Annex I

FINAL VERSION 30 APRIL 2001

NATIONAL POLICY ON THE ELDERLY

"Ageing with dignity"

Ministry of Social Security, National Solidarity
& Senior Citizen Welfare and Reform Institutions

Final Draft

CONTENTS

		*Page **
Acknowledgements		**(i)**
Message from the Rt Hon. Prime Minister		**(ii)**
Message from Minister of Social Security, National Solidarity & Senior Citizen Welfare and Reform Institutions		**(iii)**
FOREWORD:	Rationale	**(iv)**
	Methodology	
	Expectations	
1.	**Introduction**	**1**
1.1	World Demographic Background	
1.2	Mauritian Demographic Background	
1.3	Ageing and Development	
1.4	Ageing and Gender	
1.5	Vienna Plan of Action and UN Principles for Older Persons	
1.6	Position Analysis	
2.	**Policy Context of the National Policy on the Elderly**	**12**
3.	**Rights of Older People**	**14**
4.	**Areas of concern to the Elderly & Recommendations**	**15**
4.1	Preparation for Retirement	
4.2	Health and Nutrition	
4.3	Protection of the Elderly	
4.4	Housing	
4.5	Income Security	
4.6	Employment	

4.7 Education
4.8 Inter-generation Relationship
4.9 Social Welfare and Leisure
4.10 Institutional Care
4.11 Inputs from Rodrigues

5. Stakeholders and Implementation **54**

5.1 The Role of Government
5.2 The Role of Civil Society
5.3 The Role of the International/Regional Agencies

6. Appendices **55**

*** To be provided after Cabinet approval.**

FOREWORD

Rationale

The phenomenon of ageing has over the past decades been posing serious challenges to a number of countries throughout the world. In fact, we are witnessing a global population growth on a scale unparalleled in human history. Mauritius shares with the rest of the world this phenomenon of ageing.

The present demographic transformation calls for new policy measures at the level of Governments as its repercussions will leave no sector unscathed. This will inevitably exert additional pressure on sectors like health, housing, employment, social safety nets and welfare, to name but these.

This National Policy on Elderly aims to address primarily the welfare dimension of the ageing phenomenon.

Over the past years, the Ministry of Social Security, National Solidarity & Senior Citizen Welfare and Reform Institutions has been following a sort of policy approach characterized by:

- Adhocism;
- Lack of strategic planning;
- Lack of intersectoral linkages

It will be conceded that the above approach does not take a holistic view of the elderly issue. The issue of elderly is a cross-sectoral one which requires a durable strategic partnership involving all relevant stakeholders:

- Government;
- NGOs;
- Civil Society;

- Local Community;
- International Community

In furtherance of Government's commitment to Sustainable Human Development (SHD) towards the creation of an "inclusive society", the Ministry of Social Security, National Solidarity & Senior Citizen Welfare and Reform Institutions has deemed it fit to rethink its traditional approach towards the elderly with a view to bringing it more in tune with current concepts, like:

- Productive ageing;
- Ageing with dignity and self-fulfilment;
- Participative ageing;
- Meaningful ageing.

Hence, the need for a new approach towards ageing, encompassing proper identification of their needs, formulation of relevant policies and eventual implementation and monitoring.

Methodology

To respond to the above dynamics, through the initiative of Ministry of Social Security, National Solidarity & Senior Citizen Welfare and Reform Institutions, Government has on 8 November 2000 set up a Committee of Officials to take stock of the needs, opportunities and challenges in the elderly sector and come up with a National Policy on the Elderly.

The Committee of Officials first met on 6 December 2000 with the relevant stakeholders and eleven Sub-Committees were set up to address the following core themes:

- Gender Issues
- Preparation for Retirement

- Health and Nutrition
- Protection of the Elderly
- Housing
- Income Security
- Employment
- Education
- Inter-generation Relationship
- Social Welfare and Leisure
- Institutional Care
- Inputs from Rodrigues

As gender is a cross-cutting issue, gender implications have been taken on board throughout the whole Report.

The Sub-Committees provided inputs to the draft National Policy on Elderly which was eventually discussed at the level of a Workshop on 28 February, comprising members of the Committee of Officials, members of the different Sub-Committees and other stakeholders, under the enlightened guidance of Mrs Karen Peachey, Representative of Help Age International, Africa Office (See Appendix I).

It is worth mentioning that the Senior Citizens Council has played an important role in the elaboration of the National Policy through valuable inputs, support and encouragement.

The draft was revisited in light of the workshop discussions and the final draft was submitted to Government after necessary clearance of the implementing agencies.

Regarding implementation, the Committee of Officials will serve as the monitoring mechanism to ensure that the different recommendations are effectively put into action and take stock of any set-backs for eventual remedial action.

This National Policy on Ageing is deemed to have a time-frame of 5 years and allowing for intervening adjustments in the light of changing conditions.

Expectations

It is the earnest hope of the Ministry that each stakeholder plays its role in the implementation process and necessary human and financial resources are provided towards the achievement of the goals of the National Policy on the Elderly.

(V Mulloo)
Permanent Secretary & Chairman
Committee of Officials

1. INTRODUCTION

1.1 WORLD DEMOGRAPHIC BACKGROUND

1.1.1 The phenomenon of ageing has over the recent years been the focus of attention of the international community, particularly regarding its economic, social, political and scientific dimensions. The growth in world population is on a scale unparalleled in human history. The UN Bureau of Census (1999) has shown that the world elderly population is 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.

1.1.2 In 1950, according to UN estimates, there were approximately 200 million persons aged 60 and above. By 1975, this number had increased to 350 million. It is expected to reach 625 million by the year 2005 and 2 billion by 2025. Furthermore, projections are that by 2050, the population of older people will, for the first time in the history of mankind, be more than that of children under the age of 14 years. Africa alone is projected to register a phenomenal increase from the current estimate of slightly over 38 million to 212 million in 2050.

1.2 MAURITIAN DEMOGRAPHIC BACKGROUND

1.2.1 Mauritius is not spared from this phenomenon of ageing population. In 1972, elderly persons aged 60 and over constituted about 6% of the population. Whereas in 2000, they accounted for 9% of the population. Moreover, it is estimated to represent 21% of the population by 2037. The term “Elderly” in our context applies to people who are 60 years and above. Retirement age is presently at 60. However, elderly being an ongoing process, people who are 55 years and above are eligible to join Senior Citizens Associations.

The table below gives the estimated resident population by age group and sex in the Republic of Mauritius as at mid-2000:

	1st July 2000		
Age	***Both sexes***	***Male***	***Female***
0	19,782	10,111	9,671
1-4	78,747	39,857	38,890
5-9	108,709	55,072	53,637
10-14	97,694	49,687	48,007
15-19	103,052	52,320	50,732
20-24	112,207	56,667	55,540
25-29	94,989	48,562	46,427
30-34	99,381	51,333	48,048
35-39	101,959	52,121	49,837
40-44	90,059	45,739	44,320
45-49	77,272	38,753	38,519
50-54	56.494	27,542	28,952
55-59	40,310	19,049	21,261
60-64	32,547	14,931	17,616
65-69	25,257	11,449	13,808
70-74	21,908	9,373	12,535
75-79	14,461	5,825	8,636
80-84	6,862	2,446	4,416
85+	4,199	1.144	3,055
All ages	1,185,888	591,981	593,907

1.2.2 Such a trend will have a significant impact on Mauritian society. We have today an elderly population of around 105,000 people (including Rodrigues), that is, those 60 and above, over a total population of 1.2 million.

There is an increase in life expectancy as follows;

	Life expectancy at birth		***Life expectancy at age 60***		***Life expectancy at age 65***	
Year1	***Male***	***Female***	***Male***	***Female***	***Male***	***Female***
1952	50	52	11	15	9	12
1999	67	75	15	20	12	16
2019	70	78	17	21	14	17
2039	74	80	19	22	15	18

1.2.3 These demographic trends will affect all spheres of Mauritian life. The Government will be called upon to address a number of issues, ranging from health to welfare, in the process of human sustainable development. The line of best fit will have to be identified among the various social and economic imperatives with a view to striking the right balance between human growth and economic growth to match this demographic transformation.

1.2.4 The humanitarian issues relate to the specific needs of the elderly. Although the elderly share many problems and needs with the rest of the population, certain issues reflect the specific characteristics and needs of this group. This will imply appropriate policy measures in sectors like health and nutrition, housing and environment, the family and residential care, social welfare, income security and employment.

1.2.5 The developmental issue relates to the socio-economic implications of the ageing of the population, defined as a proportion of the ageing population to the total population. Under this heading should be considered, ***inter-alia***, the effect of the ageing population on production, consumption, savings and investment.

1.2.6 Changing dependency ratios - in terms of the number of old people depending for their material safety on younger, economically active and wage-earning people - are bound to influence the development of any country in the world irrespective of its social structure, traditions or formal social security arrangements. Problems of a social nature are likely to emerge in countries and regions where the ageing have traditionally

benefitted from the care and protection of their next of kin or the local community. Those relationships may become increasingly difficult to maintain when the number of dependent elderly increases while at the same time traditional care-providing structures, such as the extended family, are undergoing radical changes in many regions of the world, including Mauritius.

1.3 AGEING AND DEVELOPMENT

1.3.1 For the past 50 years, throughout the world, economic growth and increased productivity has been the goal of development policy. Consequently, older people have been excluded from the socio-economic process and were viewed as irrelevant to development and, at worst, liabilities to development efforts. Fortunately, international thinking has evolved and the concept of "productive ageing" is increasingly gaining currency in informed international circles.

1.3.2 The concept of "productive ageing" presupposes reintegration of the elderly in the socio-economic mainstream. To ignore this imperative is to deny their legitimate and inalienable rights and to waste the reservoir of skills, experience and wisdom which they represent. Development strategies stand to gain much in tapping such resources which may otherwise be lost for ever.

1.3.3 It is to be noted that in the North thinking on ageing has been avant-gardiste and has paved the way for a change of mentality and overcome indifference. The South is yet to learn from the experience of the North and develop intra - and inter-regional networking on the issue of the elderly. This will enhance current debates and optimize the use of scarce resources for Research and Development.

1.3.4 The growth of older populations does not need to be a crisis for Governments. It can be planned for. Work is in progress in a number of countries to develop new policies that address the changing demographic balance, but ageing is still a low priority on most Government's agenda. At the moment, most older people cannot rely on any form of state support in some countries. Only 30% of the world's older people are

currently covered by pension schemes, and in most societies, health, employment and transport services are not easily available or accessible. In Mauritius, things are not that bleak. However, there are much room for improvements.

1.3.5 It follows that an effective policy on ageing should take on board ageing as an asset rather than a liability in the process of nation-building and socio-economic transformation of society.

1.4 AGEING AND GENDER

Internationally, it is strongly recommended to consider the gender implications of ageing as often elderly women and men have different needs, requiring different responses. Key sectors in which gender should be integrated include income security, employment, education, housing, health and protection.

Generally there are also more elderly women than elderly men, as is the case in Mauritius. In the period 1995-1996, the life expectancy at birth for males was 66.4 and 74.4 for females. In 1997, elderly women were more numerous at 56,121 compared to 43,151 elderly men. By the year 2037, this number is expected to increase three-fold to 323,715 (147,662 males and 176,053 females).

Elderly women and men also differ significantly in terms of their socio-economic profiles and living arrangements. In 1997, approximately 80% of elderly men were married and 13% were widowers. In contrast, only 32% of elderly women were married, and 62% were widows. This is five-fold difference. The proportion of married men was significantly higher than that of married women at all elderly age groups. **Thus, women are more disadvantaged than men in terms of companionship and assistance in their old age**.

In 1997, 72% of elderly men had attended school in the past compared to 47% of their female counterparts. 67% of elderly men were literate in 1990 and 41% for elderly women. Also, only 4% of elderly women were employed versus 20% of elderly men.

The average income of an elderly man was almost Rs 5,000 compared to Rs 2,000 for an elderly woman.

11.4% of elderly women were living alone, versus 4.1% for elderly men. In fact, nearly 8 out of 10 elderly persons who lived alone were women. The rate of the elderly living alone is also forecast to increase in the future. Elderly women were also more likely to be living in an institution than elderly men. Elderly living in mixed households were better off than those living alone in terms of access to items such as telephone, T.V, Refrigerator, radio and washing machines. Not having access to such items adds to the isolation of elderly women and decreases their access to information.

More than 1 out of every 3 elderly persons living alone had a food consumption ratio exceeding 60%. All of these trends show that elderly women are more represented in the population considered to be “poor” than their male counterparts.

The elderly living alone will also require access to safe and affordable housing that meets their needs. Particular attention must be paid to ensure that vulnerable elderly women have access to such housing.

Generally, it is younger women in households who are expected to care for elderly. This has implications for the younger cohorts of elderly women as these younger women could then reach retirement age without having been active in the formal work force, which could lead to poverty in later years. Conversely, elderly women often provide support to households by taking care of household work and grand-children. They need to be given the necessary support to be able to carry out this role.

This policy document has attempted to take into account the specificities of elderly men and elderly women by embracing a gender perspective.

1.5 THE VIENNA ACTION PLAN ON AGEING, THE UN PRINCIPLES FOR OLDER PERSONS

1.5.1 It is to be acknowledged that the above two UN initiatives as well as the draft OAU Policy Framework and Plan of Action have provided the inspirational and philosophical base of this National Plan on Elderly.

International Plan of Action on Ageing

1.5.2 The International Plan of Action on Ageing is the first International instrument on ageing, guiding thinking and the formulation of policies and programmes on ageing. It was endorsed by the United Nations General Assembly in 1982 (resolution 37/51), and adopted earlier the same year at the World Assembly on Ageing at Vienna, Austria.

1.5.3 It aims at strengthening the capabilities of Governments and civil society to deal effectively with the ageing of populations and to address the development potential and dependency needs of older persons. It promotes regional and international cooperation. It includes 62 recommendations for action addressing research, data collection and analysis, training and education and other relevant sectors.

UN Principles for Older Persons

1.5.4 In 1991, nine years after the endorsement of the Plan, the United Nations General Assembly adopted the United Nations Principles for Older Persons (resolution 46/91). These 18 Principles fall into five clusters relating to the status of older persons:

- independence
- participation
- care
- self-fulfilment
- dignity

International Year of Older Persons 1999

1.5.5 The Conceptual Framework for the International Year of Older Persons 1999 (document A/50/114) is based on the above Plan and Principles. It comprises four facets:

- situation of older persons
- individual lifelong development
- relationship between the generations
- interrelationship of population ageing and development

1.5.6 ***Local Reports on Ageing Issues***

It must equally be acknowledged that publications on elderly issues over the recent years have also served as reference in the elaboration of the present National Policy on Elderly like Policy Paper on the Situation on Old People in the Republic of Mauritius by Mauritius Family Planning Association and convention for the Protection and Rights of Older Persons in the Republic of Mauritius by Mauritius Council of Social Services.

1.6 ELDERLY: A POSITION ANALYSIS

1.6.1 The contributions of the elderly in nation-building is highly prized by our society. In fact, we owe to our elderly our present socio-economic development. Mauritius has been able to preserve "unity in diversity" and face the challenges of development, it is thanks to the spirit of tolerance, fair-play and wisdom of the elderly. Mauritius owes the elderly more than it can ever give to them. It is befitting, therefore, that they are not left behind today in the process of socio-economic development as they still have a vital role to play in society as well as in the family. The elderly are effectively serving as a circuit of transmission of cultural, social, moral values which a multi-lingual, multi-cultural and multi-ethnic society will always stand in need of.

1.6.1 Presently, there are some 105,000 senior citizens in the Republic of Mauritius. In 1995 the Ministry set up the Senior Citizens Council with the following main objectives:

- to determine the areas in which the welfare of senior citizens needs to be improved;
- to promote generally activities and projects for the welfare of senior citizens;
- to maintain effective communication with senior citizens;
- to diffuse knowledge and information on gerontology;
- to establish contacts with organizations engaged in similar activities in Mauritius and abroad;
- to advise the Government on matters relating to the welfare of senior citizens;

1.6.2 The rationale was to provide for the social, cultural and recreational needs and general welfare of the elderly to complement the following pecuniary and non-pecuniary benefits already provided to the senior citizens:

National Pension Fund

- Wide safety net provision under the National Pensions Act covering all senior citizens through the Basic Retirement Pension (BRP) on a universal basis;

- BRP coupled with child allowance as a continuous support for beneficiaries of Basic Invalid's Pension (BIP) and Basic Widows' Pension (BWP);

- Carer's allowance for severely disabled persons;

- Contributory Retirement Pension as a Social Insurance Scheme to ensure a reasonable standard of living after retirement;

- Survivor's Pension payable to the widow whose husband died as result of an industrial accident.

National Savings Fund

Payment of a lump sum on retirement to those who have contributed to the scheme, including civil servants.

Social Aid Act

- Additional Social Aid assistance payable to eligible beneficiaries with special needs or with dependents;

- An elderly person drawing BRP who is living alone and is paying a rent is also entitled to a rent assistance;

- An allowance for the purchase of rice and flour is also provided to needy and elderly persons.

Facilities

- Free issue of blankets or payment of a cash assistance in lieu of blankets every two years;
- Free issue of wheelchairs;
- Free issue of spectacles and hearing aids;
- Assistance for the purchase of prosthesis;
- Payment of only 50% of bus fares;
- Rebate on air fares;
- Exemption from payment of airport tax;

- Reduced fees for issue/renewal of passport;
- Free domiciliary medical visits to elderly aged 90 years and above.

It is relevant to note that through the initiatives of the Ministry and the Senior Citizens Council, some 500 Senior Citizens Associations have been set up throughout the island, including Rodrigues, in furtherance of the objectives of the Senior Citizens Council.

Furthermore, the Ministry has in partnership with the Senior Citizens Council been organizing activities to mark the International Year of Older Persons and International Day of the Elderly and other adhoc recreational and social activities like “Vacances à la Mer” and “Fête des Grand-Parents”.

Unfortunately, the above approach towards the issue of the elderly is primarily geared to a welfare perspective as distinct from social development perspective. A more developmental and strategic approach to the general issue of elderly within a holistic framework, involving all relevant Ministries and social partners is required.

2. THE POLICY CONTEXT

2.1 The International Community is being called upon to address the issue of ageing in a highly turbulent socio-economic and political context characterized by the phenomenon of globalisation, liberalization and popular movements for democratic governance sweeping across the globe on an unprecedented scale. The civil society throughout the world are hankering after greater freedom, greater choices and opportunities and effective participation in matters affecting public life. The priorities on the social agenda of governments are legion and among these rank prominently the issue of ageing. It rebounds to the credit of supranational bodies like United Nations and its agencies for the emergence of a new consciousness on social issues particularly those affecting mostly the vulnerable groups – the elderly, the disabled and poverty-stricken multitudes.

2.2 On the other hand, governments are facing budget deficit problems, debt-ridden economies, widespread poverty and low level of productivity and competitiveness in international markets. In this context, Governments throughout the world are questioning the validity of the concept of the welfare state: its scope, limitations and sustainability. In the wake of this international thinking, concepts like "rolling back the frontiers of the state (characteristic of the Thatcher's Government) and "Re-inventing Government" have emerged in United Kingdom, United States, New Zealand and other parts of the developed and developing world. The rationale of this world-wide trend is to foster entrepreneurial governments devolving on public expenditure retrenchments and more effective governments.

2.3 The debate on "vulnerability" (at global level) is set against this back-cloth. The context is one which involves economic, social, political, cultural, environmental and emotional dynamics.

2.4 Therefore, the **sine qua non** condition for the sustainability of a policy on elderly involves foremost POLITICAL WILL at all levels.

2.5 However, at national level, it is gratifying to note that there is commitment at the level of Government to fight all forms of exclusion through good governance, respect for Human Rights and Sustainable Human Development. The concepts of “inclusive society” and “empowerment” are the cornerstones of the social strategy and the present National Policy on the Elderly is one of the various initiatives of the Government in that direction.

3. RIGHTS OF OLDER PEOPLE

3.1 UN DECLARATION OF HUMAN RIGHTS, UN PRINCIPLES FOR OLDER PERSONS AND PARTICIPATION.

3.1.1 In many parts of the world the basic economic, civil, social and political rights of older people as enounced in the UN Declaration of Human Rights (1948), as subsequently reaffirmed in the UN Principles for Older Persons (1991), are often violated.

3.1.2 Emerging most prominently in the paradigm of rights for the elderly is **PARTICIPATION**. Policy initiatives and advocacy activities in favour of the elderly should hinge on this "participation" which embraces inter-alia the following core issues:

- Empowerment
- Security
- Independence
- Involvement in decision-making
- Recognition
- Access to information and knowledge
- Realization of their potentialities
- Access to decent living conditions

3.1.3 National Government policies and development strategies should focus on the above concepts with a view to making them become productive, independent and more active players in the socio-economic sphere. This is the sine qua non condition for sustainable and human-centred development.

3.1.4 In the realization of the rights of the elderly policy makers are called upon to spearhead initiatives towards the evolution of a strategic partnership involving national governments, NGOs, Civil Society, donors, private sector and media.

3.1.5 In short, the rights of the elderly should be regarded as “RIGHTS” not “PRIVILEGES”.

4. AREAS OF CONCERN TO THE ELDERLY

RECOMMENDATIONS/STRATEGIES

Ageing is a multi-dimensional phenomenon warranting an inter-disciplinary and inter-sectoral approach. An effective policy on elderly is deemed to take on board the physiological and psychological needs of older persons. However, ageing also has an important socio-economic dimension which cannot be overlooked in the elaboration of a sustainable human development paradigm. In very few fields the interdependence of issues is as pronounced as in the field of public policy-making on elderly. It follows that in our effort to formulate an effective Blueprint on Elderly, the Committee of Officials has had to address the following issues which have a direct bearing on the welfare of the elderly:

- Preparation for Retirement
- Health and Nutrition
- Protection of the Elderly
- Housing
- Income Security
- Employment
- Education
- Inter-generation Relationship
- Social Welfare and Leisure
- Institutional Care
- Inputs from Rodrigues

4.1 PREPARATION FOR RETIREMENT

4.1.1 Rationale

Retirement is not the end of an active life, but the beginning of a new one. This stage of life witnesses the re-orientation of the socio-economic life. In this sense, the retirement issue does not only assume a financial dimension, but first and foremost it bears an ineluctable existential dimension. Its relationship to time, therefore, becomes a fundamental issue. Retirement, therefore, to be worth living, should be meaningful in more than one respect. Retirement brings its spate of stresses, anxieties, loneliness and sense of rejection … an insurmountable abyss. Underpinning retirement are social, psychological and emotional understones.

For retirement to be meaningful and productive, it should be carefully planned for. However, regarding changes in retirement age, this is another issue which is being dealt with separately.

4.1.2 Situational Analysis

It is to be deplored that there exists practically no programmes or policies on preparation for retirement although retirement constitutes an inevitable process in one's career. This explains the fact that many persons, once out of productive employment, are caught in the vortex of marginalisation and exclusion. They survive on the periphery of normal social life.

4.1.3 Recommendations

Recommendation 1

Involvement of relevant social partners for running appropriate pre-retirement programmes for the benefit of their respective members (Ministries, NGOs, Social

Welfare Centres, Sugar Industry Labour Welfare Fund, socio-cultural organizations, Senior Citizens Council, Associations of Human Resource Managers, Mauritius Employers Federation, Trade Unions).

Recommendation 2

Development of programmes of leadership, voluntarism, community-service, self-reliance which could help retired persons to manage their retirement in an enriching manner.

Recommendation 3

Providing opportunities for self-development to individuals due to retire, thus enabling them to invest in activities of their choice after their retirement.

Recommendation 4

The practice of employment on contractual, sessional and flexitime basis in scarcity areas should be encouraged.

Recommendation 5

Establishment of a "Bank of Talents" comprising, for example, retired doctors, teachers, administrators and other skilled workers. This would be a sort of "Inventory of Talents and Skills" which the authorities could harness in the process of development of the country. The Ministry of Social Security, National Solidarity & Senior Citizen Welfare and Reform Institutions should take the lead in establishing this "Bank of Talents".

Recommendation 6

The Senior Citizens Council should promote their activities to local communities so that the individual about to retire knows about and can join the association for a more enriching and fulfilling life.

Recommendation 7

Preparation for Retirement should start from the time the employee joins the labour market. It is recommended that an on-going process of sensitization programmes be developed to encourage people to join saving schemes, like insurance scheme, health scheme, and educational scheme for children, etc.

4.2 HEALTH AND NUTRITION

4.2.1 Rationale

In Mauritius, life expectancy at birth for male is 67 years and for female 74 years. However, it is to be noted with concern that health expectancy reduces this life expectancy by 7 years in the prevailing epidemiological set up. The growing number and longer life expectancy of the older population are contributing to an increase in chronic and degenerating health problems among elderly. This state of affairs calls for special care by members of the family and society. The rise in the number of elderly people will continue to attract additional attention and resources. The later years of life bring many new stresses. This together with their own increasing frailty and failing health, may well result in isolation and loss of independence. Regarding elderly women, this problem is more acute as statistics shows that among elderly women, 62% are widows, versus 13% of elderly men (five-fold difference).

Elderly people are physically, mentally and socio-economically vulnerable. They, therefore, stand in need of specialized care and support. However, it must be recognized that elderly men and women have different health and caring patterns and needs.

As there are a greater number of elderly women (especially at higher age brackets), they suffer from various health problems and comprise a large part of the disabled elderly population. The fact that more elderly women live alone, with few financial resources, may also impact negatively on their health status.

The quality of life for the elderly must also be viewed in a holistic manner to include their socio-economic security, psycho-social well-being and health. More emphasis must be laid on the preventive aspects of health in view of preparing them for a better quality of life including health and nutrition.

4.2.2 **Situational Analysis**

Elderly persons are more prone to diseases. They mostly suffer from Non-Communicable Diseases such as Heart Disease, Hypertension and Diabetes. They also suffer from cancer, respiratory disorders, osteoporosis, nutritional disorders and physical and mental problems.

Following menopause, women may be exposed to psychological stress, cancers of the breasts, cervix and uterus, in addition to osteoporosis and heart problems. Women have also been found to have nutritional deficiencies such as anaemia. Elderly women are also particularly vulnerable to developing symptoms of loneliness and depression, as well as other mental problems. Services for the early detection and treatment of the aboved-mentioned health problems (that is, pap smears, mammographies, etc) are not widely available or accessible.

Free health care is already being provided. There are separate queues for elderly people at the hospital casualty and pharmacy. Elderly people are also provided with free spectacles and hearing aids. The re-orientation to preventive, promotive and rehabilitative aspects of health are already being addressed. To prevent the complications of chronic diseases such as diabetes, regular education programmes are organized for the elderly at the level of their clubs.

There is a need to keep statistics separately for the elderly about causes of morbidity and mortality to facilitate research and evolve preventive policies.

4.2.3 Recommendations/Strategies

Recommendation 1

Preventive Care for the elderly should be re-organised and strengthened at the Primary Health Care level.

Recommendation 2

A **fast-track strategy** needs to be adopted and strengthened for the elderly at all level of health care so as to guarantee their delivery of health care services that meet the specific needs of the elderly.

Recommendation 3

Specific training in Gerontology and Geriatrics should be provided to all categories of health care providers.

Recommendation 4

The Social Welfare infrastructure be used to provide training facilities for community carers for the elderly in health and nutrition related fields. This could also include training about the prevention and care of mental health issues to the elderly.

Recommendation 5

Focus on and strengthen health awareness provision and services/facilities for health problems afflicting elderly women related to menopause, reproductive health, cancers and nutrition.

Recommendation 6

Structured nutrition campaign should be promoted through programmes for the benefit of residents, personnel of Residential Care Homes and members of Senior Citizens Associations.

Recommendation 7

Assessment of nutritional needs of the elderly with emphasis on residential care homes.

Recommendation 8

To provide for better mental health detection and treatment services and facilities specialized for the elderly.

4.3 PROTECTION OF THE ELDERLY

4.3.1 Rationale

Although the Constitution provides for equality of opportunities for one and all, the elderly stands in need of added protection in terms of security of person and property. The elderly is more often the object of exploitation and marginalisation in the process of socio-economic development. It, therefore, follows that policy orientations should reckon with the special needs of the elderly.

4.3.2 Situational Analysis

It is observed that presently the elderly group is the object of various forms of exploitation and abuse. With rapid socio-economic transformation, the elderly is bearing the brunt of many social onslaughts, like physical abuse, financial exploitation, rejection by the family, dispossession of property and easy prey to money-lenders.

4.3.3 Recommendations

Recommendation 1

There is a need to review existing legislation with a view to providing greater protection to the elderly, particularly in the following fields:

- Domestic Violence Act
- Road Traffic Act
- Consumer Protection Act

Recommendation 2

Enactment of a Protection of the Elderly Act to deal inter-alia with the following issues:

- Money-lending (Problèmes des Casseurs);
- Public Trustee for the management of the financial affairs of the elderly who are incapacitated;
- Inheritance and property rights;
- Greater family support to the elderly; and
- Legal aid and advice

Recommendation 3

Greater Advocacy in favour of the cause of the elderly by governmental institutions, Senior Citizens Council and NGOs.

Recommendation 4

Ensure that the collection of data by police relating to those who are victims of crime and abuse is fully disaggregated by age and gender (including rape, financial abuse and household conflict) so that appropriate measures can be taken to ensure protection of the elderly men and women.

4.4 HOUSING

4.4.1 Rationale

Housing condition is an adjunct to the well-being of the elderly. Housing impacts directly on the quality of life of any age group and more particularly the elderly. Suitable housing is one of the basic needs that warrants adequate attention in enhancing the living conditions of the elderly. Housing in a congenial environment promotes the general welfare of the elderly, especially in terms of mobility and security.

4.4.2 Situational Analysis

In addition to the rapid expansion of the elderly population, similar to most developing countries, Mauritius has over the recent years been experiencing a gradual breakdown of the extended family system. This is leading to the weakening of the traditional support systems and other societal changes. Thus, like most developing countries, Mauritius is likely to experience a substantial decrease in the availability of kin for taking care of the elderly. Moreover, with industrialization a very large number of women are working in factories and are unable to look after the elderly. This situation will inevitably increase housing demands by those elderly who do no have any family support and are poor.

From a study undertaken under the auspices of the Mauritius Council of Social Services (MACOSS) in 1991, with a sample of 4,200 old people aged 60 years and above it was found that 35% were living alone, without spouse, children, relatives or close friends. Also, 90% occupied a house of which 25% were tenants and 7.5% lived with relatives or close friends. Taking this into consideration, we may assume that there are some 10% of them who are not house owners and may need to move into new accommodation. It is to be noted that 8 out of 10 elderly persons living alone were women in 1997.

With a view to alleviate the plight faced by the elderly persons, the Ministry of Housing (through National Housing Development Corporation - NHDC) offers under its existing housing scheme, an NHDC apartment to the elderly persons under the following conditions:

- the unit is purchased in cash by the elderly person;
- the unit is purchased in co-ownership by the elderly person and children (who is not owner of property);
- the elderly persons are purchasers of usufruct rights and the children (who is not owner of property) are purchasers of bare ownership; and
- the units are purchased by the elderly persons and the children and other persons intervene in the deed as guarantors of the credit amount. There is no restriction as to the ownership of property on the part of the guarantor.

4.4.3 Recommendations

Recommendation 1

Building Site Lease

Identification and lease of State Land sites that would be suitable for the setting up, by NGOs or other institutions, of selected structures for sheltering the elderly at reasonable prices.

Recommendation 2

Accessibility to Credit

It is important to ensure that financial institutions do not prevent older people from accessing credit facilities on the basis of age, as long as children/relatives/other

persons stand as guarantors of the loan. Credit facilities at concessionary rates could be considered for this category of persons.

Recommendation 3

Social Housing

For the long term it may be advisable to set up a pilot project that can provide a shelter to the majority of the homeless old persons. This project would be an example of social housing by the Ministry of Housing, i.e housing for the most needy and vulnerable groups of society. The possibility of allocating such housing units on a rental basis could be envisaged.

Special attention would be paid to the siting of the project, so that their social integration is facilitated and they are not left in isolation. It would take care of those whose needs had previously not been adequately met.

Recommendation 4

Public Housing Schemes for the Elderly

- Providing preferential allocation of ground floor accommodation for older people in respect of high rise buildings.

- As regards future housing programmes by the NHDC or the private sector, the provision of accommodation by way of studios (i.e, self contained units) on the ground floor of multi-storeyed buildings or single level units could be envisaged and reserved for the elderly persons;

- Priority of consideration be given to cases where there is at least one elderly parent of the family who can intervene in the deed of sale as co-buyer in the

allocation of NHDC housing units;

- Increasing public awareness of the availability of housing units at the NHDC and of the terms and conditions of existing facilities offered to elderly persons;

- Encouraging participation of the private sector in the provision of housing for the elderly.

Recommendation 5

Promoting and encouraging multigenerational family system.

Such a policy should be supported by providing strong incentives such as income tax deductions for the next of kin for the maintenance of the elderly.

Recommendation 6

Old People's Homes

Setting up of a few additional old people's homes for those who cannot be provided for in the normal family system. It is imperative to establish a proper legal framework regulating the charges by homes and day care centres.

Recommendation 7

Buildings and other public infrastructures should be made fully accessible to the elderly and disabled.

If lift access is not available, ensure that services for elderly are located on the ground floor of public buildings.

Recommendation 8

Special attention should be paid to environmental problems and to designing a living environment that would take into account the functional capacity of the elderly and facilitate mobility and communication through the provision of adequate means of transport.

4.5 INCOME SECURITY

4.5.1 Rationale

The issue of income security is a major challenge to many countries, especially developing ones where a fairly large percentage of the population live at subsistence level. In the course of various international fora/conferences, the United Nations has stressed on the need for all Governments to introduce appropriate policy measures to provide for the income security of their citizens, particularly elderly persons who are among the most vulnerable groups.

The particular economic vulnerability of elderly women must also be recognized as fewer women have worked formally in the past, they have fewer options for income generation, and many are widows living on their own.

The concept of income security is very wide and comprises ***inter-alia*** schemes and measures aimed generally at ensuring that every citizen is able to meet the basic needs of himself and that of his family in times of difficulties such as accidents, prolonged sickness or sudden reduction of income as a result of unforeseen adversities, receives required supplementary financial support to enable him to continue meeting the basic needs of his family. In this context, the concept of income security has been implemented in many countries in the form of:

- development of social security schemes based on the principle of universal coverage for older persons;

- payment of benefits in kind or direct assistance to vulnerable persons;

- provision of assistance to help maintaining the purchasing power of the elderly and protect them against the effects of inflation;

- development of schemes to supplement the retirement income of the elderly; and

- adoption of appropriate schemes that will generally provide a financial support to a person to enable him lead a decent life.

4.5.2 **Situational Analysis**

Elderly persons in Mauritius currently benefit from various schemes/measures/facilities, the main ones of which are outlined at Part 1.6 of the Report.

However, the Income Security mechanism is fraught with many weaknesses which need to be revisited.

4.5.3 **Recommendations**

Recommendation 1

The Social Aid Act will have to be reviewed so as to provide better income security ***inter alia*** to ***low-income elderly persons***.

Recommendation 2

The Basic Retirement Pension (BRP) brackets should be reviewed so as to provide better income security to those elderly persons aged 75 years and above who have to meet increasing medical expenses.

Recommendation 3

Special consideration should be given to elderly persons, who depend only on the BRP for their living. Special assistance should be given to elderly widows, and particularly those living alone, or with little support and savings/income.

Recommendation 4

Appropriate sensitization campaigns should be launched so as to encourage all self-employed persons full-time or part-time to contribute to the National Pension Fund. Furthermore, every citizen, especially those who are self-employed, should be encouraged to contribute to a private pension scheme so as to provide for better income security during their old age.

Recommendation 5

Elderly persons aged 75 years and above **who are severely disabled and bed-ridden and are without adequate resources** could benefit from free domiciliary medical visits.

Recommendation 6

Special consideration should be given to the needs of elderly women when reviewing contributory pension schemes, as they have fewer years in formal employment which would result in a lower pension at retirement.

Recommendation 7

To ensure that elderly women are targeted for credit facilities and income generation opportunities.

4.6 EMPLOYMENT

4.6.1 Rationale

Employment beyond the retirement age should be seriously envisaged. Mauritius, with an ageing population will increasingly be confronted with a highly skewed labour force. Currently, very few elderly continue to work. In 1997, it was revealed that only 4% of elderly women were employed or working and 20% of elderly men.

Employment after retirement can take the following forms: on a contract basis under renewable or non-renewable terms, part-time or full-time, with payment at going market rates or at reduced rates with an element of "voluntarism", without any payment, in Mauritius or in a country with a regional association, outside Mauritius and outside the region altogether.

Apart from being an obvious source of additional income, employment under any form needs a vital psychological necessity. Human beings lose their self-respect and dignity on retiring; they feel a loss of status and social standing; they lose a considerable part of that network of friends and acquaintances based on work relationships; they question the current relevance of their previous professional competency; they come face to face with long neglected social and family relationships; they feel they are a burden to their family and society as a whole.

The above pathology explains the relevance of the employment issue to the present exercise.

4.6.2 **Situational Analysis**

Present labour market condition does not favour the employment or re-employment of retired elderly persons. In Mauritius we have yet to develop new attitude towards employment of such persons through advocacy and conducive measures.

In this context, it is advisable to tap the vast reserve of knowledge, experience and expertise in the process of socio-economic development. Policy measures should therefore emphasize the concept of "productive ageing".

4.6.3 **Recommendations**

Recommendation 1

Appropriate measures including legislation to be taken so as to prevent discrimination on the basis of older age during recruitment, promotion and retrenchment processes.

Recommendation 2

Introduction of flexible retirement policies and appropriate strategies and opportunities to enable older people to continue contributing to the work force as long as they are willing and able.

Recommendation 3

The institution of an Adult Career Guidance Service and a National Register of Adults Skills with a view to rationalizing our human resources.

Recommendation 4

Existing schemes promoting self-employment (irrespective of activity, sector, gender-targetting) should include special terms for elderly applicants.

Recommendation 5

Develop appropriate targeted programmes to enhance the entrepreneurial and technical skills of elderly women to enable them to generate incomes.

4.7 EDUCATION & TRAINING

4.7.1 Rationale

Knowledge and information "explosion" is an inescapable reality of the 21st century. Scientific and technological revolutions are constantly reshaping values and creating new attitudes and behaviour. This is an era of unprecedented social change. Fortunately enough, in many societies throughout the world, the elderly still serve as the transmitters of information, knowledge, tradition and spiritual values. This important tradition needs to be preserved at all costs.

However, the elderly also need to be kept abreast of social changes. Otherwise, the process of socio-economic reintegration in the mainstream of society can be highly compromised and the generation gap widened. Elderly persons could also benefit from education in terms of basic literacy, including legal literacy. Although the illiteracy rate will fall with time, the illiteracy rate stands at 33% for elderly men and 59% for elderly women (1990). Thus, tackling this problem is very pertinent. Education and training can also help enable elderly persons to re-integrate into the labour force.

4.7.2 Situational Analysis

It is to be deplored that presently a national policy on education for the elderly is non-existent. However, it is to be acknowledged that some efforts are being made by few NGOs, Senior Citizens Council and Social Welfare/ Community Centres towards this end. The approach is most rudimentary and lacks a common focus. Educational structures need to be expanded to respond to life-long education. Stakeholders should develop a common platform to address the issue in an integrated manner.

4.7.3 **Recommendations**

Recommendation 1

Educational programmes featuring the elderly as the teachers and transmitters of knowledge, culture and spiritual values should be developed.

Recommendation 2

Education Programmes for Elderly

As a basic human right, education must be made available without discrimination against the elderly. Educational policies should reflect the principle of the right to education of the ageing, through the appropriate allocation of resources and in suitable education programmes. Care should be taken to adapt educational methods to the capacities of the elderly, so that they may participate equitably in and profit from any education provided. The need for continuing adult education at the level of appropriate institutions (private and public) including Social Welfare and Community Centres should be recognized and encouraged. Consideration should be given to the idea of university education for the elderly.

Recommendation 3

There is also a need to educate the general public with regard to the ageing process. Such education must start at an early age through formal and non-formal sectors in order that ageing should be fully understood as a natural process. The importance of the role of the mass media in this respect cannot be overstated.

Recommendation 4

A coordinated effort by the mass media should be undertaken to highlight the positive aspects of the ageing process and of the ageing themselves. This effort should cover, among other things:

- the present situation of the aged, in particular in rural areas of developed and developing countries, with a view to identifying and responding to their real needs;
- the effects of migration (both internal and international) on the relative ageing of populations of rural areas, and its effects on agricultural production and living conditions in these areas;
- methods to develop job opportunities for and adapt conditions of work to older workers. This would include developing or furnishing simple equipment and tools which would help those with limited physical strength to accomplish their assigned tasks.

Recommendation 5

In accordance with the concept of lifelong education promulgated by the United Nations Educational, Scientific and Cultural Organisation (UNESCO), informal, community-based and recreation-oriented programmes for the ageing should be promoted in order to help them develop a sense of self-reliance and community responsibility. Such programmes should enjoy the support of national Governments and international organizations.

Recommendation 6

Governments and international organizations should support programmes aimed at providing the elderly with easier physical access to cultural institutions (museums, theatres, opera houses, concert halls, cinemas etc.) in order to encourage their greater participation in leisure activities and the creative use of their time. Furthermore, cultural

centres should be asked to organize for and with the elderly workshops in such fields as handicrafts, fine arts and music, where the elderly can play an active role both as audience and participants.

Recommendation 7

Where stereotypes of the ageing person exist, efforts by the media, educational institutions, Governments, non-governmental organizations and the ageing themselves should be devoted to overcoming the stereotyping of older persons as always manifesting physical and psychological disabilities, incapable of functioning independently and having neither role nor status in society. These efforts are necessary for achieving an age-integrated society.

Recommendation 8

Ensure that training is adapted to the needs of elderly men and women entering into self-employment, income-generating activities, or formal labour force.

Recommendation 9

Provide training for elderly men and women in child care, early childhood development, etc, so that they can be formally employed in this sector at a community level.

4.8 INTER-GENERATION RELATIONSHIP

4.8.1 Rationale

With rapid industrialisation, increasing wealth and nearly full literacy rate, the attitudes, behaviour 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 elder generation feels frustrated that their decisions are being contested. Very often, such a situation gives rise conflicts and tension in the family.

In the above connection, policies need to be initiated for greater understanding among the young generation. Both the older and younger generations have much to gain from each other by developing mutual respect, understanding and tolerance. The fundamental condition is mutual understanding.

4.8.2 Situational Analysis

Generation gap has always existed and is prevalent in all societies throughout the world. Every effort needs to be made to bridge the gap through mutual understanding and improved communication channels.

Over the past years, with fundamental transformation of the Mauritian society, we have witnessed a rise of materialism and an erosion of social, moral and cultural values which have erstwhile provided cohesion to institutions and communities.

The elderly as custodians of tolerance, wisdom and experience has an important role to play in the transmission of these traditional values. Communities have to be buttressed and the community of the elderly is called upon to play a pivotal role in this direction. Inter-generational dialogue has to be established as a matter of priority.

4.8.3 **Recommendations**

Recommendation 1

Promotion of “integrative” approach towards such activities:

- Sports;
- leisure, cultural and social;
- setting up of clubs.

Recommendation 2

Education programme to be instituted through youth organizations to dispel discriminatory attitudes and stereotypes vis à vis the elderly.

Recommendation 3

Values such as respect, tolerance, love, compassion to the elders should be inculcated to youths through clubs, schools, colleges, religious/cultural and other institutions and school curriculum.

4.9 SOCIAL WELFARE AND LEISURE & PHYSICAL ACTIVITIES

4.9.1 Rationale

The social welfare component of the elderly needs to be given new orientation. A good policy of social welfare is meant to cater for the psychological, cultural and recreational needs of the elderly. A social welfare policy is deemed to enhance the quality of life of the elderly.

On the other hand, the value of physical activities by the elderly cannot be ignored. It is acknowledged that people live longer everywhere. It is, therefore, of paramount importance for individuals to maintain independence and quality of life as they age. Research indicates that physical exercise reduces the risk of such non-communicable diseases as: heart disease, obesity, hypertension, diabetes, osteoporosis, depression as well as falls and injuries.

4.9.2 Situational Analysis

Under the present state of affairs, the social welfare, leisure and physical activities for the benefit of the elderly are pursued on an adhoc basis. Although the Senior Citizens Council has been involved in some initiatives towards enhancement of social welfare of its members, there is still much room for improvement. For example, the promotion of physical activities has not been vulgarized as an adjunct to health lifestyle. In this connection, there is an urgent need to streamline social welfare, leisure and physical activities within an integrated framework with the participation of relevant stakeholders like Ministry of Youth and Sports, Social Welfare Centres, Community Centres and Senior Citizens Council. This will provide for optimum utilization of scarce resources and provide for a common welfare platform for the benefit of the elderly.

4.9.3 **Recommendations**

Recommendation 1

Basic Retirement Pensions recipients who do not really need their pensions could be invited to credit same to a Special Fund for the Welfare of the Elderly to promote activities/programmes for the benefit of the Elderly.

Recommendation 2

Reinforcement of the role/functions of the Senior Citizens' Council with a view to bringing it closer to the elderly community and strengthening linkages with Senior Citizens' Associations.

In this connection, the role of Senior Citizen's Association should be reviewed and redefined with a view to making it more responsive to the needs of its members by:

- encouraging healthy members to pay regular visits to their bed-ridden counterparts by way of moral support, counseling and other relevant forms of assistance (hot meals, shower, recreation, etc);
- adult literacy programmes;
- on-going social, cultural and recreational programmes;
- fund-raising activities

Recommendation 3

Establishment of a "think tank" on elderly issues by the elderly and for the elderly. Appropriate strategies and monitoring mechanism should be devised and implemented by the Committee of Officials. A reporting mechanism will be developed between the "think tank" and the Committee of Officials to enable to take on board inputs to guide the policy process.

Recommendation 4

Advocacy and sensitization campaigns to encourage more elderly to join Senior Citizen's Associations.

Recommendation 5

Setting up of Day Care Centres for the elderly.

Recommendation 6

Promoting elderly in sports, leisure and cultural activities organized by the Ministry of Youth and Sports and the Ministry of Arts and Culture.

Recommendation 7

Promote a recognition of the benefits for both men and women of regular opportunities for physical activities, such as stair-climbing, housework, gardening and last but certainly not least walking.

Recommendation 8

As far as possible, elderly people should be given priority when accessing social and other services.

4.10 INSTITUTIONAL CARE

4.10.1 Rationale

It is to be acknowledged that the legitimate place of the elderly is in the family unit (as distinct from Residential Care Home). However, with the gradual weakening of the traditional family system, there is an urgent need to provide for a few Residential Care Homes to cope with marginal cases which for one reason or another, cannot be accommodated in the normal family set-up. The area of concern remains that these Homes should be of standards and norms obtaining in developed countries to be able to provide a congenial environment for the residents.

For all intents and purposes, community care should gain precedence on institutional care.

4.10.2 Situational Analysis

There is presently a mushrooming of sub-standard Homes. They do not observe basic needs of security, sanitation, hygiene and other standards of care. There are reported cases of sheer exploitation in Homes and the profit motive gains precedence on the quality of care.

4.10.3 Recommendations

Recommendation 1

Enactment of a legislation governing the management of Homes and Day Care Centres, particularly regarding standards and norms, rights, security and privacy. There should be full respect for their dignity, beliefs, privacy and participation in decision-making.

Recommendation 2

Homes should be made to provide protection, rehabilitation, psycho-socio and mental stimulus in an empowering, humane and secure environment.

Recommendation 3

Medical, paramedical services including geriatrics should be provided in all the Residential Care Home.

Recommendation 4

Encouragement of a sound nutrition and dietary habits. The minimum standards should be set.

Recommendation 5

Provision for training of carers and management staff (including “aide soignants” in Gerontology) should be part of the training programmes of Homes.

Recommendation 6

The ratio of carers to residents should be brought down.

4.11 INPUTS FROM RODRIGUES

Given the fact that Rodrigues has its own social specificities, it has been deemed fit to deal with Rodrigues separately.

Towards that end, a Sub-Committee was set up at Rodrigues to make appropriate recommendations regarding all the core issues of the National Policy on the Elderly.

The elderly situation in Rodrigues is as follows:

	2000		
Age-group (yrs)	**MALE**	*Female*	*Both Sexes*
60-64	***493***	543	1,036
65-69	***355***	411	766
70-74	***237***	275	512
75-79	***143***	191	334
80-84	***83***	145	228
85-89	***27***	85	112
90-94	***12***	30	42
95+	***1***	14	15

The following recommendations have been made:

4.11.1 Protection of Older Persons

Recommendation 1

There should be a strict control on beneficiaries of carer's allowance. In this connection, Community Health Workers and social workers should be designated to

ensure that carers are discharging their duties as expected. There is also a need to provide training to carers of old persons.

Recommendation 2

Provision of Residential Care to needy, abandoned persons (including elderly Rodriguans).

4.11.2 **Housing**

Recommendation 1

Government should construct houses and put it on loan at the disposal of the old needy persons only. An undertaking should be signed to the effect that after their death the Government will resume possession of the house and put it at the disposal of others.

4.11.3 **Education**

Recommendation 1

Education should be carried out among the elderly as they are still interested to read and write. Educational Programme should be carried on T.V and radio by using simple language so as to enable people to understand clearly on simple issues that could help them in their family life.

4.11.4 **Intergeneration Relationship**

Recommendation 1

Village Committees should organize outings/activities involving both elders and youngsters to favour sharing of rich experience of life and transmission of values.

Recommendation 2

Young persons to be invited to participate in activities scheduled for elderly and vice versa.

Recommendation 3

Dialogue within the family as well as establishing an atmosphere of trust to be encouraged.

Recommendation 4

The elderly should organize talks on human values for the youth and children.

4.11.5 **Health and Nutrition**

Recommendation 1

Medical officers should visit all **severely disabled and bed-ridden** and **blind persons over the age of 75** as it is very difficult for them to attend Health Centres.

Recommendation 2

Awareness and sensitization campaign on health and nutrition should be carried out.

Recommendation 3

Regular visits of Community Health Workers or Community Health and Rehabilitation Officers.

4.11.6 **Social Welfare and Leisure**

Recommendation 1

Four Regional Senior Citizens Centres be constructed in Rodrigues to enable the Senior Citizens to organize recreational activities and indoor games. There must be regular outings and tours to enable the elders to discover various villages and sites.

Recommendation 2

Inter-club exchange.

Recommendation 3

Visit to those who are severely disabled and bed-ridden by those who are fit.

4.11.7 "**Preparation à la Retraite**"

Recommendation 1

There should be self-preparedness on the part of the person due to retire.

Recommendation 2

The services of a Psychologist should be made available as and when required.

Recommendation 3

Trade Unions and NGOs may be requested to run awareness campaign on the need of preparation for retirement.

4.11.8 **Institutional Care**

Recommendation 1

A Geriatrician/Gerontologist to visit Rodrigues twice yearly to see the elderly as is the case for other specialists.

5. STAKEHOLDERS AND IMPLEMENTATION

5.1 THE ROLE OF GOVERNMENT

5.1.1 The establishment within Government of an interdisciplinary and multi-sectoral mechanism to oversee the effective implementation of the National Policy on Elderly is condition for success of the Policy. This role will be assumed by the Committee of Officials, set up under the aegis of Ministry of Social Security, National Solidarity & Senior Citizen Welfare and Reform Institutions. The role of this monitoring mechanism, which will meet on a regular basis, will be as follows:

- to take cognizance of progress in the implementation process;
- to address reported cases of constraints in the implementation of the recommendations in terms of financial, logistic, technical and human resources. This may involve, ***inter-alia***, adjusting recommendations to match changing conditions, seeking expert advice and support from local, regional or international agencies as appropriate.

5.1.2 Each stakeholder (i.e, the Ministries) will be required to:

- set up a Core Unit at the level of their organisation to look into the implementation of the recommendations;
- integrate the recommendations relevant to their Ministry in their respective policy and make the necessary budgetary provisions;
- develop action plans, including set performance indicators and time-frame for the effective implementation of the policy recommendations.

5.2 THE ROLE OF CIVIL SOCIETY

5.2.1 The NGOs and the community will be required to play a vital role in the implementation of the National Policy on the Elderly. MACOSS, as the umbrella organization of NGOs and the Senior Citizens Council will be called upon to play an effective role of advocacy vis à vis their affiliates and the community in furtherance of the goals of the National Policy on the Elderly. Nation-wide networking at grassroot level should be established for that purpose. The media has an equally important role to play in fostering the ideals of the policy.

5.3 THE ROLE OF INTERNATIONAL/REGIONAL AGENCIES

5.3.1 Technical Cooperation/Assistance

In the implementation of the Report, as and when required, relevant technical cooperation assistance will be sought from relevant UN bodies and Regional Agencies, like Help Age International.

5.3.2 Exchange of Information and Experience

Regional networkings among organizations dealing with elderly will be encouraged with a view to strengthening the capabilities (technical human and information) of the Committee of Officials.

1. **Sub-committee on Preparation for Retirement**

Chairperson	:	Dr M Motah
Members	:	Mr S K Joypaul
		Mr V Dorah
		Mr G S Hardowar
		Mrs D Deeljore
		Mrs M Etienne
		Mrs J Forget

2. **Sub-Committee on Health and Nutrition**

Chairperson	:	Dr R Munbodh, Ministry of Health and Quality of Life
Members	:	Dr B Jhundoo, Consultant in Physical Medicine, Dr Jeetoo Hospital
		Mr D Dooreemeeah, Senior Nutritionist, Ministry of Health and Quality of Life
		Mr J Sungkur, Principal Demographer, Ministry of Health and Quality of Life
		Dr (Mrs) V Basant Rai, Medical Director
		Miss G Gill, Ministry of Women's Rights, Family Welfare and Child Development

3. **Sub-Committee on Protection of the Elderly**

Chairperson	:	Mr P Noel, Superintendent of Police
Members	:	Miss B Budoree, Social Welfare Commissioner
		Mrs D Mathur-Dabidin, Assistant Secretary
		Miss G Gill (Gender Bureau)
		Mrs A Ramdour, Police Department
		Mrs D Mooniapah, Police Department
		Miss M Narainsamy, MACOSS
		Mrs W K Venpin, Senior Citizens Council
		Mr L Commarmond, Senior Citizens Council

4. **Sub-Committee on Housing**

Chairperson	:	Miss N Motee, Ministry of Housing and Lands
Members	:	Mr S Soborun, Ministry of Housing and Lands
		Mr R Nookadee, MACOSS

5. **Sub-Committee on Income Security**

Chairperson	:	Mr A Veerasamy, Principal Assistant Secretary
Members	:	Mr A Bankur, Head Rehabilitation Unit
		Mr V Chinasamy, Acting Deputy Commissioner
		Miss G Gill (Gender Bureau)

6. **Sub-Committee of Employment**

Chairperson	:	Mrs A Burrenchobay, Principal Assistant Secretary
Members	:	Miss U Ramdoo, Ministry of Economic Development, Financial Services and Corporate Affairs
		Mrs A Pawan, Assistant Secretary
		Mr R Nookadee, MACOSS
		Mrs W K Venpin, Senior Citizens Council
		Mrs Oogarah-Bonomally, Ministry of Finance
		Mrs Y Cassimally, CSO

7. **Sub-Committee of Education**

Chairperson	:	Mr B Ramjeet, Principal Education Officer
Members	:	Mrs M Soonarane, Senior Education Officer
		Mr G Camille, Senior Education Officer
		Mr J Sooreea, Senior Education Officer

8. **Sub-Committee on Inter-generation Relationship**

Chairperson	:	Mr V Kissoondoyal
Members	:	Mr L Comarmond
		Mr R Moolye, Ministry of Youth and Sports
		Mr J Mohabeer
		Mr H Munso

9. **Sub-Committee on Social Welfare and Leisure**

Chairperson	:	Miss B Budory, Social Welfare Commissioner
Members	:	Mr A Thacoor, General Manager, Training and Employment of Disabled Persons Board
		Miss Kalla, Ministry of Arts and Culture
		Mrs S Ragobur, Associate Professor, University of Mauritius
		Miss M Narainsamy, MACOSS
		Mr H Ramchurn, Senior Citizens
		Mr S Sheoraj, Principal Social Welfare Officer

10. **Sub-Committee on Institutional Care**

Chairperson	:	Mr R Nookadee, MACOSS
Members	:	Mr S P Mauree, PSSO
		Mrs Lam Yee Chu, Manager, Cheshire Home.
		Mr J Daby, Manager, Balgobeen Ashram

Appendix I

Committee of Officials

Mr V Mulloo	Permanent Secretary, Ministry of Social Security, National Solidarity & Senior Citizen Welfare and Reform Institutions – ***Chairman***
Mr N Soobratty	Assistant Secretary - ***Secretary***
Dr (Mrs) Basant Rai	Medical Director
Mr D Seepin	Acting Deputy Commissioner
Miss B Budoree	Social Welfare Commissioner
Mr S P Mauree	Officer in Charge, Welfare Unit
Mr S Soborun	Ministry of Housing and Land
Miss G Gill Miss S Canakiah	} Ministry of Women's Rights, Child Development and } Family Welfare, Gender Bureau
Dr R Munbodh	Ministry of Health and Quality of Life
Miss N Motee	Ministry of Housing and Land
Mr P Noel (S.P)	Police Department
Dr M Motah	Psychologist
Mr V Kissoondyal	Senior Citizens Council
Mr L Commarmond	Senior Citizens Council
Mrs W K Venpin	Senior Citizens Council
Mr Ramjeet	Ministry of Education
Miss A Chumun	Ministry of Arts and Culture
Mr R Nookadee	MACOSS