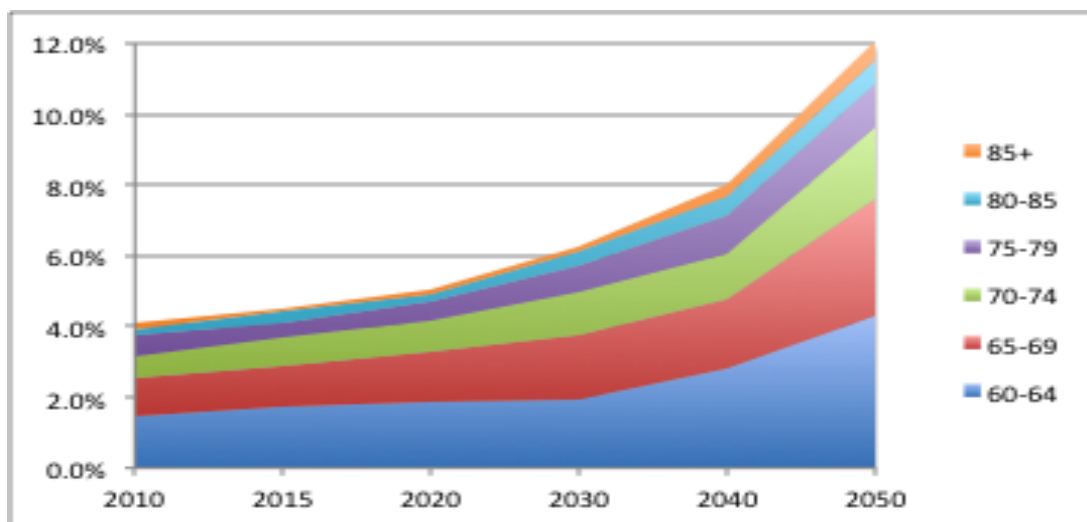
An important aspect of this study is the long-term nature of the research questions; not only is there a need to understand the experiences of older people and their needs now, but also in a future in which rapid demographic, economic, and social changes are expected to take place.

- **Demographic trends:** As a result of declining fertility and longer life expectancy, Rwanda's population will become considerably older over the next 30 years, with both the number and share of older people growing rapidly. At the same time, Rwanda will continue its trends towards urbanization. Population projections together with persistent high fertility rates suggest that the population will continue to grow, putting increased pressure on already scarce land resources.
- **Economic:** Rwanda's economy is expected to transform enormously over the coming decades, during which time government aspires for the country to attain middle-income status. Important macro-economic trends include not only overall economic growth, but particularly the sectoral shifts away from agriculture and, to some extent, an increasing formalization of the economy. Primary and secondary education have expanded rapidly in the last twenty years and will continue to do so, with positive implications for the productivity potential of the workforce. However, such trends will not affect everyone equally; one of the most devastating impacts of the genocide was the near-total collapse of the school system and consequent major gaps in education for the cohort of children who are now in middle-age. Younger cohorts with more education will therefore disproportionately benefit from these positive economic forces over the coming decades, while others are likely to be left behind by rapid economic and technological change without active government engagement.

- **Social:** The broader economic and demographic trends are expected to engender pronounced and rapid change in social structures, dynamics and contexts. The directions that such shifts will take remain hard to predict. A dominant view, inspired by modernization theory, expects a progressive nuclearization of families and a weakening of intergenerational bonds as a result of greater education and urbanization. However, such assumptions remain contested and poorly substantiated — and remain a question for empirical inquiry (Aboderin, 2004a).

Demographic trends: Many countries in Sub-Saharan Africa are undergoing a major demographic transition, but Rwanda’s is unique. It has simultaneously made very rapid improvements in life expectancy and total fertility as a result of significant investments in the health system and reductions in poverty. This means that Rwanda’s potential ‘demographic dividend’ will provide opportunities in the near future, but the large growth in the number of older people will also create challenges that will need to be addressed.

Figure 2: Older people as a share of total projected population, 2010-2050



Source: United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision, custom data acquired via website.

Rwanda’s older population will therefore be increasingly made up of women, many of them widows⁶, who are particularly disadvantaged in old age as a result of inequities in asset ownership, particularly land⁷, as well as access to formal employment and therefore pension provision, while at the same time they bear a heavier domestic burden. Traditional norms in

⁶ 58% of older women are widows compared to just 16% of men. National Institute of Statistics of Rwanda (NISR), Ministry of Finance and Economic Planning (MINECOFIN) [Rwanda], 2012. Rwanda Fourth Population and Housing Census. ¹Thematic Report: Socio-economic status of elderly people.

⁷ Bayisenge, J. (2014). Land Issues in Rwanda: Gender Perspectives and Social Work Implications. In H. Spitzer, M. J. Twikirize, & G. G. Wairire (Eds.), *Professional Social Work in East Africa: Towards Social Development and Poverty Reduction and Gender equality*

Rwanda place a moral obligation on younger generations to take care of their elders (*‘an old, slow rabbit must be fed by its children’* is a traditional saying).

The urban population will age more quickly than rural areas, with the total number of older people in urban areas quadrupling over this period, compared to rural areas where it will double⁸. This means that urbanization policies will also need to take ageing into account in terms of housing, transport, infrastructure, healthcare services etc.

It is therefore important that this policy looks holistically at old persons and address the plight of persons in old age.

2.2. SWOT Analysis

a) Strength

A part from different policies, strategies and programs developed in area of social welfare , some of the key strength to base on include but not limited to the following:

The Rwandan Constitution of 2003 revised in 2015 in its article 51, section 3 states that, *“The State has also the duty, within the limits of its means, to undertake special actions aimed at the welfare of the indigent, the older and other vulnerable groups”*.

- ❖ Rwanda’s Vision 2050
- ❖ National Strategy for Transformation (2018)
- ❖ Social Protection Policy (June, 2020)
- ❖ Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Older Persons (Oct, 2019)

b) Weaknesses

Some of the general challenges are the following:

- ❖ Poverty among Rwandans including older Persons;
- ❖ Pensions not indexed to changes in the cost of living and not covering informal sector workers;
- ❖ Genocide against the Tutsi with its negative consequences to older Persons;
- ❖ Limited coordination mechanism between Civil Society organisations aligned to Government policies and programmes with regard to vulnerable Older Persons interventions;
- ❖ Limited monitoring and follow up systems at Local Governments;
- ❖ Limited medical Personnel trained in geriatrics and gerontology;
- ❖ Destruction of traditional values, such as solidarity and reciprocity.
- ❖ Lack of a well structured framework to allow older Persons in participating in national development agenda
- ❖ Loneliness

⁸ NISR (2012)

c) Opportunities

Despite challenges and constraints identified all along this paper, our country shows important opportunities, namely:

- ❖ Existence of many international legal instruments protecting and promoting older Persons rights, of which Rwanda is part of;
- ❖ Involvement of NGOs and the Civil Society and Faith based organizations (FBOs) in the issues relating to older Persons;
- ❖ Civil Society Organizations (CSOs),
- ❖ Older Persons organizations (NSINDAGIZA organization, Association Rwandaise des Retraités-ARR, Association Rwandaise de Personnes Agées-ARPA, Saint Vicent of Paul Associations)
- ❖ Promotion of volunteerism culture through mainly Itorero

d) Threats

With a growing number of older Persons and socio-economic changes, there are a set of specific challenges faced by the older Persons:

- ❖ Diminishing importance of the traditional role of the older Persons within their communities causes lack of family support and/or family life due to migration and economic changes;
- ❖ Inheritance related problems and access to property;
- ❖ Lack of basic health care due to scarcity of financial means,
- ❖ Illiteracy.

2.3. STAKEHOLDERS' VIEW

During the development stages of this policy, the following key issues were emerged from stakeholders. The key emerging issues were as follows:

- i. The number of older Persons is growing very fast, and older persons are consistently and disproportionately among the poorest of the poor. As result, ageing has become a cross-cutting issue of critical significance to wider poverty alleviation strategies. Poverty and poor living conditions characterize the lives of the older persons. There is need for a more responsive social protection system that cater for the older person's needs. Additionally, any credible anti-poverty strategy must help older persons maintain themselves and contribute to their families and communities.
- ii. There was observed issue regarding the benefit from pensions, whereby the pension benefit provided are not matching the current standards of living and is calculated without taking into consideration the indexation. There is a need to review pensions scheme to adressed the issue of indexation.

- iii. Ageing preparedness is hampered mainly by a big number of workers operating in informal sector. At their retirement age, old persons they don't expect any pension benefits. The Government should put much effort in institutionalizing the Long term saving scheme to reach a big number of informal workers to save for their retirement age. In informal sector, there should be installed "Salaire Minimal Interprofessional Garantie-SMIG" system in allocation of salaries.
- iv. Acculturation expressed by the adoption of the different culture lifestyles in which the respect for the older is diminishing.
- v. There is a tendency for considering the older Persons as a burden to the family as well as to the Country by ignoring their role should play in socio-economic and cultural development.
- vi. The older Persons structures should be organized from Cell, Sector to District for their advocacy thus a establishment of committee for older Persons is needed to ensure proper Coordination
- vii. There is a need to strengthen community awareness towards equitable access to services, inclusion, participation, and rights of older Persons
- viii. Loneliness or social isolation

CHAPTER III: POLICY ORIENTATION

3.1. Vision

The vision of this policy is to create an environment in which older Persons are ensured with fully dignity, guaranteed to reach their rights to health, secured lives and responsibilities.

3.2. Mission

The mission of the policy is to ensure that older Persons are a socially, culturally, politically and economically integrated.

3.3. Objectives

3.3.1. General objective

The main objective of this policy is *“to uphold the dignity and self-worth of older Persons within the family, society and nation by improving their potential so that they can continue to play a role in national development”*

3.3.2. Specific objectives and Policy Actions

To create awareness among the community members to ensure physical, economical and psychological preparedness for older Persons, the Ministry of Local Government and her stakeholders will develop a communication strategy as part of the awareness campaigns on ageing preparedness, facilitate the establishment of structured committees for older persons at different levels to ensure that challenges encountered in old age are addressed.

In collaboration with the Ministry of Education, an ageing preparedness module will be developed and integrated in the education curriculum for secondary schools that is meant to prepare and raise ageing preparedness at a young age. The Ministry of Local Government in collaboration with the Ministry and institution that has Itorero in its mandate design a module that will be integrated into the Itorero training programmes.

Moreover, communities will be mobilized and encouraged to enrol on the long-term savings scheme (Ejo Heza) from young age for informal and formal sector workers with a view to the long-term vision of harmonizing both contributory and non-contributory schemes towards achieving universal and adequate coverage of the population especially in old age as part of the campaign for preparedness for old age. To achieve this, the Ministry of Finance and Economic Planning and Rwanda Social Security Board (RSSB) in collaboration with Ministry of Local Government will develop a joint plan on how to achieve this objective and policy action and integrate the milestones in their relevant strategic plans.

Other initiatives to support ageing preparedness shall include engaging old persons in productive activities, promoting the culture of intergeneration leisure and appropriate sporting activities from a young age as well as promoting research on issues of old persons.

In order to improve health and quality of life for older persons, the Ministry of Health and her stakeholders shall strengthen and build the capacity of health care professions in gerontology and geriatrics and ensure that there is accessibility, availability and affordability of non-communicable diseases and palliative care services for persons in old age at primary health care service providers.

This shall be realised by strong collaboration from the Ministry in charge of Health by continuing to advocate for the subsidisation of medical services of persons in old age where possible with special attention to older persons with disabilities that might require access to rehabilitation and support services.

In the same framework, legislation and other measures that guarantee access to old persons to different insurance services shall be established in collaboration with Rwanda Social Security Board (RSSB)

The Ministry of Local Government in collaboration with other government institutions and stakeholders shall ensure that vulnerable old persons are integrated in cash transfer schemes, are provided with material and other support needs including access to nutritious food to ensure that their plight is protected.

To ensure that the life and living conditions for old persons are improved, the Ministry of Local Government shall provide and advocate for older persons to be provided with care protection and care through appropriate support services that include among others, the provision of decent shelter to vulnerable old persons.

In order to promote family cohesion and harmony, the Ministry of Gender and Family promotion shall traditional support systems shall be supported and encouraged to enhance the ability of families and communities to care for older family members through incentives to family members who provide home care for old persons.

For old persons that reside in old care centres, relevant legal frameworks shall be established to ensure that national minimum standards are provided such that standards comply with the required national standards.

It also envisaged that a strong social care system tailored to the needs of older Persons shall be enhanced through partnership between the Ministry of Gender and Family promotion and Ministry of Local Government. This will be done by putting in place a professional network of social care givers that will support vulnerable old persons.

Least but not last, measures to reinforce protective measures against violence, neglect, abuse and discriminatory practices to older Persons shall be adopted in collaboration with the Ministry of Justice.

Promotion of positive values for intergeneration relationship shall be enhanced through encouraging family and community based care approach for older Persons in accordance with socio-cultural set up and establish community recreational centers for older persons, where old persons can help in bridging the generation gap divide. The Ministry of Gender and Family promotion in collaboration with the Ministry of Local Government shall promote this through by supporting forums that promote this initiative such as supporting the international elderly day celebrations, community sensitisations and organising other events that celebrate the old persons through leisure and cultural events.

Other initiatives to support this endeavour shall include promoting the culture of volunteerism where by coaching and mentoring of young generations by old persons shall be supported. This shall be done by the Ministry that volunteerism and culture in its mandate through developing intergenerational guidelines, organisation of international day of old persons, regular community sensitisation and awareness as well as establishing groups for old persons to coach and mentor the young generation on the core cultural values towards older persons.

3.4 Guiding principles

a) Independence

1. Older Persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help.
2. Older Persons should have the opportunity to work or to have access to other income generating opportunities.
3. Older Persons should have access to appropriate educational and training programmes.
4. Older Persons should be able to live in environments that are safe and adaptable to Personal preferences and changing capacities.

b) Participation

1. Older Persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations.
2. Older Persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.
3. Older Persons should be able to form movements or associations of older Persons.

c) Care

1. Older Persons should benefit from family and community care and protection in accordance with each society's system of cultural values.
2. Older Persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.
3. Older Persons should have access to social and legal services to enhance their autonomy, protection and care.
4. Older Persons should be able to utilize appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment.

5. Older Persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

d) Self-fulfilment

1. Older Persons should be able to pursue opportunities for the full development of their potential.
2. Older Persons should have access to the educational, cultural, spiritual and recreational resources of society.

e) Dignity

1. Older Persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.
2. Older Persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution. As recommended, this national policy is going to incorporate these international principles.

CHAPTER IV: INSTITUTIONAL ARRANGEMENT

Successful implementation of National Older Persons Policy programs depends on strong vertical and horizontal partnership at both central and local administration and health sectors, health professionals, social workers, community groups, as well as themselves.

The Government must necessarily ensure that ageing and concerns of older Persons are adequately mainstreamed into national development frameworks and poverty reduction strategies.

The implementation of this policy requires that concerted effort for the coordination and implementation of support programmes and initiatives that target older Persons.

Furthermore, the Government's fiscal policies must necessarily provide incentives that encourage the private sector, NGOs and civil society organizations, academic and research institutions, the media and development partners to fully participate in the implementation, monitoring, evaluation, financing and revision of the policies and programmes to improve the situation of older Persons.

A) At Central Government level.

There are a number of Ministries and agencies which are more concerned and involved directly or indirectly with elderly Persons concerns: MINALOC (Lead), MIGEPROF, MINEDUC, MYCULTURE, MINISPORTS, MOH, MINAGRI, MINECOFIN, MINIJUST, MINEMA, MINICT, MINAFFET, RSSB , NISR, FARG, LODA, RDRC, REAF, RALC.

The roles and responsibilities of the respective government Ministries and agencies as well as other key role players are shown in the implementation plan matrix.

CHAPTER V: MONITORING AND EVALUATION

Monitoring and evaluation of this policy will be ensured by MINALOC. A periodic assessment of different activities shall be carried out according to participatory control mechanisms involving all stakeholders. More concretely, the Ministry shall set up program supervision and control mechanisms, which will be launched at the national or provincial level in order to assess the progress made.

Moreover, all involved Ministries and institutions shall be called upon to join their efforts and work hand in hand in case any aspect of the National Policy on Older Persons and Ageing should be neglected or overlooked.

CHAPTER VI: FINANCING ARRANGEMENTS

The implementation of the National Older Persons Policy requires an estimated budget of 75,634,899,700 Rwandan Francs for a period of 4 years. This policy will be fully budgeted in consultation with all concerned Ministries and agencies according to particular priority falling in their specific mandates in relation with older Persons concerns.

This will include activities outlined in the associated five-year implementation Plan. Given the nature of being crosscutting, all respective stakeholders including governments and non-governmental, bilateral, and multilateral agencies will provide the necessary budget.

CHAPTER VII: IMPLICATIONS OF POLICY IMPLEMENTATION

7.1 Legal implications

It is envisaged that the adoption of this policy will result drafting of new legal commitments or obligations for the Government of Rwanda. This policy will provide direction to the Government of Rwanda and all stakeholders on how best to fulfil existing legal obligations and commitments to the older Persons to comply with international, regional and national legal instruments as adopted and ratified by Government of Rwanda.

7.2 Impact on business and the economy

Implementation this policy is intended to support sustainable, equitable and inclusive economic development. The key transmission mechanisms for this are expected to include:

- ❖ Reduced health care costs (hospital and clinic costs for the older Persons);
- ❖ Increased safety & living opportunities for the older Persons;

- ❖ Reduced justice system costs for the older Persons;
- ❖ Greater returns on private investment in the older Persons services.

7.3. Impact on equality, discrimination, unity and reconciliation

Strengthened disability inclusion in society and across all sectors in Rwanda directly contributes to reducing inequality and promoting the participation of all citizens in national development, key doctrines for unity and reconciliation. In particular, this policy has been specifically designed to:

- a) Deliver on key obligations related to the non-discrimination based on age as provided for in the Rwandan Constitution;
- b) Provide a tangible demonstration of Rwanda’s commitment to equal opportunities, prosperity and wellbeing for all;
- c) Provide and highlight the importance of balanced intergenerational relationships based on mutual respect
- d) Strengthen intergeneration solidarity among generations, facilitate interaction and respect among all ages and generations, and aspire for an inclusive society.
- e) Promote positive values of national and community solidarity;
- f) Support the development of human capacity at all stages of the lifecycle and promote the full participation of older Persons in Rwanda’s national development.

To ensure wide dissemination of this policy, a communications strategy will be developed and implemented to raise awareness of the importance of the older Persons policy among the general population and to disseminate key documents and instructions to the older Personspolicy stakeholders at all levels. The older Persons’s policy envisages the organization of regular sensitization campaigns and seminars as well as the use of media to increase awareness on the older Persons’s policy as well as to educate the community on how to participate actively in the older Persons’s policy implementation.

CHAPTER VIII : STRATEGIC PLAN

This a four strategic implementation plan that comprises the key strategic objectives, outcomes, outputs and activities that contribute to the overall achievement of the mission as well as the objectives of this policy as well as NST 1. The outputs and activities will be regularly reviewed based on the set milestones and the revision of the implementation plan will be done after the review of NST 1 to ensure alignment with an emerging policy orientation.

Details outcomes, outputs and required actions for all outlined strategic objectives are reflected in the implementation logical framework indicated in below table.

Table 4: Implementation plan matrix

Outcomes	Output	Baseline	Indicator	Targets			
				2021/22	2022/23	2023/24	2024/25
Strategic objective 1: To create awareness among the community members as to ensure physical, economical and psychological preparedness for older Persons							
Outcome 1: Awareness among the community for physical, economical and psychological preparedness for old age ensured	Output 1: Awareness on ageing preparedness Institutionalized	0	Ageing preparedness module available	0	1	0	0
		0	Ageing preparedness module in education curriculum available	0	1	0	0
		0	Communication strategy available	0	1	0	0
		0	Ministerial laws and guidelines available	1	0	0	0
	Output 2: Research and data collection on issues related to older Persons conducted	0	# of situation assessment for older Persons conducted	0	1	1	1
		2) Demographic Change, Ageing and Social Protection in Rwanda commissioned by SP SWG and performed by DFID (January 2018).	# of surveys conducted	0	0	1	0

	Output 3: Structured committee for older Persons established		Draft Ministerial instruction on older Persons committees at all levels	0	1	0	0
Strategic objective 2: To improve health and quality of life of older Persons.							
Outcome 2: Health and quality life of older Persons improved	Output 1: Accessibility, availability and affordability of NCD and HIV services to older Persons at primary health care level improved		# Older Persons subsidized with NCDs services and medication	0	21,051	21,051	21,051
			# of organized awareness event on NCDS, HIV and AIDS for older Persons	2	2	2	2
	Output 2: Capacity of health care professionals in gerontology and geriatrics strengthened		# of gerontology and geriatrics Module developed and included in medicine and health services curriculum	0	1	0	0
			# health care professionals trained	0	0	500	500

		# of health care facilities with geriatrics unit	0	500	500	500
Output 3: Palliative care for older persons at all levels of primary health care integrated		# of older Persons received palliative care services	40000	50000	110,000	225000
		# vulnerable older Persons supported financially to access palliative and hospice care services.	21,051	21,051	21,051	21,051
		# of health care professionals trained for basic palliative care for older Persons	500	500	500	500
		# of Older Palliative care module developed and integrated in education curriculum	0	1	0	0
	Output 4: Nutrition education for older Persons and their caregivers enhanced		# of older Persons sensitized on nutrition behaviors	600,000	600,000	600,000

	Output 5: Insurance scheme of all categories are accessible by Older Persons		# of law, ministerial instruction, orders and regulation of insurance scheme for older Persons	0	1	0	0
	Output 6: Older Persons supported with Income Direct support		# of older Persons benefited from income Direct support	67,000	67,000	67,000	67,000
Strategic objective 3: To provide older Persons with protection and care through appropriate support services							
Outcome 1: Life and living conditions for older Persons improved	Output 1: Social Care Services delivery for older Persons Strengthened		# of decent shelter provided	1200	1000	800	500
			# of standard document developed	0	1	0	0
		TBD	Proportion of professional social care givers for vulnerable older Persons	1:20	1:20	1:15	1:15
			# of law, ministerial instruction, orders developed on older Persons care	0	1	0	0

Strategic objective 4: To promote positive values for intergeneration relationship							
Outcome 4: Positive values for intergeneration relationship promoted	Output: Integrative and intergeneration approach promoted	# of intergeneration guidelines developed	Intergeneration approach guidelines available	0	1	0	0
		International elderly day celebration organized on annual basis	# of events organized and older Persons participated in leisure and culture events	4	4	4	4
			# of community sensitization sessions undertaken	4	4	4	4
			# of older groups involved in coaching and mentoring of young generations	60	90	120	150

Table 5: Policy actions related interventions

Activities	Lead agencies	Other agencies	Budget				
			2021/22	2022/23	2023/24	2024/25	Total
Strategic objective 1: To create awareness among the community members as to ensure physical, economical and psychological preparedness for older Persons							
Develop an ageing preparedness module to be integrated into Itorero training programs	MINALOC	MIGEPROF, NCHR, REAF, MYCULTURE, NIC, RALC, RSSB	0	3,000,000	0	0	3,000,00000
Develop an old age preparedness module to be integrated in education curriculum for secondary schools	MINEDUC	MINALOC, MIGEPROF, REAF, MYCULTURE, RALC, DPs	0	3,000,000	0	0	3,000,00000
Develop communication strategy on ageing awareness	MINALOC	MIGEPROF, MINISPOC, RALC, REAF, RSSB, RBA, Media Houses, OGS, OLDER PERSONS ORGANIZATIONS, DPs	0	20,000,000	-	-	20,000,00000
Develop Ministerial laws and guidelines/Instruction for indexation formula	MINALOC	MINIJUST, MIGEPROF, NCHR, MINSPOC, REAF, RALC	0	12,000,000	0	0	12,000,00000

Conduct annual situation assessment for older Persons	MINALOC	MINISANTE, MIGEPROF, MINEDUC, NCHR, REAF, MINSPOC, RALC, OLDER PERSONS ORGANIZATION, DPs	3,000,000	5,000,000	8,000,000	11,500,000	27,500,00000
Conduct periodic survey on older Persons situation	NISR	MINALOC, MIGEPROF, REAF, MINSPOC, RALC, DPs, OLDER PERSONS ORGANIZATION	0	0	45,000,000	0	45,000,00000
Established of older Persons committees at all level	MINALOC	MINIJUST, MIGEPROF, NCHR, MINSPOC, REAF, RALC	15,000,000	0	0	0	15,000,000
Sub Total			18,000,000	25,000,000	53,000,000	11,500,000	107,500,000
Strategic objective 2: To improve health and quality of life of older Persons.							
Subside NCDs services and medication for vulnerable older Persons	MINISANTE	MINALOC, MINECOFIN	2,000,000,000	2,350,000,000	3,310,000,000	3,600,000,000	11,260,000,000

Provide appropriate information and psychosocial support to older Persons living with HIV and AIDS	MINISANTE	MINALOC, MIGEPROF, REAF, MINSPOC, RALC, DPs, NSINDAGIZA ORGANIZATION	9,100,000	12,300,000	13,250,000	18,000,600	52,650,600
Develop gerontology and geriatrics module to be integrated into medicine and health service curriculum	MINASANTE	MINEDUC, MINALOC, DPs	0	2,000,000	0	-	2,000,000
Provide in-service trainings on gerontology and geriatrics to health care professionals	MINISANTE	MINALOC, DPOs	0	120,386,000	120,386,000	120,386,000	361,158,000
Set up geriatrics clinic in health facilities	MINISANTE	MINALOC, MINECOFIN, DPOs	0	1,500,000,000	1,500,000,000	1,500,000,000	4,500,000,000
Providing palliative services for older Persons	MINISANTE	MINALOC, DPOs	40,000,000	60,000,000	110,000,000	230,000,000	440,000,000

Provide financial support to vulnerable older Persons to access palliative and hospice services	MINISANTE	MINALOC, DPS	343,960,800	356,900,000	455,000,000	495,674,300	1,651,535,100
Provide trainings to all health care professionals in basic palliative and hospice care for older persons	MINISANTE	DPS	120,386,000	120,386,000	120,386,000	120,386,000	481,544,000
Develop and Integrate Older palliative care module in the national health education curriculum	MINISANTE	MINEDUC, DPs	11,000,000	-	-	-	11,000,000
Sensitize older Persons on nutrition behaviors	MIGEPROF	MINALO, MINISANTE, MINAGRI, MINISPOC, DPs	14,000,000	14,000,000	14,000,000	14,000,000	56,000,000

Elaborate a legal framework on eligibility of older Persons to the different insurance services	MINISANTE	MINALOC, MIGEPROF, NCHR, MINISPOC, MINECOFIN, REAF, RSSB	0	2,000,000	-	-	2,000,000
Provide income Direct support to older Persons	MINALOC	MINECOFIN, LODA, FARG, RDRC	10,308,878,000	10,308,878,000	10,308,878,000	10,308,878,000	41,235,512,000
S/Total			12,847,324,800	14,846,850,000	15,951,900,000	16,407,324,900	60,053,399,700
Strategic objective 3: To provide older Persons with protection and care through appropriate support services							
Provide decent shelter to vulnerable older Persons	MINALOC	MININFRA, RHA, DPS	2,500,000,000	2,500,000,000	2,500,000,000	2,500,000,000	10,000,000,000
Develop standards for older care centers		MINALOC, MINISANTE, MININFRA, MINSPOC, RHA, CSOs, NGOS	2,000,000	0	0	0	2,000,000
Avail professional social care givers for vulnerable older Persons	MIGEPROF	MINALOC, MINISANTE, MINECOFIN, DPs	1,080,000,000	1,080,000,000	1,111,000,000	1,111,000,000	4,382,000,000
Establish law, ministerial instruction, orders developed on older Persons care	MINALOC	MINIJUST, MIGEPROF, NCHR, MINSPOC, REAF, RALC	2,000,000	0	0	0	2,000,000

Sub Total			3,589,000,000	3,660,000,000	3,721,000,000	3,831,000,000	14,801,000,000
Strategic objective 4: To promote positive values for intergeneration relationship							
Develop intergeneration approach guidelines	MINSPOC	MINALOC, MIGEPROF, NCHR, REAF, NIC, RALC, RSSB	0	2,000,000	0	0	2,000,000
Organize intergeneration in leisure and cultural events	MINSPOC	MINALOC, MIGEPROF, MINEDUC, REAF, NHRC, MEDIA HOUSES, Districts	150,000,000	150,000,000	150,000,000	150,000,000	600,000,000
Sensitize community on core cultural values towards older Persons	MYCULTURE	MIGEPROF, MINALOC, RALC, REAF, RSSB, RBA, DPs, NSINDAGIZA ORGANIZATION	8,000,000	8,000,000	8,000,000	8,000,000	32,000,000

Form older groups to coach and mentor the young generation on core values	MYCULTURE	MINALOC, MIGEPROF, REAF, MEDIA HOUSES, DPs, NIC, OLDER PERSONS ORGANIZATIONS	4,000,000	8,000,000	12,000,000	15,000,000	39,000,000
Sub /Total			162,000,000	168,000,000	170,000,000	173,000,000	673,000,000
Gross/Total			16,616,324,800	18,699,850,000	19,895,900,000	20,422,824,900	75,634,899,700

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