

**Priority Ageing Issues in Lesotho:
A Mapping and Gap Analysis
Of
Government and Non-State Actor Policy and Program
Responses**

FINAL REPORT

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Acronyms

AU	African Union
BOS	Bureau of Statistics
CBO	Community Based Organizations
CGPU	Child and Gender Protection Unit
FGD	Focus Group Discussion
HAI	Help Age International
HIV and AIDS	Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome
ICPD	International Conference on Population and Development
IFA	International Federation on Ageing
LCN	Lesotho Council of Non-Governmental Organizations
LDC	Less Developing Country
LENASO	Lesotho Network of AIDS Service Organisation
MIPAA	Madrid International Plan of Action on Ageing
MOSD	Ministry of Social Development
MWSCA	Maseru Senior Citizens Association
NGO	Non-Governmental Organization
NSDP	National Strategic Development Plan
OAP	Old Age Pension
OECD	Organisation for Economic Cooperation and Development
OP	Older Persons
SADCC	Southern African Development Community
TB	Tuberculosis
UN	United Nations
UNDESA	United Nations Department of Economic and Social Affairs
UNICEF	United Nations Children's Rights and Emergency Relief Organisation
WFP	World Food Programme
WHO	World Health Organisation

FOREWORD

The Ministry of Social Development in collaboration with Help Age International are pleased to present the analysis: Priority Ageing Issues in Lesotho: A Mapping and Gap Analysis of Government and Non-State Actor Policy and Program Responses.

To be able to undertake this crucial analysis The Ministry was honoured and delighted to have been able to sign a Memorandum of Understanding with Help Age International, a leading organization campaigning to improve the well-being of older persons world-wide.

This Gaps' Analysis provides the new Ministry with three important challenges in its dealings with Basotho elderly. First is to recognise the change from the previous welfare based approach to the elderly to one that is rights based and developmental oriented. Second; to realise the large amount of collaborative synergy that will be demanded between the Ministry, other Lesotho Government Ministries and Non-Governmental Organisations. Third is the need to always see elderly persons in the context of their households, family community as well as social and economic transactions that are taking place in these contexts.

Responding to the challenges, ensuring the gaps are filled and responding to suggested recommendations should prove an exciting and interesting experience for my colleagues in the Department of Elderly Services. The Ministry is grateful to the Consultant Ms. Nthabiseng Chaka and her team for all their work and the interesting findings in this report. We also thank the elderly persons and the expert witnesses that provided invaluable information in making this report a living and working document - success.

The Nation looks forward to seeing the future that this analysis will help the Ministry develop its work with older persons, civil society organisations and the international community in Lesotho.

Principal Secretary

EXECUTIVE SUMMARY

INTRODUCTION

Population Ageing is described as the rise in the median age of a population resulting in a shift in the age structure of that population. It is a consequence of a number of factors, including declining fertility, decreased premature death, and prolonged life expectancy. While population ageing is still in its infancy throughout Africa, there is a growing recognition of ageing phenomenon, and the socio-economic benefits and problems associated with this process.

Rapid rate of ageing is a characteristic of the modern world, and Lesotho is no exception to this phenomenon. At first, the concern was the economic burden that an ageing population was bringing due to increases in old age dependency rate (Restrepo and Rozental, 1994; Osako, 1982). In recent times, there has been a shift from a deficit model of ageing to focus on healthy, active or productive ageing, indicating a broader multidisciplinary and collaborative approach. Indeed, population ageing has profound impact on a broad range of economic, political and social processes.

The Lesotho National Strategic Development Plan (NSDP) 2012 recognizes elderly issues as cross-cutting. In responding to the NSDP, various stakeholders including both private and public organisations are now attempting to attend to ageing issues. However, the problem is that attempts of such organisations are neither adequately coordinated nor mapped in order to know who is doing what? Furthermore, there is limited documentation of ageing-related problems and issues through research to facilitate appropriate and country-specific interventions aimed at older persons' well-being.

The Government of Lesotho through the Ministry of Social Development (MOSD) in collaboration with Help Age International are working together in addressing the priority ageing issues in the Lesotho as well as in the Southern African Development Community (SADC) region.

There is, therefore, a need for a scoping study that examines existing policies and programmes set up by the government of the Kingdom of Lesotho and its non-state actors, including an analysis of existing gaps in the response to the policies. It is in line with this that the MOSD in collaboration with HAI identified priority ageing issues in Lesotho, mapped and conducted gap analysis of government and non-state actors' policy and program responses.

Objectives of the Report

The main objective of this report has been to identify priority ageing issues in Lesotho: mapping and identifying gap analysis of government and non-state actor policy and program responses.

Specific objectives of the study were:

1. What government policies and programmes were in place to ensure the rights of older persons in Lesotho and where policy and service gaps exist in the following areas:
 - (i) Ensuring older persons have secure income and viable livelihoods;
 - (ii) Ensuring older persons have access to good quality health, HIV and AIDS and care services;
 - (iii) Ensuring that emergency programmes were age-inclusive; and
 - (iv) Creating an enabling environment for older people to engage with government in policy development and service delivery.
2. What civil society organizations, programmes and services address ageing issues and where were the gaps and how could they be addressed?
3. To what extent has the policy and service delivery response by the Government of Lesotho and its civil society partners met commitments enshrined in existing SADC, AU and International protocols on ageing issues?

Methodology

In order to understand and develop an analysis of government policies and programmes that address the rights of older persons in Lesotho, as well as to identify policy and service gaps, a qualitative research triangulation or multi-method approach was used. These entailed literature review; key informants interviews; and focus group discussion.

Key International Instrument on Ageing

Lesotho has committed itself to several international instruments on ageing. These include the UN Madrid Plan of Action on Ageing, Declaration of Rights of Older Persons and Responsibilities of Older Persons, the United Nations Principles for Older Persons and the African Union Policy Framework and Plan of Action on Ageing.

Besides committing to international instruments Lesotho is also a member of international bodies including the United Nations (UN), the African Union (AU) and the Southern African Development Community (SADC)

Policies

Lesotho, through MOSD has just drafted a National Policy for Older Persons. While this policy is yet to be adopted, it marks a huge milestone in addressing the issues of older persons. Specifically, the policy lays the foundation as a national guiding instrument to develop programmes and services aimed at improving the well-being of older persons.

Programmes and Services

There are few programmes aimed specifically at older persons in Lesotho. It was discovered that most of the programmes aim at assisting orphans and vulnerable children. That said the biggest old age programme achievement that has been internationally acclaimed is the national non-contributory old age pension scheme. Similar to programmes, there were also fewer services directed at older persons. Older person get services similar to the general public.

Gaps

The main gaps identified in this report are limited focus on ageing issues, where ageing is not a priority on national, community, and organisational agendas. Older persons continue to be treated as general population, and yet their needs and challenges set them apart as a vulnerable special group. If this trend is continued, Lesotho will miss out on international principles and guidelines targeted at older persons. Increased research and disaggregated on issues of older persons is likely to draw attention to older persons' vulnerabilities and capacities to contributing nationally, and consequently more programmes and services targeting the elderly will be developed.

Priorities

This report has identified priority actions for various issues affecting the older persons. These priorities will be pulled together to develop priority actions for older persons in Lesotho.

1.0 Introduction

Population ageing is described as the rise in the median age of a population resulting in a shift in the age structure of population. It is the consequence of a number of factors, including declining fertility, decreased premature deaths, and prolonged life expectancy. In many developed countries, the ageing demographic transition is already taking shape as the average age of populations continues to rise. This is a direct consequence of the post-war II “baby boom” (Anderson and Hussey, 2000), as well as the indirect effect of socio-economic development (referred to as the demographic transition).

Fertility rates have declined below the replacement rate of 2.1 in many industrialized countries. Similarly, the average life expectancy at birth continues to rise. In OECD countries, for example, the average life expectancy is currently estimated at 79.1 years, up by 10.6 years since 1960 (OECD 2010). The UN medium-scenario projections indicate that fertility rates will remain below the replacement rate through to 2020 for most of the industrialized countries. At the same time, the proportion of persons aged 65 years and older will increase rapidly over the next few decades, to reach upwards of a quarter of the population in most countries. By comparison, only 10–14 percent of the population was 65 years or older at the turn of the century in most industrialized countries (UNDESA, 2011).

Concerns regarding African populations have traditionally focused on relatively high rates of fertility and mortality, expansion of basic health programs, and, more recently, on the high socio-economic and demographic impact of the HIV and AIDS pandemic. Overlooked in the face of these pressing issues is the fact that most African populations are ageing, albeit at slower rates than in much of the developing world. In 2010, 36 million elderly people aged 65 years and over accounted for 3.6 percent of Africa’s population, up from 3.3 percent ten years earlier. In 1980, 3.1 percent of the population was elderly aged 65 and above and there has been a steady increase during the last forty years. Population ageing in Africa is expected to accelerate between 2010 and 2030, as more people reach age 65. Projections show that the elderly could account for 4.5 percent of the population by 2030 and nearly 10 percent of the population by 2050 (UN DESA, 2011). In many countries in Africa, the proportion of older persons will be close to that of industrialized countries by 2030 and 2050.

1.1 Challenges of Ageing Population in Africa

While gerontology is still in its infancy throughout Africa, there is a growing recognition of population ageing, and the social benefits and problems associated with this process. One important consequence of an ageing population is the shift in the demographic dependency ratio - the ratio of the combined youth population (0 to 15 years) and senior population (65 or older) to the working-age population (16 to 64 years). It is expressed as the number of “dependents” for every 100 “workers.” The senior demographic dependency ratio is the ratio of seniors to the working-age population. Africa’s population is ageing simultaneously with its unprecedented growth of the youth population and its related challenges. Thus the ageing population in Africa faces a different set of challenges. Ageing is highly linked with long-term physical and mental disability and a number of long-term chronic conditions and will likely increase personal care needs. Yet, much of Africa faces weak health care systems to adequately address these emerging health problems among the elderly. As well, much of the region is faced with a lack of viable social protection floors, increased prevalence of poverty, particularly among elderly headed households, and a shrinking cohort of caregivers in countries ravaged by the HIV and AIDS epidemic. Linked to the HIV and AIDS epidemic are the changing family

structures where grandparents are increasingly caring for grandchildren left behind by victims of HIV and AIDS. More than 50 percent of the orphans in Africa currently live with their grandparents with limited resources and unstable incomes to support their households (UNICEF, 2003).

The ageing of the world population is progressive and rapid. It is an unprecedented phenomenon that is affecting nearly all countries of the world. For instance in 2012, persons aged 60 and over were estimated at 11.5 percent. It is projected that by 2050, the proportion would have doubled to 22 percent (UNDESA; 2013). Indeed, as long as fertility continues to fall or remains low and old-age mortality keeps declining, the proportion of older persons will continue to increase.

1.2 Defining Ageing

The United Nations uses 60 years and above to refer to the older population. Furthermore World Health Organization, (2005) asserts that there are three categories of ageing namely “young olds”, which refers to the elderly aged 60-69 years; the “middle age elderly” referring to the elderly aged 70-79 years; and the “oldest old” which refers to elderly aged 80 years and above. The level of vulnerability differs according to these categories hence a need to take them into account when analysis on elderly issues is being made.

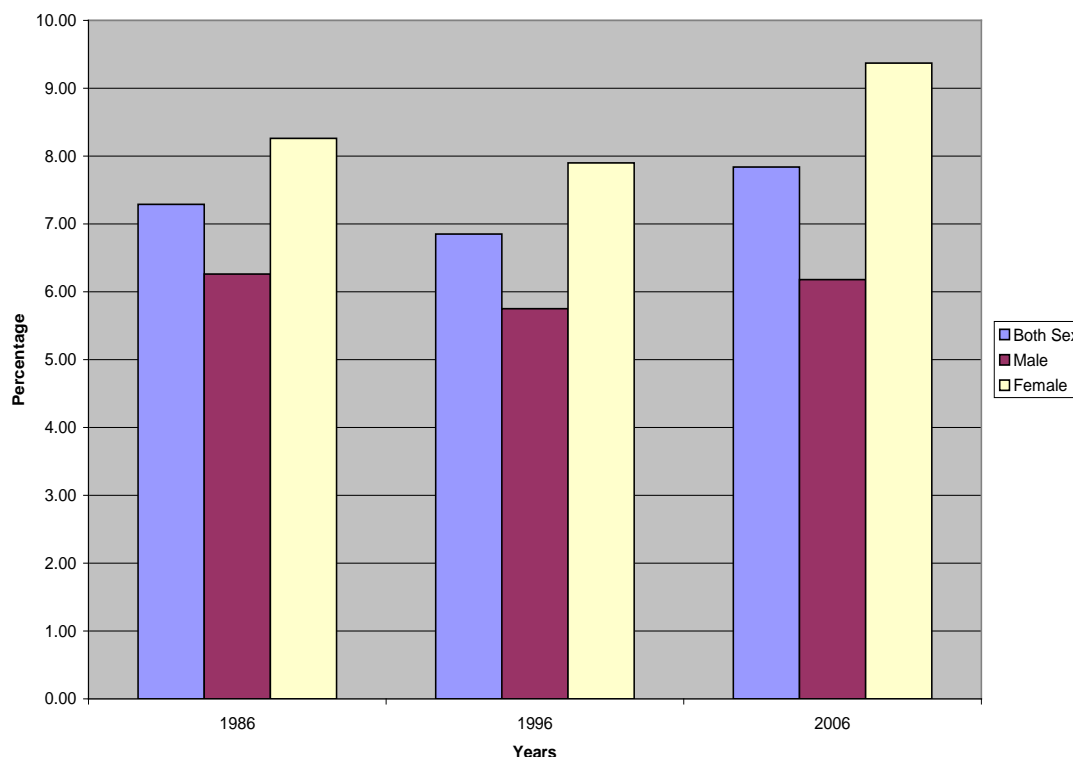
It should be noted that while age has been used as a cut-off point, there are other definitions of ageing that go beyond chronological age. Old age as a social construct is often associated with a change of social roles and activities, for example, becoming a grandparent or a pensioner. Older persons often define old age as a stage at which functional, mental and physical capacity is declining and people are more prone to disease and disabilities (UNFPA 2011).

Older persons are a highly diverse population group, in terms of, for example, age, sex, ethnicity, education, income and health. It is important to recognize this in order to adequately address the needs of all older persons, especially the most vulnerable.

1.3 Ageing in Lesotho

Lesotho had a total population of 1.8 million (Bureau of Statistics, 2010) and this figure remained almost the same for 2011 Demographic survey (BOS, 2013). This population is expected to increase to 2.1 million by 2026. According to Figure 1.1, the proportion of the elderly population has been fluctuating over a period of time, in 1986 the population of the elderly to the total population was 7.29 percent, but dropped in 1996 to 6.85 percent and increased again in 2006 to 7.85 percent. The proportion of the female population has been higher than that of males in all the three census periods. Although the proportion of females declined in 1996, in 2006 it recorded the highest figure of 9.37 percent. The Demographic Survey (BOS, ibid) further shows that, there were more elderly women than men. This is also confirmed by the sex ratio of 63 indicating that for every 100 elderly women there are about 63 men. This ratio however, decreases with increasing ages.

Figure 1.1: Proportion of the Population Aged 60 years and above (Census Periods 1986-2006)



Source: Bureau of Statistics 2010

The 2006 Population Projection (BOS, 2010) report shows that the number of older persons in Lesotho is likely to decrease in the next two decades as shown in Table 1.1 from a total of 147,266 by 2006 to 124,740 by 2026. This could probably be due to the impact of HIV and AIDS related mortality that is currently affecting the youthful population. Despite, this possible decline in the numbers of the elderly in the future, the elderly population continues to remain a priority as one of the vulnerable groups because of the challenges that they face within the society.

Table 1.1: Number of the Older Persons in Lesotho by Sex and Age (2006 – 2026)

Years	Total	Age and Sex					
		60-69		70-79		80+	
		Male	Female	Male	Female	Male	Female
2006	147, 266	31, 111	41, 113	19, 767	34, 129	6, 002	15, 144
2016	136, 384	29, 221	42, 228	17, 309	28, 128	5, 822	13, 676
2026	124, 740	21, 841	39, 674	16, 705	30, 277	5, 007	11, 236

Exploration of the elderly's living arrangements revealed that 88 percent of the elderly live with at least one other person, while 12 percent live alone. Of every three elderly persons that live alone, two were females, indicating their higher risk of vulnerability to loneliness than their male counterparts. This risk is higher in rural than urban areas.

The majority (85 percent) of older persons reside in rural areas compared to 15 in urban areas. The sex composition by place of residence shows that there are more females than males who were resident in both urban and rural areas (Sex ratio=63.8 and 62.6 respectively).

In its efforts to provide care and protection for its population especially vulnerable groups the government of Lesotho has established for the first time, the Ministry of Social Development (MOSD) in 2012. The mandate of the Ministry has been to develop, deliver and coordinate

provision of services to vulnerable groups such as older people amongst others. One of the highlights of MOSD in responding to elderly issues has been to develop a Policy for Older Persons.

As a means of realizing the value of older people in society, the Lesotho Government has also introduced Non-Contributory Old Age Pension scheme in 2004 for the elderly aged 70 years and above as a social protection measure. However, literature has shown that pension on its own may not be able to cover the needs of older people fully (Bello, 2008; National University of Lesotho, 2006; Nyanguru, 2007; Tanga, 2008). The elderly population cannot survive on pension alone they need additional forms of sustainable livelihood support. Most of this sector of the population looks after orphaned grand-children resulting from AIDS-related and other causes of deaths and yet they lack sufficient resources to carry out this task due to poverty.

The negative impact of HIV and AIDS has mainly eroded the labour force population whom older people were dependent on. Elderly persons have, therefore, also become victims of poverty and economic related disadvantages because they have not only lost family members with the culture of reciprocity between parents and children but have also lost their resources and they do not have formal paying jobs to continue supporting themselves and the fostered orphans.

The Lesotho National Strategic Development Plan (NSDP) 2012 recognizes elderly issues as cross-cutting. According to NSDP government is calling for various stakeholders to:

- a) Provide key services at community level, including health, psycho-social support and provision of grants, extension services for economic empowerment and protection of the rights of the elderly, especially those playing a parental role towards children
- b) Expand coverage of the Old Age Pension scheme in line with the performance of the economy
- c) Identify any other vulnerable groups (seasonal, transitory) and implement special programs to reduce their vulnerability

In responding to the NSDP, various stakeholders including both private and public organisations are now attempting to attend to ageing issues. However, the problem is that attempts of such organisations are neither adequately coordinated nor mapped in order to know who is doing what? Furthermore, there is limited documentation of ageing-related problems and issues through research to facilitate appropriate and country-specific interventions aimed at older persons. The Government of Lesotho through MOSD in collaboration with HAI in conjunction with civil society organisations working with older persons in Lesotho are planning to work together in addressing the priority ageing issues in the Kingdom of Lesotho as well as in the SADC region.

There is, therefore, a need for a scoping study that would examine existing policies and programmes set up by the government of the Kingdom of Lesotho and its non-state actors, including an analysis of existing gaps in the response to the policies. It is in line with this that MOSD in collaboration with HAI engaged the Consultant to identify priority ageing issues in Lesotho with the aim of mapping and conducting gap analysis of government and non-state actors' policy and program responses.

The specific objectives of the assignment are to provide information on three (3) areas as discussed below:

1. What government policies and programmes are in place to ensure the rights of older persons in Lesotho and where policy and service gaps exist in the following areas:
 - (v) Ensuring older persons have a secure income and viable livelihoods
 - (vi) Ensuring older persons have access to good quality health, HIV and AIDS and care services
 - (vii) Ensuring that emergency programmes are age-inclusive
 - (viii) Creating an enabling environment for older people to engage with government in policy development and service delivery
2. What civil society organizations, programmes and services address ageing issues and where are the gaps and how can they be addressed?
3. To what extent has the policy and service delivery response by the government of the Kingdom of Lesotho and its civil society partners met commitments enshrined in existing SADC, AU and International protocols on ageing issues?

1.4 Methodology

1.4.1 Literature Review

Thorough literatures review on the issues of older persons in Lesotho as well as globally form an important basis in understanding the issues relating to old age. Importantly here, was to understand the issues of older persons. Thus the objective was to critically review all relevant documentation on elderly situations. The focus was on local and international experiences, needs, and challenges of the elderly, as well as policies directed at supporting them.

1.4.2 Key informant interviews

Key informant interviews are qualitative in-depth interviews with people who know what is going on within the community of interest. The purpose of key informant interviews was to collect information from a wide range of people—including community leaders, professionals, or the elderly themselves—who have knowledge about the elderly issues in Lesotho and internationally. These experts, with their particular knowledge and understanding, provided insight on the nature of older persons' problems, policies and programmes, including identification of gaps, as well as giving recommendations. These key informants were identified in collaboration with the client. Snowball sampling was also used to identify key informants. A total of 40 key informants were interviewed.

1.4.3 Focus Group Discussions

Prior to the execution of this assignment, the Consultant was engaged in 2013 by the Ministry of Social Development to develop the Lesotho Policy for Older Persons. As part of the process of developing the policy, thirteen (13) focus group discussions (FGDs) were held with older persons in all districts of Lesotho, covering urban, peri-urban, and rural areas. One focus group interview was conducted in each district, except for Maseru where four interviews were conducted. These interviews entailed three age-groups of the elderly, and males and females. The information from the focus group discussions were used in this assignment more especially

because there was a specific question in the interview guide that required the older persons to identify five (5) areas that they thought were priority areas. These were found to be important in informing priority ageing issues in Lesotho.

1.5 International Frameworks

Lesotho is a member of international bodies including the United Nations and the African Union and the Southern African Development Community (SADC). It has committed itself to the main conventions, treaties and declarations on the wellbeing of the elderly that these bodies have agreed.

In recognition of the global nature of the phenomenon and other challenges faced by older people, the International Plan of Action on Ageing was endorsed in 1982 by the First UN World Assembly on Ageing in Vienna as the first international instrument on ageing. The objective of the Plan was to strengthen the capabilities of governments and civil society to deal effectively with the ageing of their population, and to address potential needs of older persons. Sixty-two (62) recommendations for action addressing research, data collection and analysis, training and education, as well as other relevant sectors were made.

This was followed by the International Federation on Ageing (IFA) Declaration of Rights and Responsibilities of Older Persons in 1990. The endorsement of its predecessors developed into the United Nations Principles for Older Persons adopted by the UN General Assembly resolution 46/91 of 1991. The principles emphasized older persons':

- a) Independence;
- b) Participation;
- c) Care;
- d) Self-fulfillment; and
- e) Dignity

These principles were accompanied by the UN Proclamation on Ageing in 1992. The United Nations Principles for Older Persons encourages governments to incorporate the following principles into their national programmes and whenever possible:

- ✓ Assure the universal access of older persons to economic security, food, health care, shelter, clothing, and transportation;
- ✓ Assure the full participation of older persons in the social, cultural and political life of their communities;
- ✓ Assure that the dignity and quality of care for older persons are established, maintained and safeguarded, and that older persons are free from exploitation and mental and physical abuse;
- ✓ Assure that employment barriers for older persons are eliminated by the provision of training and work opportunities and appropriate work conditions;
- ✓ Strengthen the capacity of the family and community to provide basic care and support for older persons;
- ✓ Strengthen opportunities for intergenerational dialogue, exchanges, collaboration and mentoring;
- ✓ Incorporate Universal Design principles to assure older persons access to all environments; and

- ✓ Strengthen the ability of the public, private, voluntary, and non-governmental sectors to work together for the benefit of older persons.

The UN Principles for Older Persons in 1991 were followed by the adoption of an International Plan of Action on Ageing by the Second UN World Assembly on Ageing held in Madrid in 2002. The Plan called for changes in attitudes, policies and practices to ensure that older persons realize their human rights, achieve secure and poverty-free ageing, participate fully in economic, political and social life, and have opportunities for development and self-fulfilment in later life.

In line with the UN Principles for Older Persons, in 2003 the African Union (AU) adopted Policy Framework and Plan of Action on Ageing. The aim was to provide a Policy Framework and Plan of Action that will guide AU Member States in designing, implementing, monitoring and evaluating appropriate integrated national policies and programmes to meet the individual and collective needs of older people.

Population ageing also featured as an important issue on the agenda of other major international population conferences including the 1994 International Conference on Population and Development (ICPD) in Cairo, the World Summit on Social Development Declaration in Copenhagen in 1995, and the United Nations General Assembly Special Session ICPD+5 in 1999 among others.

1.6 Ageing Issues to be addressed

In executing the assignment the multidisciplinary and collaborative approach has been used that will examine ageing issues. This entails the discussion of following issues:

1. Social Issues among older persons;
2. Ensuring older persons have access to good quality health, HIV and AIDS and care services;
3. Secure income and viable livelihoods among older persons;
4. Ensuring age inclusive emergency programs; and
5. Enable older persons to challenge age discrimination and claim their rights.

Each area will be discussed broadly in the following chapters.

2.0 Social Issues of Older Persons in Lesotho

2.1 Introduction

Social issues of ageing can be defined as moral problems that affect the elderly directly or indirectly (Beard et al., 2012). There are two contradictory processes that are of interest in this section. First, elderly persons in modern societies seem to have a lower social status and endowed with less power than in traditional societies. This is exacerbated by the media and medical societies that encourage people to be less prone to accept ageing as an unavoidable natural process of decay of the human body. Second, in traditional societies, the elderly were respected as repositories of inherited wisdom and experience, and they were principal decision-makers. In recent times, the accumulated knowledge of the elderly is rarely viewed as a source of wisdom, rather it is commonly regarded as something outdated and obsolete. However, research today continues to indicate that individuals who are educated and affluent tend to live longer than those who are disadvantaged (Olshansky, 2012). This suggests that there is a lot of wisdom to be tapped from ageing persons. Nonetheless, the growing population of the elderly has called for global attention, and “made an invisible population visible” (Kabir et al, 1998: 364).

2.2 The Social Experience of Ageing in Lesotho

Perceptions of Basotho toward older persons have changed over time. Traditionally, Basotho believed in respect for older persons as they were perceived to be closer to God, and/or would soon be gods (*Balimo*). As a highly Christian society, this factor was strengthened by the doctrine that linked respect for older persons to blessings from God. In addition, older people were perceived as custodians of customs and tradition, rendering them as family and societal assets for continuity and inheritance. Consequently, older persons were often consulted for their wisdom and guidance. This resulted in younger generations respecting and taking responsibility to care for older generations through provision of shelter, food, clothing and protection. Traditional arrangements of care for the elderly were such that the eldest son would inherit the parental home, which included responsibility for ageing parents. In addition, the eldest grandchild would be given to the grandparents, and this would indirectly mean that the parents would be in constant touch with and support the elderly. These traditional arrangements guaranteed intergenerational care for the elderly. Therefore, the family was the most important source of protection and support for older persons. It is important, though, to indicate that ancient Basotho got rid of their extremely feeble old persons. In such instances, the family would put the old person at the entrance of the kraal for animals to tramp over and kill.

However, family structures and living patterns are changing, and traditional patterns of resources and care are eroding due to industrialization. For example, rural-urban migration has resulted in many older people living alone in rural areas. Moreover, economic pressures and changing social values have rendered older people as liabilities in families and communities as many families are either unable or unwilling to care for older relatives. Inherently, declining family support and increasing tendency towards family nuclearization, have left many older persons totally abandoned and unsupported. It is, therefore, not surprising that cases of older persons’ abuse in a form of rape, property grabbing and neglect are evident all the time on national media.

Nonetheless, the government non-contributory pension introduced in 2004 has impacted family and community dynamics in Lesotho. Older persons receiving pension have now been reinstated as household heads, playing important roles in household and community decision-

making and upkeep (National University of Lesotho, 2006). The pension is often the main source of income for older persons' households. Moreover, the HIV and AIDS epidemic has also left older people as primary carers of the sick, and of the large numbers of orphaned grandchildren due to the skipped generational effect. While this could be seen as reinstatement of the importance of the elders, it often comes as a huge economic and social burden for older persons. Nonetheless, many of the elderly persons in Lesotho claim to be happy by taking care of their grandchildren, despite the limited resources. They see this as their responsibility. However, the direct needs of the elderly themselves are often compromised for the care of other household members, limiting the effect of old age pension on the overall well-being of the elderly. It is important to indicate that the government of Lesotho introduced child grants in 2009 targeting poor households with vulnerable and orphaned children (OVC) (Ministry of Health and Social Welfare, 2009). The grant offers M360.00 to M750.00 depending on the number of children in the household. Unfortunately access to official documents necessary to apply for the child grant remains a challenge, especially for the elderly. This calls for support to older persons in order to access information and documentation regarding other social protection services.

On the other hand, the elderly tend to voice concerns of lack of normlessness among young people. In particular, the generational gap in norms, attitudes and beliefs tends to create tension between the elderly and younger generations. This is more of a challenge for elderly persons caring for grand-children. Thus, it is important to facilitate bridging the intergenerational gap for both grandparents and grandchildren.

Recreation facilities are not common in Lesotho. Moreover, the few facilities are often targeted at young people, with the notion that adults do not play. In spite of this understanding, to relief themselves of boredom, older persons have been reported to abuse alcohol (Mapetla and Croome, 2006). This poses serious challenges on the targeted benefits of pensions, as well as putting older persons at risks of theft and rape. It is therefore, important to socialise older persons in Lesotho on alternative methods of recreation and develop recreation facilities for them.

The effects of ageing are also gendered hence different needs and challenges between men and women. First, there is the effect of feminization of ageing. Globally, women live longer than men, making the majority of the aged. Second, there are significant socio-economic differences between men and women due to the patriarchal system inherent in Lesotho. This often leaves older women as victims of witchcraft accusations and denial of rights to their inheritance. As indicated earlier, older women are also caretakers of their unemployed and/or ailing children, as well as raising orphans and abandoned children. These responsibilities can come as a burden for these older women who need care themselves. Therefore, older women need special attention.

On the other hand, attention to women should not necessarily imply ignoring the needs of older men. Specifically, older men in Lesotho are retired labour migrants from the South African mines. They are often ill from long and harsh working conditions, and need special care. In addition, long absence from home often leaves them disconnected from their families and communities. For example, older men reported challenges of neglect due to them being disabled from working in the mines, retired and unable to provide economically and care for their families. Thus, aging redefines the role of men in families and society.

It is important to note that institutional care has become an alternative option to family care, and is more popular in developed countries. Apparently Basotho are still hesitant to this alternative. When asked if they would like to stay at institutional care, the elderly did not

welcome the idea. Specifically, they mentioned that the shared space would be ground for tension and fights. Moreover, they would be disempowered due their home responsibilities being taken away from them. Such responsibilities included household chores, care for their children's children, and being consulted for family decisions. In addition, there were concerns regarding financial decision-making power regarding their pensions if it were to be taken by the care institution.

The experience of ageing in Lesotho calls for increased awareness of the need to improve family and community support for the elderly. This should be targeted right from primary education, initiating intergenerational solidarity actions aimed at promoting positive attitudes among the youth towards elderly people and putting in place supportive policies for family members caring for the elderly, and the elderly caring for other family members.

2.3 Policies and Programmes

For this report, various organizations were consulted on their role towards the elderly. These included the UN agencies, NGOs and CBOs, and Government Ministries. Since Basotho are a traditional and religious society, both the monarchy and religious institutions were also consulted. It was discovered that there are few programmes aimed specifically at older persons in Lesotho. Rather, many organizations seem to treat older persons like any other population group. While this might be an advantage where one would argue that there is no discrimination of older persons, the approach also fails to recognize older persons' special needs, capacities and vulnerabilities. This section will report on organizations that had specific social programmes for older persons.

2.3.1 Ministry of Social Development – Department of Elderly Services

The Ministry of Social Development is a new government agency established in 2012 with the task to lead and facilitate the provision of sustainable social development services that are universally accessible to all population groups, especially the most vulnerable groups in Lesotho. Of the many objectives of the Ministry, it is charged to protect and promote the rights of all poor and vulnerable groups to ensure that their basic needs are met. The elderly have been identified as a vulnerable population group that the ministry is charged with. Therefore, the Department of Elderly Services is responsible for improving the well-being of the elderly in Lesotho through advocacy, development of elderly policy, subventions to organisations supporting the elderly, as well as psycho-social support to the elderly.

2.3.2 Gender and Development Policy 2006

Lesotho applies both customary law and the general law side by side. The customary law renders that a woman before marriage is under the guardianship of her father, and, therefore, a minor. Post marriage, the minority status of a woman subsists, except that she is placed under the guardianship of her husband. Upon the death of the husband, guardianship is transferred to the male heir. Thus, under customary law, a woman is a perpetual minor.

However, the Ministry of Gender, Youth, Sports and Recreation facilitated the development of the 2006 Gender and Development Policy. The overall goal of the policy is to take gender concerns into account in all national and sectoral policies, programmes, budgets and plans in order to achieve gender equity and quality in the development process (Ministry of Gender, Youth, Sports and Recreation, 2006). In line with the National Constitution of 1993- section 30, and 2006 Married Persons Equality Act, this policy goes a long way in advancing the rights of older women. One of its objectives highlights "To conserve positive and mitigate negative aspects of Basotho culture to promote equality of men and women as well as boys and girls

also to sustain social stability and peaceful co-existence.” As a result, older women have rights to their property, especially land following their spouses’ death. Nonetheless, implementation continues to be a challenge because older women feel their cases are being ignored by law officers on age basis. This calls for need to establish an elderly protection unit in police stations that will be specifically trained to attend to the needs of older persons.

2.3.3 Help Lesotho

This is an international development organization working in Lesotho since 2005. It offers Grandmothers’ Support Program which provides grandmothers with life-skills education, psychosocial support, village support networks and relief items. The two-year program operates in Leribe, Butha-Buthe and Thaba-Tseka reaching 50 grandmothers per location with the exception of Leribe where there are 100 grandmothers, with totalling 200 grandmothers. The program focuses on grandmothers who are caregivers to orphans and vulnerable children (OVC).

Help Lesotho facilitates monthly meetings for grandmothers aimed at building their capacity as leaders in their families and communities. Here, grandmothers meet in their communities to discuss their issues, and develop coping strategies. Thus, Help Lesotho offers support group platforms for grandmothers to share life experiences and solutions, educating them on how to better their lives as family and community members. In particular, grandmothers have been raising concerns regarding the generational gap between them and their grandchildren, which often resulted in tension and frustration. Help Lesotho trains grandmothers on how to bridge this gap in order to have productive relationships with their grandchildren, and to appreciate societal transitions.

Help Lesotho also works in collaboration with other development partners including Skillshare International Lesotho – With funding from the European Union (EU), and provide savings and loans scheme to grandmothers. It also works in collaboration with Habitat for Humanity to provide shelter and sanitation to grandmothers living with orphans and vulnerable children.

2.3.4 Maseru Women Senior Citizens Association (MWSCA)

MWSCA is a local NGO run by elderly women themselves. It was founded in 1997 by a group of 10 older women with the support of W.K. Kellogg Foundation. In recent times, the organization has been getting a lot of support from Help Age International. The aim was to encourage active ageing amongst older persons and to combat discrimination and abuse of older persons in Lesotho. Amongst the many activities of this organization, it provides social support for its members, it works an advocacy group for older persons, it runs workshops and outreach programs for older persons and communities on issues related to ageing, and it offers support services like school fees, uniforms, food, seeds to older persons caring for children. All these programs aim at improving lives of older persons in their families and communities.

It is important to highlight that the MOSD, Department of Elderly Services has no specific programmes on the elderly either. As new department, their focus is currently on raising public awareness on elderly issues. Moreover, the department is developing a National Policy for Older Persons which is believed would guide development of programs and services specific to older persons.

2.4 Services

There are not many service delivery agencies that attend to the specific needs of the elderly in Lesotho. In fact, the elderly continue to be treated as a general population, rather than a special category with specific needs and challenges. Only old age homes were found to be specific in servicing older persons. Currently, there are only two registered old age homes. These homes are run by the Catholic Church, and aim at sheltering and supporting vulnerable older persons. The elderly in these institutions are either brought in by their families or come on their own. The homes offer, shelter, food, clothing and health services (takes them to health care centre). The elderly do not have to pay anything but forgo their pensions to the institution while in residence. The homes also get a subvention from the Ministry of Social Development. While this support was acknowledged with high appreciation, it was also indicated that the homes were under supported, hence limited in their services. For example, there were no psycho-social support experts to assist the elderly in these homes and yet many had come to the home due to abandonment by their families and communities. Moreover, it was also found that there were no guiding frameworks to monitor and evaluate the services and outcomes in the old age homes.

MWSCA also offers special services to the elderly. Through their advocacy program, the association holds regular workshops for the elderly on issues that concern older persons. For example, it was reported that the association held a workshop on HIV and AIDS in appreciation that older persons are vulnerable to the epidemic through either being infected, and, commonly, being affected. They also give hand- outs of food, seeds, clothing, and school fees to grandmothers caring for orphans and vulnerable children. As an association of older women, they offer peer psycho-social support to one another, and they see their monthly meetings as counseling sessions.

Help Lesotho, through its training program offers training on various issues for the elderly. They offer training on income generation, hygiene, managing social relationships. Of interest here is the training on managing social relationships, where it was discovered that as caregivers of their grandchildren, grandmothers were struggling to bridge the generational gap, which would often result in frustration for them and the children under their care. The program, therefore, offers monthly meetings for grandmothers which work as psycho-social support.

On the other hand, the Ministry of Social Development, through the Department of Elderly Services indicated that it offers Public Assistance to the elderly. This is a means tested monthly cash support that the ministry gives to vulnerable persons, some of whom are the elderly under age 70 who are not covered by the old age pension government scheme.

2.5 Gaps

- The elderly are not treated as a special group with specific vulnerabilities needs. For many programs aimed at assisting orphans and vulnerable children, the elderly are treated as secondary targets because they are often caregivers to these children.
- The media is also reported to fail older persons in its portrayals of ageing as a bad thing. Rather, it is recommended that the media operates as an educational tool to bridge the gap between the elderly and younger generations by portraying positive images of the elderly.
- Societal moral decay has left the elderly helpless in many situations. There is a need for official announcement that the elderly need to be served first in all service stations and agencies.

- The elderly need to be included in the country's development programs through their own participation.
- Old age homes need to be supported and guided through comprehensive programmes that are financially sound, including all necessary support programmes for the elderly.

2.6 Challenges, Gaps, Recommendations and Opportunities

Table 2.1: Social Challenges, gaps, recommendations and Opportunities for Older Persons

Program/Policy	Challenges	Gaps	Recommendations	Opportunities
1. Gender and Development Policy	Due to feminization of ageing, majority of the elderly are women, and they miss out on developments due to double marginalization of gender and old age	Limited awareness of the elderly regarding the policy	Sensitization and assistance of the elderly on policy development that affects them	Older women can use this guiding tool in asserting their rights. The review of this policy can highlight gender issues specific to the elderly (Review date when?)
2. Legislation for care homes	There is no regulatory framework for care homes in Lesotho	There is no adequate support, monitoring and evaluation of care homes	Develop regulatory framework for care homes, although this should be the last resort	The two care homes could be used to study and support home care opportunities
3. Religious institutions	The elderly level of religious participation is greater than those in any other age group in society and this is the largest source of social support outside. However, frailty makes many older persons to lose this support	There are no clear support programs for the elderly in religious institutions	advocate for development of support programs for the elderly in religious institutions	The already established relationships between the elderly and the church can be expanded to cover support services
4. Chiefs and Local Councils	Since the elderly are still very traditional and hold allegiance to the chiefs, as chiefs see their role as carers for the elderly. However, due to limited resources, they are challenged in advancing this role.	Ageing not a priority issue at grassroots level	Empower the chiefs and local councils to attend to issues of the elderly	Chiefs as the closest authority to the people in the communities can be empowered to adequately support the elderly in order to participate in local development activities that affect them
5. Science and Technological advancements	Technology is moving very fast, leaving behind the	Technological gap	Promote training of older persons on new technologies	

	elderly who are supposed to be consumers too, and who are also caring for younger generations consuming these technologies			
6. UNFPA, UNDP	No clear support for the elderly by the UN in Lesotho despite the declaration	There are no elderly programs within the UNFPA and UNDP in Lesotho. So far, the UNFPA has been supporting Help Lesotho programmes, but there is no clear mandate.	Establishment of elderly programs in the UNFPA and UNDP	With the post 2015 UN Development Agenda, the local UN offices can develop clear mandate on the support of elderly programmes in Lesotho. These can be guided by the proposed National Policy for Older Persons as well as the 2012/13-2016/17 National Development and Strategic Plan.

2.7 Priorities

Based on the above challenges and gaps in elderly support programs and services, this section highlights the priority actions aimed at improving the social wellbeing of the elderly. It should be noted that these priorities are also influenced by prioritisation of needs the elderly themselves put forward in their in-depth interviews, as well as the interviews with key informants.

- Ensure that older persons receive the care and support of their children and communities;
- Support families and communities to establish and strengthen support systems to be able to adequately care for older persons;
- Promote positive images of old age so that younger generation can appreciate ageing as a normal life process and in turn appreciate the elderly as foundations of society; and
- Ensure participation and inclusion of older persons in all national policies and programmes.

3.0 Older Persons Accessibility to Good Quality Health

3.1 Introduction

Health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 2013). Older persons are vulnerable to ill-health hence availability and access of health care services are critical for their well-being. Old age is characterized by various physical health problems affecting the elderly due to diminishing physical strength and functionality of body organs and cells. Illnesses affecting the elderly include chronic diseases such as hypertension and diabetes. This is evidenced by a study on the prevalence of diabetes and hypertension in Lesotho which reported that these diseases are mostly common among people above 55 years of age (Letsie and Nkonyana, 2001).

The process of ageing is usually associated with physical, mental/psychological, and socio-economic changes experienced by an elderly person. Some of these changes are argued to be just part of the normal wear and tear of the essential bodily organs and functions and not necessarily due to disease (Edlin, 1999). Hence the need for elderly programmes that can mitigate the effects of ageing and promote an improved quality of life.

3.2 National Policies and Programs

There are national policies and programmes already in place to directly and/or indirectly address health needs of older people in Lesotho. In Lesotho, older people face significant physical and mental health challenges such as diabetes, kidneys, high blood pressure, knees and waist pains, poor nutrition, stress, Dementia & Alzheimer's disease. The plight of older persons in Lesotho is made worse by poverty, lack of knowledge on proper diet and care practices, functional limitations and HIV and AIDS.

The protection of health of older persons is one of the key principles of the government of Lesotho as it is entrenched in the Lesotho National Constitution (Lesotho Government, 1993). The constitution of Lesotho also ensures the highest attainable standard of physical and mental health for its citizens including older persons. The constitution provides for improved environmental and industrial hygiene, the prevention, treatment and control of epidemic, endemic, occupational and other diseases and creation of conditions which assure to all the medical services and medical attention in the event of sickness and improve public health. Although the constitution is only specific on protecting the rights of older person who are covered under formal employment insurance scheme, section 27 of the constitution does make provision for health of general population as it provides that 'Lesotho shall adopt policies aimed at ensuring the highest attainable standard of physical and mental health for its citizens, including policies designed to create conditions which would assure to all, medical service and medical attention in the event of sickness; and improve public health' (Lesotho Government, 1993).

3.2.1 The National Strategic Development Plan (NSDP) 2012

NSDP exists to guide the development of national policies and programmes for social and economic development. The strategy seeks to improve coverage of health facilities, their management and quality of services, to improve quality and coverage of preventive health services and education programmes, to establish institutions for development of high-end skills and improve capacity and quality of education of existing institutions and to provide key services at community level, including health (Lesotho Government, 2012).

3.2.2 Lesotho Health Policy 2011

The policy ensures the provision of health based services in accordance with the three key principles of availability, affordability, accessibility (Lesotho Government 2011). This implies that, the policy shall ensure that an essential Health Package is provided free of charge or highly subsidized while other services are be obtained for a fee, also that extension of services reach all communities but more importantly to disadvantaged regions and underserved communities in the country. The policy also emphasises the importance of health education and promotion as it informs and persuades people to change their lifestyles through health education and strategic communication on risky lifestyles in order to promote behaviour change, by strengthening and enforcing the communication strategy and mechanisms at individual, community and national levels and optimization of social marketing for health.

3.2.3 Health Education Programme and the Mental Health Services Programme

The Health Education Programme of the Ministry of Health works with various departments/units within the ministry and assists with the development of IEC materials, provide education on various health topics and also produce information in form of leaflets to the elderly. The common topics covered by the programme are diabetes, hypertension, maternal health (the importance of antenatal clinic attendance and family planning, and the importance of the support of young mothers by the elderly on maternal health issues) and dementia.

On the other hand the Mental Health Services Programme within the Ministry of Health also provides general psychiatric services, social work services, occupational therapy services, clinical psychology services and geriatric services to the target population including the elderly in Lesotho.

3.2.4 Lesotho Health Sector Nutrition Strategy (LHSNS) 2013

The LHSNS guides the development of interventions that improve nutritional status of the nutritionally vulnerable groups in the country (Lesotho Government, 2013). It recommends creation of awareness on nutritional problems and challenges of elderly people and facilitates development of assessment tools for nutritional status of the elderly and development IEC materials on elderly nutrition.

3.2.5 Lesotho National Nutrition Policy Draft 2013

The Policy is aimed at strengthening nutrition awareness among the general population on the value of diet diversification with particular attention to locally produced foods support initiatives that promote healthy diets and lifestyles for all age groups including the elderly (Lesotho Government, 2013).

3.2.6 Agricultural Sector Strategy 2003

The strategy specifies poverty alleviation and food security among its most important principles it addresses. Among the cross-cutting issues the strategy also addresses health comprising of HIV and AIDS as well as nutrition. The Ministry of Agriculture and Food Security among its departments/units also houses a Nutrition Unit which is responsible for the promotion of food and nutrition security issues as well as HIV and AIDS. The unit, through this strategy is tasked with ensuring proper utilisation of food especially by the vulnerable groups such as children

under-five and HIV and AIDS patients to promote good nutrition and quality of life respectively. However, the strategy is also not specific about elderly people.

3.3 Services

The Lesotho Council of NGOs (LCN) through its Health and Social Development Commission Unit also supports civil society organisations through advocacy, trainings research and networking. It supports elderly organisation MWSCA whose objective is to improve the quality of life of older people, with particular emphasis on physical and mental health care and socio-economic security. The association also arranges home-visits for older people who are housebound, hold Christmas parties for older people and distributes presents to those who cannot attend because of ill-health and also raises funds by running sewing and knitting lessons for members as well as cake sales.

Help Lesotho is another NGO that exist in Lesotho with the goal of empowering vulnerable children, youth and grandmothers through its education, leadership development and psychosocial support programs and partnerships. Help Lesotho supports the grandmothers through a programme called Medical Relief in which each area is allocated a specified amount of funding to cover medical expenses such as consultation, transport and food and the required medical check-ups are also covered under this support.

Dementia Lesotho, another local NGO, promotes health of older persons by assisting them with lessons on how they can cope with dementia. It also informs the general public about dementia and advocates for policy and legislative reforms in support and protection of people suffering from dementia, their family members and carers. It also liaises with partners and like-minded organisations locally and internationally.

Apart from the discussed NGOs, there are also international development partners in Lesotho who are also playing a critical role of supporting the government of Lesotho in protecting elderly people in matters relating to health and disasters.

The World Food Programme (WFP) which also provides food support to primary schools in the mountains and foothills also provides assistance to persons living with HIV, and TB, pregnant women and children under five (5) years based on their nutritional status as well as the elderly.

The World Health Organisation (WHO) on the other hand works directly with the Ministry of Health in developing guidelines, policies and capacity building. Set standards to the Ministry of Health on how things should be done

3.4 Challenges, Gaps and Recommendations

Table 3.1 summarises challenges, gaps and recommendations in local policies and programmes in addressing the ageing issues.

Table 3.1: Health Policy/Programmes, Challenges, Gaps and Recommendations

Policy/Programme	Challenges	Gaps	Recommendations
1. <i>National Strategic Development Plan 2012</i> 2. <i>Lesotho Health Policy (2011)</i> 3. <i>Agricultural Sector Strategy (2003)</i>	Acceptance that older persons are sexually active as people.	Most policies do not have specific recommendations for the elderly	1. Policy to be more specific on the needs of the elderly as a vulnerable group 2. MoSD should take a lead in advocating for this to happen.
<i>Lesotho National Nutrition Policy Draft of 2013</i>	Not yet passed in parliament	None	
<i>Health Education Programme</i>	<ul style="list-style-type: none"> Funding Reading abilities of the elderly people as most IEC materials are in print. 	Lack of qualified staff and limited coverage of the services	Resource mobilisation including donor funding to increase coverage of elderly health and care services Training of professionals specialising in geriatric (elderly) health More elderly-friendly message dissemination methods be used such as oral communication e.g. over the radio Family members need to be educated to identify signs of mental illnesses especially among the elderly so that they may be able to seek help for them
<i>Mental Health Services Programme</i>	<ul style="list-style-type: none"> Funding The affected/patients not recognizing that they need help 	Lack of qualified staff and limited coverage of the services	
<i>Lesotho Council of NGOs (through its Health and Social Development Commission Unit)</i>	Limited support only to Maseru <i>Women Senior Citizens Association</i> no mention of other NGOs working with the elderly.	Limited coverage	
<i>Dementia Lesotho</i>	Limited funding	Limited coverage	
<i>World Food Programme (WFP)</i>	No specific services for the elderly, they benefit through vulnerable groups e.g. under-fives and OVCs. under their care		Establishments of feeding schemes for the most vulnerable elderly

3.5 Priorities

Health

From the literature review that was also informed by the focus group discussions, it has become apparent that there are many health challenges faced by elderly persons in Lesotho and priorities for action are as follows.

- Special spaces for the elderly in health facilities to avoid them queuing;
- Improvement of health services by having clinics closer to the villages and having doctors to address elderly health problems including eye problems;
- Availability of relevant medicine and their prescription and delivery at local clinic level
- Reduce food prices for the elderly; and
- Pensions to work with local clinics in establishing and maintaining a register of their elderly clients and adopt a positive approach whereby the social and health welfare of each one of these clients will be monitored.

4.0 Older Persons and HIV and AIDS

4.1 Introduction

HIV and AIDS are enormous health problem that have huge social and economic impacts. In already poor communities, HIV and AIDS make poverty worse, by striking mainly at the middle generation who could otherwise be supporting their parents in old age. But because of HIV and AIDS, the roles have been reversed. Increasing numbers of older people are not only losing the support that they might expect to receive from their adult children, but are also now required to support and care for their children and grandchildren. This leads to devastating impact on older people who are left out with the role of caring and supporting children and grandchildren affected by HIV and AIDS.

In Lesotho, HIV and AIDS directly or indirectly affects the elderly, especially females due to their care role for their sick children, while some get affected mostly because the illness is not disclosed by the sick (Lesotho Government, 2013). Apart from their role as carers, contrary to a popular myth that older people are not sexually active, many older persons are sexually active but may not be practicing safer sex to reduce their risk for HIV infection because of lack of adequate knowledge regarding the pandemic (Lindau et al, 2007). Older women may be especially at risk because age-related vaginal thinning and dryness can cause tears in the vaginal area (Centre for AIDS prevention Studies, 1997).

Some older persons, compared with those who are younger, may be less knowledgeable about HIV and AIDS and, therefore less likely to protect themselves. Many do not perceive themselves at risk of HIV, do not use condoms and do not get tested for HIV. Even in cases where they get tested, Health care professionals may underestimate their older patients' risk of HIV and AIDS and thus may miss opportunities to deliver prevention messages, offer HIV testing, or make an early diagnosis that could help their older patients to get early care and treatment. In some cases, Physicians may miss a diagnosis of AIDS because some symptoms can mimic those of normal aging, for example, fatigue, weight loss, and mental confusion (Lindau et al, 2007).

The stigma of HIV and AIDS may be more severe among older persons, leading them to hide their diagnosis from family and friends and failure to disclose HIV infection may limit or preclude potential emotional and practical psycho-social support.

4.2 HIV and AIDS Prevalence among Older Persons

Available statistics indicate that world-wide the proportion an estimated 3.6 million aged 50 year and older was living with HIV and AIDS (UNGASS, 2013). The proportion of older person living with HIV and AIDS in Sub-Saharan Africa constitute 9 percent of the total elderly living with HIV and AIDS. There is however few studies taken in Africa regarding the HIV and AIDS prevalence among older persons but the few that have been done available reveal high HIV prevalence The 2006–2007 national population-based survey in Swaziland, found 13 percent of men and 7 percent of women aged 60–64 years were living with HIV (compared to 27% among men and women aged 15–49 years). UNGASS (2013) report that in Kenya, HIV prevalence was 5 percent among people aged 50–64 years (compared with 7.4% in people aged 15–49 years).

There is no information available on the prevalence of HIV and AIDS among the elderly population in Lesotho. The 2009 Demographic and Health Survey and other similar studies collected data on HIV and AIDS prevalence rate among male and females aged 15–49. However, organisations that offer counselling and testing of HIV for example the New Start Centre which is an arm of Population Services International-Lesotho had indicated during the in-depths

interviews that they have encountered some incidences where older persons tested HIV positive although such incidences were not properly documented.

Apart from the rate of incidences of HIV and AIDS among older persons there is also an issue of success of anti-retroviral therapy in prolonging the lives of people living with HIV. This simply implies that Lesotho like other countries is already having population that enters into old age with positive HIV status and there are number of challenges associated with HIV at old age.

4.3 Policies and Programs related to HIV and AIDS

There are programs in Lesotho meant to alleviate the spread of HIV and AIDS discussion of which shall follow.

4.3.1 Millennium Development Goals (MDG)

Goal 6 of the MDG was aimed at combating the spread of HIV and AIDS and other diseases in Lesotho (www.ls.undp.org). It is aimed to reduce following indicators;

- Prevent people from becoming infected with HIV – helping to change behaviors to reduce HIV risks; increasing access to prevention commodities; supporting programmes for prevention of mother to child transmission of HIV; promoting safe blood supplies and prevention of HIV transmission in health care settings; assessing new prevention technologies;
- Expand the availability of treatment;
- Provide the best care for people living with HIV and AIDS and their families;
- Expand access and uptake of HIV testing and counseling so that people can learn their HIV status;
- Strengthen health care systems so that they can deliver quality and sustainable HIV and AIDS programmes and services; and
- Improve HIV and AIDS information systems, including HIV surveillance, monitoring and evaluation and operational research.

Lesotho has made progress towards attaining this goal (www.ls.undp.org). Although some progress has been made, the MDGs make no direct reference to older persons. Prevention efforts have largely been aimed at young people, resulting in lower levels of HIV knowledge among those aged 60 and over. This means that older people are less able to protect themselves from HIV and AIDS. Older people are at risk of contracting HIV, may be living with HIV, or providing care to children affected by HIV. It is crucial that they have access to information on HIV so that they can protect themselves and others.

4.3.2 National Strategic Plan for HIV and AIDS, STIs and TB 2011/12-2015/16

Since the phasing out of the National AIDS Commission (NAC) in 2012, Lesotho has operated without the national HIV and AIDS Policy. Lesotho's AIDS efforts are now guided by the National Strategic Plan for HIV and AIDS, STIs and TB 2012-2016 (Lesotho Government, 2012). The plan tables out government intention to reverse the epidemic by reducing new HIV infections by 50 percent by 2015; strengthening coping mechanisms for vulnerable people and providing antiretroviral treatment and care for all those in need (Lesotho Government, 2012).

According to the plan, Lesotho will “Ensure that health and social services are responsive to the needs of people living with or affected by HIV or TB, including orphans and vulnerable children, people with disabilities, elderly, adolescents, sex workers, drug users, and other marginalized

groups". This therefore does suggest that the Lesotho government acknowledges older persons in the HIV and AIDS strategic plan.

4.3.3 The Lesotho National Strategic Development Plan (NSDP) 2012/17

The NSDP recognizes older person's issues as cross-cutting (Lesotho Government, 2012). In the NSDP government called for various stakeholders to:

- a) Provide key services at community level, including health, psycho-social support and provision of grants, extension services for economic empowerment and protection of the rights of the elderly, especially those playing a parental role towards children
- b) Expand coverage of the Old Age Pension scheme in line with the performance of the economy
- c) Identify any other vulnerable groups (seasonal, transitory) and implement special programs to reduce their vulnerability

Although the NSDP does urge stakeholder to address issues of health among older person, however it does not specifically mention the issue of HIV and AIDS among the older persons and how relevant stakeholder should respond to it.

4.3.4 Lesotho Policy for Older Persons (Draft) 2014

In line with the recommendation of the Madrid Plan of Action and AU Policy Framework, the Ministry of Social Development has been engaged in developing the Lesotho Policy for Older Persons which is at the draft stage. The policy recognizes that in Lesotho is one of the most infected and affected countries in terms of HIV prevalence. This pandemic which generally affects adults of child bearing age also affects elderly people in two ways. The elderly are usually left with the burden of having to care for their grand children orphaned by HIV and AIDS. Alternatively, they are at high risk of infection as they care for their infected and ailing children. Above all, the policy recognizes the fact that the elderly themselves are sexually active.

As a way of combating the pandemic among older persons, the Government of Lesotho in partnership with relevant stakeholders is committed to providing care and support for older persons infected and affected by the HIV and AIDS pandemic. The strategic way of addressing this has not been however discussed as the policy is still at infancy stage.

4.4 Services

There basically three organizations in Lesotho that have direct relationship on issues of HIV and AIDS among older persons thus the Maseru Women Senior Citizens Association (MWSCA), Help Lesotho and Lesotho Network of AIDS Service Organisation (LENASO)

4.4.1 MWSCA

MWSCA offers special services to the elderly. Through their advocacy program, the association holds regular workshops for the elderly on issues that concern older persons. For example, it was reported that the association held a workshop on HIV and AIDS in appreciation that the older persons are vulnerable to the epidemic through either being infected, and, commonly, being affected. They also give hand-outs of food, seeds, clothing, and school fees to grandmothers caring for HIV and AIDS' orphans and vulnerable children. They provide psycho-social support to older women infected with HIV and AIDS.

4.4.2 Help Lesotho

Among its activities previously mentioned in previous chapters, Help Lesotho assist grand mothers who are affected and infected by HIV and AIDS. In fact, Help Lesotho is currently the only organization that understands and acknowledges that older persons are sexually active. Under their program, grand mothers who are HIV positive are assisted with transport to travel to nearest health facilities to access medication. They also support grand- mothers in ensuring that they adhere to prescribed medication particularly the ARVs. Through this program grand-mothers are also encouraged to share their experiences with their fellow peers who are on the program during the monthly meetings that Help Lesotho facilitates for grand-mothers.

4.4.3 LENASO

This is an NGO dealing with capacity building with community based organizations (CBOs). LENASO facilitates knowledge sharing on health issue and sometimes on food security as well as advocacy and resource mobilization particularly grants for the CBOs. They also provide home based care for the older persons. LENASO has a special program for older persons who are care-givers where they are trained on issues of HIV and AIDS. In the district of Quthing there is a program where instead of directing donations to orphans, such aid is targeted at care-givers.

4.5 Main Achievements

The drafting of the Lesotho Policy for Older Persons is a major highlight in issues of HIV and AIDS. The policy does recognize that older persons are infected and affected by the scourge and makes a call for the government to respond to this challenge.

The Lesotho HIV and AIDS, STIs and TB also acknowledge that older persons are marginalized groups. What the country needs to appreciate is that older persons are not marginalised because of the care they provide to their sick children. Older persons themselves are sexually active and would need program tailor made to suit their age.

Help Lesotho has made tremendous changes in the lives of older persons infected and affected by HIV and AIDS. In one of their programs they offer care and support for those infected particularly in providing transport to reach nearest health facilities and offering psycho-social support.

LENASO has also made some strides in targeting older persons affected by HIV and AIDS. There has been some training provided to the elderly particularly in the Quthing District. Instead of extending some support to the OVC, the target has been specifically geared towards caregivers of OVCs. Donations should also be directed to the OVCs care-givers who are normally older persons.

4.6 Challenges, Gaps and Opportunities

Based on the literature, focus group discussing and expert interviews it has been evident that there have been some challenges and gaps on HIV and AIDS among older persons. Discussion of which shall follow in Table 4.1.

Table 4.1: HIV and AIDS Programs, Challenges, Gaps and Opportunities

Policy/Program	Challenges	Gaps	Opportunities
Millennium Development Goal	While Lesotho has made some progress towards achieving Goal 6 of the MDG, reference is only made to the population aged 15-49.	No direct reference to the older person in the MDG.	Lobby for government and civil society to encourage UNDP to address issues of HIV and AIDS amongst older persons in the 2015 post development agenda
National Strategic Plan for HIV and AIDS, STI, and TB	Even though the HIV and AIDS, STIs and TB Strategic Plan does recognize that older persons should be treated as marginalized people in so far as HIV and AIDS the HIV programs do not however respond accordingly.	<ul style="list-style-type: none"> • There is limited awareness among the wider society on HIV and AIDS among older persons; • There are several organizations involved in activities aimed at combating the spread of HIV in Lesotho however focus is more on the youthful and middle population; • IEC material related to HIV and AIDS are not relevant to older persons; and • The language used in communicating HIV and AIDS related information is not relevant to older persons. Older persons have their own sexuality related terms. 	<ul style="list-style-type: none"> • Organization and stakeholders already involved in HIV and AIDS activities should be sensitized on their role in incorporating issues of older persons in their services; • Strategic plan period ends in 2016. It is recommended that in revising the strategic plan issues of HIV among older persons should be included and clearly articulate the country's commitment to this group.
NSDP	NSDP recognizes older persons issues as cross cutting however no mention on HIV and AIDS among older persons		
Agencies involved with collecting HIV and AIDS data in Lesotho	No available statistics on HIV and AIDS incidences among older person to inform policy and programs	Country is not collecting data on HIV and AIDS among older persons even though this portion of population goes for HIV testing	Conduct research on HIV and AIDS among older persons.

4.7 Priorities

The following were regarded as HIV and AIDS priorities for older persons:

- Research on HIV and AIDS prevalence among older persons;
- Direct reference of older persons in the national development strategies including Post 2015 Development Agenda, National HIV and AIDS strategic plan and the National Strategic Development Plan; and
- Availability of IEC material related to HIV and AIDS that is relevant to older persons; of importance is the usage of messages and language that is relevant to older persons. Older persons have their own sexuality related terms.

5.0 Enabling Older Persons to have Secure Income and Viable Livelihoods

5.1 Introduction

Older persons have traditionally relied on income from work, contributory pensions, savings, social pensions and family support for their economic security. In reality however, growing older is for many associated with economic insecurity as a result of the reduced ability to earn an income and the lack of adequate pensions, with the poorest tending to depend on others for their survival.

The well-being of the elderly anywhere in the world invariably and inevitably requires them to be able to command adequate resources to meet their own basic needs and that of their dependents. These resources are provided from earnings received from paid work force or by being supported by transfers in cash or kind provided through the earning of others. The elderly living in a household with other family members will share in the goods and services bought and consumed by the household, including food, shelter, clothes etc. Elderly person's income, from earnings or transfers, provides the goods and services necessary for a viable livelihood.

The potential available labour force available to Lesotho is defined as those in the population between the ages of 15 and 65. There is no legal ban on workers staying in formal, remunerated employment over the age of 65. But 65 years is commonly used in contracts of employment as the age where workers can choose or contractually be made to retire from paid work. The potential and actual national labour force at any time is likely to include only a small proportion of older people still receiving an income from regular paid full-time employment in the formal sector of the economy. But older people are still likely to be employed and receiving an income from working in part-time or full-time jobs. These are usually in the informal sector where the elderly are often recruited for seasonal work in agriculture. Others continue their previous activities as petty traders.

There are exceptions to this brief account of the position of the elderly in the workforce. For example, older people with professional skills such as lawyers, accountants and medical doctors often work as part-time consultants for many years after they have retired from full-time practice. On the other hand, many of the self - employed subsistence farmers , who are responsible for a significant amount of Lesotho's agricultural output and women and men day labourers working in the fields, hand- weeding, hoeing and then gathering the crops continue this part-time seasonal work until they are too old to bend their backs.

5.2 Ensuring the Rights of the Older Persons to Resources

The 1992 UN Madrid Conference on the Rights of the Elderly stressed that older persons' right to resources necessary to 'live in security and dignity in their older years' (UN, 1992). Similar statements relevant to the position in Africa were made by representatives of African Governments in Southern Africa in their 2008 Livingstone Declaration and in the African Union Protocols on the Rights of Elderly.

It is evident from 'Ageing in the Twenty First Century (UNPF and HAI) and the Help Age Pensions Watch (Help Age International 2012) that progress towards State provision for the basic support of the elderly is still very slow in most developing countries in the world. But, Lesotho's record in this respect is considered noteworthy. It remains one of the very few Least Developed Countries in Africa and the world that has introduced a universal old age pension based only on age and citizenship (UNPF/HAI).

5.3 Contribution of the Older Persons to the Labour Force

In Lesotho the current demographic and labour force situation, as in other African countries, is that the young elderly between 60 and 65 still contribute a significant human capital to the national labour force. But, the numbers of young entrants to the available labour force is still increasing rapidly and, with it the challenge of youth unemployment. Eventually, the long-term decline in fertility rates now being experienced in Middle and High Developed countries will reduce the availability of young people. The contribution of the active elderly to the nation's human capital stock will become more important, as is already happening elsewhere. For the moment however the priority labour force policies will be on economic policies that can create jobs to absorb the large and growing number of young people.

At the same time there is likely to be more pressure from economic and social rights activists for the elderly to be able to remain in the workforce as long as they want and are capable of doing their job. The subject of age-discrimination in employment is one that has recently received growing attention. In Highly Developed economies where employers increasingly recognize that, while increased age may limit the capacity of employees in some respects, for example carrying heavy loads or to undertaking tasks requiring very good eyesight, these disadvantages can be compensated for by the longer and wider experience of the older persons.

5.4 Importance of Pensions in the Well-being of Older Persons

Older persons can expect to have increasingly diminished physical and mental capacities as they get older. By personal choice or contractual requirements as they get older can expect to have diminished participation in the formal labour force. The reduced opportunity to generate income from paid work in the formal or informal sectors means that meeting their social welfare needs becomes increasingly dependent on other flows of monetary and non-monetary support. In most High and Medium income countries, a major component of the income of most elderly people comes from one or more of the three types of pension that are the three 'financial pillars' that the World Bank, in considering the financial consequences of a world population that is becoming increasingly older consider will be necessary for the social and economic welfare of Older Persons throughout the world.

The first pillar, which will form the centre of the discussion in this document, on the financing of the Social Development needs of Elderly Persons in Lesotho is income from a government funded Pension in the form of a regular, dependable financial transfer enough to meet the basic needs of the Older Person. In the rest of this document this will be referred to as the State Pension. Its recipients will be described as Old Age Pensioners (OAPs). The needs of OAPs include resources to get adequate food, shelter, clothing and similar goods and services for what the UN Madrid conference said was necessary to enjoy their Right to 'a secure and dignified old age' (United Nations, 2002).

In order to meet the Madrid, rights-based specifications the value of the State Pension in any country at any time needs to be sufficient to purchase in that country what is generally accepted as sufficient to provide what would be accepted as allowing a decent and secure life. But, usually the value of the State Pension is the same for all that qualify to receive it. In Lesotho the only conditions are that OAPs must be citizens aged 70 or over. Some countries impose other conditions such as requiring the OAP to be responsible for the attendance of dependent children at school or caring for household members affected by HIV and AIDS, but

not in Lesotho. It is funded directly from government tax revenue with no support from foreign donor organizations.

The concept of what constitutes a secure and dignified life in older age will vary between individuals and depend partly on the life that the OAP is used to. If they have enjoyed a relatively high income during their career they are likely to live in a property and drive a car which should be protected by a security guard at the entrance to the area in which they live. A middle income person may have to agree to security provided by burglars; a low income poor person may not be able to even afford barbed wire. Should the State Pension be enough to supply an armed guard for everyone who wants one? Similarly, what may provide a dignified life is hard to define in monetary terms, but all OAPs have the right to have it. How much money will the Old Age Pension pay so they can exercise that right?

As noted earlier, Lesotho stands out amongst Least Developed Countries as one of only a handful that provides basic State Pension. Its value was set in April 2004 at M150 because at that time this was the United Nation Poverty line. It has been suggested that some politicians hoped to get the credit for taking the OAPs directly out of poverty, one of the Millennium Goals set by the United Nations. For the first payment 98 percent of those thought to be eligible, received the State Pension on the day it had been promised. The basic State Pension is now considered part of the Old OAPs Human rights. It was a hugely popular political decision in 2004, no member of parliament (MP) voted against it. It is very unlikely to be rescinded by any future government.

The second World Bank pensions pillar is the occupational pension. This provides older persons with income from the assets accumulated from superannuation deductions from their pay while working. The employer will make a similar financial contribution. These payments are part of the employment contract and legally enforceable. In Low Income Countries payments are usually only found in public sector employment and in the larger private sector organizations. The earnings from the scheme's assets are accumulated for the employee and repaid with interest as a pension after retirement.

To encourage people to accumulate assets while working to produce pension income after retirement and to supplement any basic pension the government may make special tax concessions for the employee and employer contributions and the eventual pension payments. The labour laws of Lesotho do not require employers to provide such an occupational or superannuation scheme. Until recently, very few employees have benefited. But, this is now changing with the introduction of a compulsory superannuation scheme for all government employees including teachers and health workers. This simply means other than pension there is a portion of older person receiving income in a form of pension from previous employer.

The third World Bank pillar is the personally - funded pension. This is where an individual during her or his working life has chosen to save and buy assets from their income and build a personal pension fund from these assets that will be paid out during retirement. As governments become more anxious to have all workers in retirement to have to rely less on the basic state pension and to encourage people to fund their own social welfare they often give special tax concessions to encourage this form of personal savings and investment.

In Lesotho, where the proportion of income saved and invested in financial assets to provide future income is very low and where, until recently, very few employees were covered by occupational pension schemes or income from personal assets bought from previous savings the state old Age pension is likely to remain the only financial pillar available to support most Older People and provide access to better social welfare. For the 70 percent of Lesotho's

households where the occupants live below the poverty line the state pension has become an important, even vital, source of income and an important element in their household's social welfare.

The basic pension is funded by government revenue drawn taxpayers' incomes workers. through the income tax and value added tax (VAT) and duties they pay In this respect the Basic Pension comes from the lower disposable income earned now in return for the promise that the State will supplement their disposable income in the future through a State Basic Pension when old age means that they finish employment and lose their income from work. But as many State pensioners have found, because of inflation the value of the income withdrawn taken from their wages while they were earning and having to pay taxes will not be able to purchase as many goods and services when it is paid out in the future as their State Pension. Some form of additional supplementation will be required from the State.

5.5 Older Persons Contribution to Other Income Generating Activities

The non-contributory scheme is not accessible to all older persons in Lesotho. As mentioned in previous discussion the eligibility age for pension is 70 years and above and these leave "young" older men and women aged 60-69 at a disadvantaged position.

Older persons in Lesotho engage in uncompensated labour which mainly includes farming, animal rearing (which includes piggery and poultry farming) and these provide food for the household as well as providing financial gain through sales of agricultural or animal products. Older persons' contributions through complementary domestic support, such as child care and/or cooking, are of vital importance as well as they enable other household members to engage in paid labour or activities which directly contribute to household financial security.

Older persons actively contribute to households through waged labour, profits from small businesses, the growing of agricultural foodstuffs and livestock rearing for direct household consumption and sales. Older women predominantly provide domestic support: cooking, cleaning, washing, and other household chores, and to a lesser degree waged labour. Because of the scourge of HIV and AIDS older women care for orphans and children whose parents have died as a result of the scourge.

5.6 Older Persons Access to Loans

When shortfalls between income and expenditure exist, older persons look for diverse resources for income. Loans sources are normally related to the amounts needed. Older persons noted three sources for loans: family, friends and neighbors; money lenders and shopkeepers loan (Lesotho Government, 2014). Pension money is often put as collateral for obtaining such loans and where pension money is not available any other source of income is pledged. Commercial banks on the other hand do not provide loans for older persons since they are not ready to undertake the risk of financing older persons.

5.7 Challenges to Financial Provision for Well-being of the Older Persons

5.7.1 Providing Older People with Income from Continuing in Paid Employment

The Older Persons attending the Focus Groups on the development of a Social Welfare Policy for the Elderly, and especially those in the 60 – 65 age group of 'young elderly' often complained of age discrimination in getting or continuing in employment. The challenge came in convincing employers that they could undertake the job but not being given an opportunity

to prove this and being made to retire. Not enough is done to encourage Older People to stay on in work to maintain their incomes.

5.7.2 Older People and the Response of their Households

It is too limiting to see the Older Person only as an individual getting income from work and or a Pension. As was shown in the 2006 Census only about 10 percent of the elderly live by themselves, the other 90 per cent are members of households of two or more. The average household size in Lesotho is around 5 to 6 equivalent adults, with a child counted as 0.5 of an adult (Bureau of Statistics, 2006).

The household will have various streams of income (the Sechaba Consultants 2000 Survey of Poverty in Lesotho carried out before the State Pension was introduced, identified over 40 different possible formal and informal income streams). Therefore, ensuring that older persons have a secure income and viable livelihood means considering three aspects of how a household allocates resources from its income streams and unpaid for domestic services between its members, including its older people.

How much there is to allocate from the total flow of external and internal monetary and non-monetary resources available to the household in the allocation period? This will come from employment income, monetary transfers received, sales of goods produced by the household like vegetables, eggs, chickens, joala etc. Money income also comes from the wages of household members who are in formal or informal employment outside the household. Transfers received will include transfer incomes such as pensions, social assistance grants, any pay-outs expected from membership of formal or informal savings groups such as stokvels etc. The household also has resources from the non-monetary domestic services provided by some household members such as the cleaning, cooking, child raising and other caring services.

5.7.3 Recognition of the Well-being Implications of the basic Pension

Especially in view of the likely difficult financial situation facing the public finances in the short and medium term, there is an important challenge in maintaining and strengthening the public support for the State Pension as a transfer from the taxpayer to the elderly. The ability of the elderly to promote government recognition of their social and financial well-being is relatively weak, compared to the situation in other countries. Unless the elderly can develop their own organisations to press for their income and development needs on national decision makers it will be easy to ignore Older Persons as stakeholders in the economy. This challenge also extends to strengthening perceptions of the need for and value of the services provided by government ministries providing for the wellbeing and development services for the elderly.

5.7.4 Maintaining the real and monetary value of the Old Age Pension in the Social Welfare of Old People in Lesotho

The financial aspect of the livelihood of older persons is very important. In Lesotho when the Old Age Pension was instituted in November 2004, the amount initially agreed was M150 per month. It was agreed by the Government of the day that Lesotho, where the Pension transfer was, and still is, entirely funded from Government's current annual budget revenue and without assistance from external donors that this is what could be afforded by the Nation.

Initially at M 150.00 per month about 70 000 Older People could get the pension given the Budget revenue available. Census data showed this could be achieved by restricting the Pension to citizens aged 70 years and older. But, why was it set at M 150? It has been suggested that this figure was chosen because it was slightly higher than the UNDP poverty line. By reducing poverty through the new Pension Lesotho would be closer to achieving one of its UN Development Goals. But the effect on poverty was actually much weaker. Poverty is defined in terms of households rather than individuals. The income of one member is added to the total household income and allocated between all its members. Research surveys show that the Lesotho Pension was only able to raise about 10 percent of pensioned recipients above the poverty line when these household allocation effects are included (Croome and Mapetla, 2007).

As the Pension became more established its impact on poverty probably increased. First, between 2004 and 2014 the monthly Pension amount was raised in several Budget speeches. By 2014 it was M 500 a month. The money value had trebled. In the same period inflation meant the price of goods and services doubled. As a result the real value of the Pension had gone up significantly. It was now a very important element in the total income of the households of most pensioners

In addition surveys of the impact of the household response to the pension income showed that the State Pension was regarded as part of household income and also it had significantly increased the financial and social status of the OAP in the household. Survey respondents confirmed that the pension income was regarded as the pensioner's right, as well as being seen as a contribution to household income; it was restoring and confirming the Older Person's traditional position as the head of the household. Her or his advice was being sought more often by other household members and the pensioner was seen as an important arbitrator of how their pension money was allocated to meet the various claims on it from household members.

5.8 Gaps in Financial Provision of the Pension

Older People that contributed to the Focus Groups developing the Ministry of Social Development Elderly Policy and the expert witnesses who contributed agreed on the central importance of the State Pension in proving the elderly with a secure income and viable livelihood whatever their previous employment , income and saving. This had become even more important as, from 2004 when the Lesotho Pension had been increased faster than the rate of inflation and so provided the recipient with larger amounts of goods and services. The elderly discussants, supported by some expert witnesses, said the Gaps in the financial provisions for the elderly were:

1. The lack of an Old Age Pension for the elderly between 60 and 70 years old. Pension should start at an earlier age and not exclude the 'young elderly', including the men now find it less possible to retain their jobs in South Africa as a result of retrenchment;

2. The Pension did not specifically take into account the inflation in the prices of goods and services needed by the pensioners and their households;
3. Since the Pension is treated as household income, its allocation may mean the elderly person still is allocated an insufficient amount by other members of the household. There is a gap in the social welfare support available to the older person in this position who is benefiting others in the household; and
4. Insufficiency what is being done is to encourage savings from State Pension. More should be invested in the development of household projects to replace the State Pension when the OAP has passed on.

5.8.1 Gaps in the Registration and Delivery of the Pension

- i) Even after ten years of its inception there is still confusion about eligibility. Potential recipients believe that they do not have the correct documentation because they have never had a passport or they have moved house. They may not be able to get this information and believe no one will help them;
- ii) Many OAPs have to walk a long way to collect it from the Post Office. There is no transport and they don't trust anyone to collect it for them;
- iii) Officials at the pay points are not always helpful and ask for more documentation that the older persons do not have;
- iv) Officials change the agreed pay days without giving notice;
- v) Some of the elderly said that their neighbors are jealous of the pension money they get. When they get it neighbors demand loans; and
- vi) There is confusion about stopping payment when a recipient passes. There is often a gap between the Ministry of Finance Pensions Unit and village officials who record deaths.

5.9 Recommendations

5.9.1 Financial Aspects of the Income and Well-being of the Elderly in their Households

- i) Do research projects to collect information from households regarding how household income is used;
- ii) Find out from elderly people and their carers whether they are satisfied with resources available to elderly members;
- iii) Get suitable local organizations to take more interest in the financial and general welfare of their local elderly. Local churches would be particularly valuable here;
- iv) In collaboration with local financial institutions Establish Savings and Loan Associations at pension pay points to encourage asset accumulation for household investment in income generating activities.
- v) Extend numbers, training, responsibilities and activities of Village Health Workers and get them to make regular visits to all households with elderly people in their

villages to ensure they are being adequately looked after and their Pension income is being allocated and used by other household members with the consent of the OAP.

- vi) Give Community Councils Development resources to have their own Elderly Persons Officer with responsibility to liaise with the Ministry of Social Development to coordinate and regularly review the financial and care provision for local elderly, organize community events (e.g. “granny groups”) and support and report regularly to the local officers of the Government Ministries on their success in including the elderly in the services they offer,

5.9.2 Recommendations on the Amount and Delivery of the State Pension to the elderly recipients

- i) As National budgetary conditions permit and over a period of five years reduce the eligibility age of the pension to 65;
- ii) Index-link the monetary amount of state pension to a Price Index that properly represents to consumption patterns of Basotho households that include OAPs;
- iii) Clarify eligibility requirement still further and ensure that all those that will be eligible for the pension are informed of this at least six months before they are due to receive;
- iv) Support NGOs and other bodies to offer learning opportunities designed to help the elderly and their households to understand and practice income generating activities and improve household resource allocation;
- v) Involve the elderly and their representative in the Ministry of Finance procedures of setting the value of the State Pension;
- vi) Seek the assistance of the Elderly in locating cases of fraud and corruption by recipients and payment officers;
- vii) Re-examine the location of pension pay points and where necessary relocate so that they are closer to recipients;
- viii) Review training of pay point officers. Improve scrutiny of how they are doing their jobs;
- ix) Provide more publicity about pay point procedures;
- x) Consider benefits and costs of allowing payments through mobile phone cash transfers. Organize and evaluate pilot schemes
- xi) Undertake regular customer satisfaction services of the experience of OAPs using the pay points; and
- xii) Encourage diplomatic representatives of Lesotho to gather information and report on developments concerning the current and anticipated position of the elderly in the countries to which they are attached.

6.0 Enable Older Persons to Challenge Age Discrimination and Claim their Rights

Any advancement of the rights of the elderly must begin with legal frame works, for rights are always better guaranteed through laws. This section shall discuss the legal policy towards the elderly in Lesotho with special reference to International Instruments as well as domestic undertakings, legislative or policy based whose aim is to specifically protect the rights of the elderly.

6.1 Introduction

Society is a fabric woven from diverse groups of people and thus requires national legislative that reflect these differences and indeed protects them as individually required or necessitated. In Lesotho, different legal reform measures have been adopted to address social issues involving different groups of people in dire need of protection of the law. One such group is children through the enactment of the Child Protection Act and ratifications of various international and regional legal instruments aimed at protecting the rights and needs of children. The elderly in Lesotho have, however and unfortunately not benefitted from this noble practice. Despite their inarguable vulnerability in society, older person's rights have been enshrined generally under the bill of rights in the 1993 Constitution. No other law invokes special protection of the rights of older persons in Lesotho.

The scourge of HIV and AIDS in Lesotho has created millions of orphans especially in rural areas and has burdened older persons with the difficult task of raising families and providing for them. Older persons are also usually at the receiving end of often violent estate disputes, the subject of the dispute which is usually their property (Mohale, 2003).

No existing law save for general estate laws addresses how estates of older person's ought to be dealt with and this makes them prone to abuse as a result. There are many other problems peculiar to older persons that require redress through legal reform and those shall be discussed in the body of the report.

It goes without saying, therefore that there is a real need for dedicated, deliberate laws that address the many social problems that older people experience every day in communities around Lesotho. The United Nations Principles for Older Persons is an important international instrument which suggests appropriate legal framework for development of elder's legislation at national level. Developed countries like Canada and the United States have a developed jurisprudence in elders' law and may be looked into for guidance on how to draft our own legislature for Lesotho. Developing countries like Brazil have also enacted in their jurisprudence laws that seek to address protection of rights of older persons; such jurisprudence may, therefore serve as an important guide in how we can adopt same laws.

6.2 National Policies and Programs

6.2.1 Legislation

In Lesotho, fundamental human rights are enshrined under chapter II of the Constitution 1993. Article 5 protects an inherent right to life whereas Article 17 guarantees a right to freedom from arbitrary seizure of property. Article 18 makes provision for a right to freedom from discrimination and it defines discriminatory action as "affording different treatment to different persons attributable wholly or otherwise, mainly to their respective descriptions by race, colour, sex, language, religion, political or other opinion, national or social origin, property,

birth or other status whereby persons of one such description are subjected to disabilities or restrictions to which persons of another such description are not made subject or are accorded privileges or advantages which are not accorded to persons of another such description."

Chapter III of the constitution enlists principles of state policy. Although these are not enforceable in courts of law, they guide the government in developing and ultimately realizing principles of state policy. The government is charged with the responsibility to legislate towards progressively realizing these socio economic rights. Article 26(2) guides that the state shall take appropriate measures in order to promote equality of opportunity for the disadvantaged groups in the society to enable them to participate fully in all spheres of life. Article 27(1), on the other hand charges that Lesotho shall adopt policies aimed at ensuring the highest attainable standard of physical and mental health for its citizens. It is important to note at this juncture that whereas the constitution under chapter III makes specific guidelines to protection of children and disabled and neglects to address specific protection of the elderly. This is one of the places where Lesotho law is lacking and in need of amending.

The above cited provisions illustrate some of the major challenges faced by the elderly. However, these are highly inadequate to deal with the more specific needs of the elderly. A very close example is provision of primary health care. The elderly being older and more susceptible to disease and further being more economically disadvantaged because of their lack of employment opportunity ought to be afforded medical care above the general public. Making a provision for a right to health care in general text disadvantages a group that needs healthcare most.

It is obvious, therefore, that our legislation is still very undeveloped in terms of protecting special rights of the elderly or legislating towards socio economic rights in that regard.

6.2.2 Judicial Influence

One of the sources of Law in Lesotho is Precedent. Judicial decisions have authority to influence and shape the law. What judges have said in their decisions regarding the elderly may be seen as guidance towards how the elderly ought to be regarded in society. In passing judgement in the case of **R v Mohale and Another**, His Lordship Guni J was quick to point out that "The older couple, as senior citizens commanded more respect from you. If you were properly brought up Basotho children you would not intercept an adult. You would not stop such an elderly person on her way rudely. Attacking an elderly person is out of question for a well brought up and cultured Mosotho child." The learned judge was quick to point also that the purpose of the law is to protect the weak.

6.2.3 Inheritance Bill

The inheritance law in Lesotho are general and do not effectively protect older persons. Whereas the Inheritance Act provides for freedom of testation, the Administration of Estates Proclamation restricts that right to Basotho who have abandoned the customary way of life. A bulk of the elderly dwell in the rural areas and are still deeply rooted in the customary way of life. This implies, therefore, that their right to testation is extremely limited for failure to satisfy the requirements of Administration of estates.

6.2.4 The Land Act of 2010

The Land Act 2010 aims to protect widows by providing that upon the death of a spouse, the surviving spouse shall wholly inherit all land belonging to the joint estate. Whereas this is a good law, it is still insufficient as it relates only to land (Lesotho Government 2010).

6.3 Mapping of Elderly Legal Services in Lesotho

There are no elderly-specific legal services offered in Lesotho. However, Women in Law in Southern Africa (WILSA) which is an organization that deals mainly with providing legal and services and gender advocacy among women, does assist older women. WILSA have established legal clinics that sensitize women and older women inclusive regarding their rights. Through these clinics it assists widowed elderly women to write wills regarding their property.

6.4 Main Achievements

There has been a sensitising of elderly women with regard to their rights because of legal education implemented by some stakeholders above. There has also been established to some extent a platform for access of courts and justice to the elderly through legal clinics established by organisations like WILSA. The dissemination of Estate Laws and education on writing of wills have better equipped the elderly of alternative means in which to protect their estates, but even this is to a small scale.

6.5 Challenges

There have been challenges in the legal protection of the elderly. Lack of resources is one such challenge. Most organisations are donor driven and allocation of resources to the elderly is not a priority for donors. This makes older persons issues by the way and this reflects even in budgetary allocations. Most organisations deal with the elderly mostly because they comprise a vulnerable group in the community. While there are dedicated organisations for Women, e.g, MWSCA, WILSA, there is no such organisation that specifically deals with the rights of older persons in Lesotho.

6.6 Gaps

Some of the gaps identified by stakeholders are that there is generally lack of legal representation for the elderly. Accessibility of justice to the elderly is, therefore quite curtailed, and this prejudices them in even enforcing their very basic human rights sheltered in the constitution. It has further been identified that there is a need for specially trained legal personnel working with the police to address acts of crime involving the elderly. CGPU lamented that whereas there are specially trained legal officers dealing specifically and respectively with women and children, such experts are missing for the purpose of assisting the elderly. This lack of expertise prevents effective delivery of services for the elderly since ordinary personnel is not always equipped to address their special needs. A suggestion was, therefore that such experts be trained and stationed to better assist the elderly. Furthermore, there is a need for specific programmes that address needs of the elderly as vulnerable groups within already existing NGO's. Lesotho has no legal body or organisation within jurisdiction whose main mandate is to advocate for, or enforce already existing rights of the elderly. This is obviously a huge gap in that there are no organisations lobbying for law neither reforms nor policies specifically targeting rights of the elderly. Nor is there any which aims to raise funds for their legal empowerment. In this regard therefore there is a huge vacuum.

6.7 Conclusion and Recommendations

Based on the above, it is recommended primarily that there be an adoption of elderly specific legislation. The constitution is not a sufficient instrument for the purpose of the elderly because it has a blanket application. Legislations like the Children Protection Act were enacted specifically with this observation. It is therefore only appropriate that the elderly, as a recognised vulnerable group in society be afforded the same legislative protection. In the absence of legislation, or to complement legislation proposed above, there must be adequate lobbying of policies that protect the elderly against any forms of abuse.

The non-contributory pension is a step in the right direction, but it is by no means enough to address daily challenges faced by the elderly every day. In the legal context, there must be established a legal clinic with a targeted clientele as the elderly. Last, the government must support non-governmental organisations in intensifying rights education to further sensitise the elderly to their existing rights and make them aware of gaps in the legal framework for protection of their rights.

6.8 Programs, Challenges, Gaps and Opportunities

Table 6.1 provides summary of programs challenges and opportunities of rights of older persons in Lesotho.

Table 6.1: Programs, Challenges, Gaps and Opportunities of Rights of Older Persons

POLICY/PROGRAMME	CHALLENGES	GAPS	RECOMMENDATIONS	OPPORTUNITIES
1. Land Policy	While the 2010 Land Act opened opportunities for land use and sale, the elderly are not protected from opportunists who might leave them landless and homeless. The policy emphasises the right to land for married women, ignoring the unmarried	Ignorance of vulnerability of the elderly in negotiation land use and sale, especially their inheritance post spousal death	Land policy to recognize ageing as a crosscutting issue	Policy can be reviewed to protect the vulnerable
2. Inheritance Bill	Elderly subject to property grabbing by their children and community, especially elderly women. Contradictions of culture and new laws	There is no bill that protects the elderly from property grabbing by their children and community	Develop an inheritance bill	The bill can be based on the National Constitution, which declares equal rights to all
Elderly Protection Unit	Older persons are subject to abuse and discrimination by their families and communities	Older persons are treated as the general public when they report criminal cases, and yet they	Establish an elderly protection unit in police stations	The already established Child and Gender Protection Units in police stations could incorporate older persons

		have special security needs		
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6.9 Priority Areas

Based on the discussion above, the following are priority areas related to rights of older persons:

- An ultimate priority is a specific legislation in the fashion of the Children's Protection Act whose core mandate is to specifically encode and protect rights of older persons;
- Creating an incentivized environment to encourage establishment of NGO's whose specific targets are to advance legal rights of older person through education as well subsidized or free legal services. Further to create a special unit within the Ministry of Social Welfare to specifically address the legal needs of the older persons; and
- Creating law enforcement agency dealing with older persons' issue. The Police Department of Child, Gender, and Protection Unit (CGPU) could also incorporate older persons and be renamed Child, Gender and Elderly Protection Unit (CGEPU).

7.0 Ensuring Age Inclusive Emergency Programs

7.1 Introduction

A disaster is a sudden, calamitous event that seriously disrupts the functioning of a community or society and causes human, material, and economic or environmental losses that exceed the community's or society's ability to cope using its own resources. The United Nations Population Fund and Help Age International report (2011) opined that in humanitarian emergencies, older persons are often the poorest and most vulnerable in society and, therefore, live in areas that are more likely to be affected by crises and disasters. The Economic and Social Affairs (2011) notes that, the physical, mental health problems or sensory impairments increase risk of injury and death during emergencies affecting older persons. Older persons living alone and those that have disabilities also constitute an additional risk factor for older persons in emergency situations. Assistive devices and medicines may have been lost, emergency shelters sometimes have physical barriers such as stairs, and both inside and outside the shelters access to water and sanitary facilities may be limited. Therefore, assessing and developing the capacity of older persons to prepare for, cope with, and recover from emergencies constitute the starting point for policy intervention in this area.

Like in most countries, Lesotho is highly vulnerable to disasters in the form of droughts, floods, snowfall, strong winds and landslides. Health problems such as failing eye vision, hearing loss, impaired functional capacity and other chronic illnesses can make older people vulnerable to injuries and death during disasters.

7.2 National Policies and Programs

Given that natural disasters can happen at any time, Lesotho has to be prepared by devising strategies for disaster preparedness and for promoting resilience of older people exposed to disasters. For example, in 2011, the National Disaster Risk Reduction Policy was endorsed by Lesotho cabinet, and its purpose was to provide a framework for effective planning and implementation of disaster risk reduction in Lesotho. It also addresses the health related disasters such as disease outbreaks with the Ministry responsible (Ministry of Health), and it increases awareness of hazards, vulnerabilities and disaster risks in order to develop active and continuous commitment for disaster risk reduction measures at all levels. However, the policy is too broad and it does not state how different sections of the population including older persons will be supported by the policy at the time of emergency.

The emergency and humanitarian action is also one of the main components that the *Lesotho* 2011 Health Policy seeks to address. The policy emphasizes the need to minimize disaster risks, prepare and respond to emergencies/disasters and mitigate health and social consequences, policy measures include; strengthening of community, district and national level preparedness and response to health emergencies and disasters. It also guides the establishment and implementation of pre- hospital emergency medical services and the strengthening of coordination in response to emergencies in collaboration with other stakeholders. However, it is also silent on how specific groups including older persons will be assisted during emergencies.

The Lesotho Health Sector Nutrition Strategy (2013) is also specific on how people affected by disasters or emergencies will be assisted. During disasters the strategy shall harmonise guidelines for management of targeted feeding programs for population in severe distress or

with specific nutrition needs. It also develops an effective monitoring system for the assessment of food distribution during emergencies.

7.3 Challenges, Gaps and Recommendations

Table 7.1 will show challenges, gaps and recommendations by international frameworks in relation to older people emergencies issues.

Table 7.1: Disaster and Emergency Relieve Services Challenges, Gaps and Recommendations

POLICY/PROGRAMME	CHALLENGES	GAPS	RECOMMENDATIONS
1. <i>National Disaster Risk Reduction Policy (2011)</i> 2. <i>Lesotho 2011 Health Policy</i> 3. <i>Lesotho Health Sector Nutrition Strategy(2013)</i>		All are not specific in how the needs of the elderly will be addressed during emergencies	Policies like these ones should outline how the special groups especially the most vulnerable ones like the elderly should be helped during disasters. MOSD should advocate for the inclusion of the needs of the elderly in emergency policies.

7.4 Mapping of Elderly Disaster and Emergency Relieve Services in Lesotho

There are no elderly-specific disasters and emergency relieve services offered in Lesotho.

7.5 Priorities

The following are priority areas in disaster and emergency relieve services of older persons:

- Treat elderly as a special group in emergencies;
- Increase awareness of hazards, vulnerabilities and disaster risks in order to develop active and continuous commitment for disaster risk reduction measures at all levels; and
- Develop strategies on how older people's views will be incorporated for emergency response and preparedness.

8.0 Conclusion

8.1 Introduction

This report set out to identify policies, programmes, and services that ensure the rights of older persons in Lesotho. It also intended to evaluate the extent to which these policies, programmes and services address the international commitments on ageing issues. Furthermore, the report intended to identify gaps and priorities for action. In order to achieve these objectives, the report employed a multi-methods approach of secondary and primary data collection. The issues that emerged from the data collection were social, economic, health, nutrition and HIV, rights as well as emergency.

8.2 Policies

Lesotho, through the Ministry of Social Development has just drafted a National Policy for Older Persons. While this policy is yet to be adopted, it marks a huge milestone in addressing the issues of older persons. Specifically, the policy lays the foundation as a national guiding instrument to develop programmes and services aimed at improving the well-being of older persons.

8.3 Programmes

There are few programmes aimed specifically at older persons in Lesotho. It was discovered that a lot of programmes cushion orphans and vulnerable children render also persons as secondary targets. That said, the biggest old age programme achievement that has been internationally acclaimed is the national non-contributory old age pension scheme. The main goal of the pension was to relieve older people from poverty. As has already been discussed in previous chapters the quality of life of older persons has improved significantly. However, since the pension is the main source of income for many households, other dependents of the household tend to erode the direct impact on the elderly. Older persons often care for vulnerable family members, including sick adults, as well as orphans and vulnerable children. As a result, pensions are stretched in the absence of other social protection safety nets. Nonetheless, the health, nutrition, and social being of the older persons and their families have shown improvement.

8.3 Services

Similar to programmes, there were also fewer services directed at older persons. Older person get services similar services that are directed to the general population.

8.4 Gaps

The main gaps identified in this report are limited focus on ageing issues, where ageing is not a priority issue on national, community, and organisational agendas. Older persons continue to be treated as general population, and yet their needs and challenges set them apart as vulnerable as special group. If this trend is continued, Lesotho will miss out on international principles and guidelines targeted at older persons. Increased research on issues of older persons is likely to draw attention to older persons' vulnerabilities, and consequently more programmes and services targeting the elderly will be developed.

7.5 Priorities

This report has identified priority actions for various issues affecting older persons. In this section, these priorities will be pulled together to develop general priority actions for older persons in Lesotho.

- Adoption of the Draft National Policy for Older Persons;
- Increase pension or improve on other social protection nets to relieve older persons' from financially supporting other household members;
- Develop an Elderly Protection Act whose core mandate is to encode and protect rights of older persons;
- Improve health services delivery through old age comprehensive mobile clinics in the villages
- Promote legislation on *No Queuing* for older persons at any service station;
- Ensure that older persons receive the care and support of their children and communities;
- Treat the older persons as a special group in emergencies;
- Promote positive images of old age so that younger generation can appreciate ageing as a normal process of life and in turn appreciate the elderly as foundations of society;
- Research on HIV and AIDS prevalence among older persons; and
- Conduct research on conditions of living, source of income and expenditure pattern of older persons to provide reliable basis for formulating policies on income security.

In a nutshell, issues of older persons call for attention at various levels. There is need to engage in continuous research on ageing issues in Lesotho in order to support evidence-based decision-making.

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