

**National Charter for Senior Citizens  
&  
National Policy for Senior Citizens  
Sri Lanka**

Adopted by the Cabinet of Ministers  
on 30<sup>th</sup> March 2006

**Ministry of Social Services & Social Welfare  
Sethsiripaya, Battaramulla,  
Sri Lanka.**

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# **National Charter for Senior Citizens Sri Lanka**

## **Preamble**

01. From an awareness that Sri Lankans are living to an advanced age and in greater numbers in better health, and amidst a diversity of living conditions and life styles, it is deemed fit to establish a National Charter setting out their rights and responsibilities.
02. The mission of the Charter for Senior Citizens is to ensure and reinforce the values of independence, dignity, participation, self-fulfilment, and a good quality of life in the diversity of their situations in a caring, accepting and respecting community.
03. While recognising that traditional care for Senior Citizens derived from religion and culture, emphasize and extol family and community care, the increasing strains on young families and pressure of development and modernisation, require support for caregivers.
04. In a world characterised by declining employment and increasing number of Senior Citizens, opportunities need to be provided for willing and capable Senior Citizens to participate and contribute to an ongoing activities.

To ensure such participation, fundamental human rights, which do not diminish with age, need to be identified' and respected, as otherwise Senior Citizens are at risk of losing their rights and being rejected by society. Furthermore, without these rights, Senior Citizens cannot meet their desired responsibilities and maintain active ageing as long as possible.

05. This Charter would be incomplete without a complementary statement of Senior Citizens responsibilities towards the family, Care givers, health care professionals and the caring institutions in responsibly exercising their rights without interfering with the well being or rights of other Senior Citizens or providers of care.
06. The Charter does not replace the existing Law or Protection of the Rights of Elders Act 2000. Nor does it provide a mechanism to enforce rights and responsibilities it declares. The Charter, however contains the essential norms against which the quality of care, health and welfare programs for Senior Citizens, care givers or health professionals need to be judged.

## **Rights of the Senior Citizens**

### **Independence**

- Senior Citizens have the right to obtain adequate food, shelter, and clothing through the provision of social security.
- To work and pursue income generating opportunities with no discrimination.
- To retire and determine when their withdrawal from labour force takes place.
- To access educational and training programmes to enhance literacy, facilitate employment and informed life decisions.
- To live in environments that are safe and adaptable to personal preferences.
- To reside at home as long as possible.

### **Participation**

#### ***Senior Citizens have the right***

- To remain integrated and participate actively in local and national political and civic formations, which determine policies that directly, affect their well being.
- To share their knowledge, skills, values and life experience with younger generations.
- To seek avenues for community service and serve as volunteers according to their interests and capabilities.
- To form associations of the elderly.

## Care

### *Senior Citizens have the right*

- To benefit from family support and care consistent with well being of the family.
- To obtain Health Care to maintain or regain optimum level of physical mental and emotional well being.
- To access social and legal services, to enhance capacity for autonomy and also provide protection.
- To utilize appropriate levels of institutional care which provide protection and rehabilitation in a humane and secure environment.
- To exercise human rights when residing in any care and treatment including full respect for their dignity, beliefs, need, privacy and life choices.

## Self Fulfilment

### *Senior Citizens have the right*

- To pursue opportunities for full development of their potential.
- To access the educational, cultural, spiritual and recreational resources of society.

## **Dignity**

### ***Senior Citizens have the right***

- To be treated fairly regardless of age, gender, racial, religious background, or disability and be valued independently of their economic contribution.
- To live in dignity and security and to be free of exploitation and physical or mental abuse.
- To exercise personal autonomy in health care decision making.

### **Responsibilities of Senior Citizens**

Consistent with individual values and as long as health and personal circumstances permit Senior Citizen should try :

- To remain active, capable self reliant and useful.
- To learn and apply sound principle of physical, mental and social health to their own lives.
- To take advantage of literacy training.
- To plan and prepare for old age and retirement
- To update their knowledge and skills if seeking employment
- To be flexible and accommodating with other family members in adjusting to the demands of changing relationships.
- To share knowledge, skills, experience and values with younger generations.
- To participate in the civic life of their community.
- To seek and develop potential avenues of service to the community.
- To make informed decisions about there health care.
- To respect equally the rights of other Senior Citizens, care givers, health and welfare professionals.

# **THE NATIONAL POLICY FOR SENIOR CITIZENS** **SRI LANKA.**

## **Preamble**

Longevity has been an age old quest of mankind in all ages and climes. Yet the rapid attainment of longer life span in the twentieth century, has brought about the global phenomenon of demographic ageing and resultant consequences which confront many countries.

Population ageing has become one of the leading demographic issues the world has to face. As a developing Asian Country, Sri Lanka is no exception to the global trend of population ageing and its resultant social and economic implication.

**Sri Lanka ranks high as a country with a rapidly ageing population. Out of a population of 18.9 millions in 2000, 9.3% or 1.760,000 was estimated to be over 60 years of age. In 2025 year the population is estimated 18% and in 2050 around 27.6 %. (World Population on Ageing 1950 - 2050 UN 2002) It is also estimated that by 2050 Sri Lanka would have a population of which 50% would be over 50 years of age. Hence the current situation of the elderly in Sri Lanka and the emerging trends need serious consideration.**

## **1. DEMOGRAPHIC TRENDS**

1.1. It is also noted that Sri Lanka is a country with a longer life span. Life expectancy, which was 43 years in 1946, increased up to 69 years in 1998. This unprecedented demographic transition has caused changes in the population structure where there is marked increase of the elderly compared to the young people.

Projected demographic trends indicated by the Registrar General's Department reveals that 9.5 % of the present population is over 60 years of age and the population ages 65 and the above has reflected an increased trend since 1946. According to the latest projection, the ratio of those over 65 years of ages will continue to rise to 11.07% by 2021, while over 60 segments will rise to 23% of the population.

Another significant feature is that old age dependency ratio reflected a significant increase from 5.9 % to 7.4 % in 1997 and is projected to be 12.3% in 2011. It is projected that this rate will be as much as 17.4 % by 2021(Registrar General's Department-1998).

1.2. Numerous factors have precipitated demographic changes such as rising life expectancy, reduced mortality rates and smaller families. These have resulted in changes in the proportions of Senior Citizens within the population. The characteristically youthful population age structure has changed into a population structure of the elderly, with significant difference in the three main cohorts : "oldest old" (10%) at 80 years, and "old old" (30% ) in age group of over years 70 S and the balance of "young old" over 60 years.



By location, one million (84%) of the elderly are currently living in the rural areas where need for services are paramount but thinly spread and often inaccessible.

- 1.3. The plight of estimated 26,000 Senior Citizens (1999) as a group rendered vulnerable by civil war in the North and East, living in refugee camps and rehabilitation centres, is precarious as they generally receive low priority for food and health care when services are restricted. The large number of war disabled persons, both civilians and military personnel whose status is transformed from primary care providers to dependency, is another serious dimension to be contended within the long term planning for age care in the coming decades. (Rodrigo 2000)
- 1.4. With the increase in longevity, there is a new area of concern in respect of the increasing number of ageing women as a specific group with their high dependency rates, and geriatric health needs. The gender ratio among elderly is 52% females to 48% males.

The incidence in widowhood is much higher among females (38 %) than their male counterparts (8%) (National Count of Elders Sample Survey 2003 conducted by the National Council for Elders.)

- 1.5. The attention to be paid to the "Oldest Senior Citizens", "Old Old" and the "Young Old" differs depending on to their social economic, physical mental and emotional needs. The rising rates of old age dependency would place greater demands on the family, community and the state in terms of providing support for the elderly. About six tenths of the population "Young Old" can be expected to be in reasonably good health, capable of leading an active life. About one third of the population 70 - 79 can also be expected to be fit for reasonably active life, if health policies are in place. Thus a large reserve of human resources among the elderly can be mobilised for development as well as for their own self fulfilment.

## **2. NATIONAL CONSEQUENCES OF AN AGEING POPULATION**

The demographic ageing of population has implications at macro, messo, Community and family levels which need to be addressed.

### **SOCIAL CONSEQUENCES**

- 2.1 Family ties in Sri Lanka supported by the four religious and cultural traditions, are strong .The extended family gives protection to three generations and overwhelming majority of Senior Citizens live with their children. Working couples find the presence of old parents emotionally bonding and great help in managing the household and caring for children. However, due to advances in education, information technology, influence of media and changing life styles, including parental ambitions for the best preferred education for their children in a competitive world, the traditional value system of respecting and caring for elderly in the family, has been eroded, Furthermore migration of younger generations to the cities and foreign countries has led to the disintegration of the family system. Senior Citizens have become

vulnerable and cannot expect their children to look after them especially in view of their longer life span.

Due to shortage of dwellings in urban areas and high rents, migrants have to do with having their parents in cramped households or leave them in their home villages.

- 2.2 Changing values and expectations of women, their concepts of privacy and space, desire not to be encumbered by caring responsibility of old people for long periods, career ambitions and employment outside the home, all imply considerably reduced time for care giving. Also adoption of small family norm by growing number of people, reduces availability of care givers in a larger number of families. Daughters too are fully occupied, pursuing their educational or work careers.

It is also observed that the increasing number of older women results in socio-economic conditions that demand much attention with high dependency. Currently, many middle aged women drawn from among the care providers have left for Middle East employment. The children of such mothers are left in the care of grandparents, mainly grandmothers who themselves need greater attention in their old age with physiological, psychological and emotional problems precipitated by socio economic constraints.

The position of single persons, particularly females is more vulnerable in old age as few persons are willing to take care of non relatives. So also is the situation of widows, an over whelming majority of whom have no independent source of income, do not own assets and are totally dependent.

### 3. ECONOMIC CONSEQUENCES

- 3.1. A precise assessment of the impact of ageing population on the economy has yet to be worked out. However it is possible to envisage a change in the market demand for goods and services for an ageing rather than a young population as hitherto.
- 3.2. In view of the inadequate national coverage of social security and assistance for retirees, more resources have to be set aside for support of the aged retired population and investment in pre retirement preparation. In the informal sector comprising 70 % employed, only 26% are covered by social security.
- 3.3. In the current work force, efforts to increase retirement ages in public and private sectors or open opportunities for their employment, would have repercussions on the existing backlog and growing numbers of youth who are unemployed. While policies for the ageing are urged, socio economic policies need to seek a balance in policies between economic investments and employment of younger work force and that of ageing workers whose skills, expertise and experience cannot be overlooked for industrial growth and stability.

#### 4. POVERTY LEVELS

The poverty levels of Senior Citizens, though crucial for any policy or work plan, may vary according to the living condition and support available from the sample survey and other statistical data. However the sample survey gives some indication of the support available. The support of children is given as 46% of number surveyed, 13% from pensions, 10% from casual earning, 8 % from property, and 6% from both Samurdhi and public assistance.

#### 5. POLITICAL CONSEQUENCES

Currently Senior Citizens constitute around 12% of the electorate and could be expected to increase with population.

**The doubling of ageing population from 10% to 20% in a decade would have considerable impacts on the age structures of the voters, patterns of voting in constituencies and political aims of parties put forward.**

Here too, the implications and dimensions have yet to be assessed. Possibly more of the elderly would be elected and participate in Local, Provincial Councils and Parliament. They would also seek to serve in institutions of Civil Society and bring about changes in attitudes towards elderly. The Senior Citizens have come to realise their strength in numbers, their rights and empowerment through Associations of Pensioners, Senior Citizens.

Hopefully ageing and thus mature constituencies, could be expected to return more sober, stable candidates and parties who support long term progress, return to national values and culture, provide national amity and progress for the good of all especially children, families and youth.

**However no political party or candidate could underestimate consequences if concerns of ageing voters are ignored especially in electorates where they have a significant presence.**

#### 6. THE MANDATE

- 6.1 The concern, care, dignity and respect for Senior Citizens is imbued in the age old indigenous tradition of Sri Lanka and its socioeconomic and welfare policies. The Constitution of the Democratic Socialist Republic of Sri Lanka entities full realization of fundamental rights to all persons - Further more the Constitution pledges the realization by all citizens of an adequate standard of living for themselves and families including food, clothing and housing; the continuous improvement of living conditions and the full employment of leisure and social cultural opportunities.

The last two decades have witnessed considerable discussion and debate globally on the impacts of demographic transition and of their changes in society and economy, on the situations of Senior Citizens.

6.2 The UN Principles for Senior Citizens adopted by the UN General Assembly in 1991, the Proclamation on Ageing and the Global Targets on Ageing for the year 2001 adopted by the General Assembly in 1992 and various other Resolutions adopted from time to time, are intended to encourage National Governments to design their own policies and programs. The Global and National Programs undertaken in the International Year of Senior Citizens in 1999 gave greater impetus for Policies and Programs for Senior Citizens.

6.3 The UN Proclamation On Ageing Principles and Policies were preceded and influenced by the global vision embodied in the World Assembly on Ageing in Vienna (1982) and International Plan of Action. These were further elaborated more specifically in later Assemblies

The Second World Assembly on Ageing and Plan of Action in Madrid (2002) was a paradigm shift from policies for aged as beneficiaries of welfarism and as a disadvantaged sector of the population towards three Major Priority Directions. Viz ;

Direction I :- Senior Citizens and their participation in development

Direction II :- Advancing health and well being into old age

Direction III :- Ensuring, enabling and supportive environment

Each of these directions were disaggregated into Issues, Objectives and Actions which clarified comprehensively matters to be considered in preparing a National Policy and Actions.

Meanwhile for the Asian and Pacific Region, the Macao Conference and Declaration 1998 outlined a Plan of Action to facilitate Asian Pacific Countries to bring to reality their National Policies drawing on the UN Principles, Conventions and guidelines of the World Assemblies.

A Report on the Regional Survey on Ageing ESCAP (June 2002) was a comparative study of the situation in countries, and progress made.

Finally, the Asia Pacific Seminar Shanghai (Sept 2002) was a Regional Follow up on the Madrid International Plan of Action on Ageing (2002) and Macao Plan of Action 1999.

The Shanghai Implementation Strategy followed the three Directions of the Madrid Plan suggesting specific steps by way of implementation.

6.4 In parallel with the foregoing International interventions and on its own initiatives, the Government of Sri Lanka and Ministry of Social Services & Social Welfare, representatives of UN Agencies, Help Age (Sri Lanka) and NGOs have been in the forefront in developing a National Policy on Ageing.

As far back as 1982, a National Committee of Ageing was formed at the Department of Social Services. In 1992 the National Committee was reconstituted with ESCAP assistance. A National Policy was formulated along with the Plan of Action. However the Policy and Action Plan did not receive the priority it deserved. On the initiative of the Ministry of Social Services supported by UN and Help Age (Sri Lanka) a National Workshop was conducted in July 1993 and it formulated an initial National Policy which was accepted by Government.

The salient aspects of the Policy were

- i. To prepare the population for a productive and fulfilling life at old age.
- ii. To ensure independence, participation, care, self fulfilment and dignity.

However as it was felt that legislation and an administrative mechanism for implementing policies were needed, the Ministry enacted legislation for identifying and protecting the rights of Senior Citizens.

THE PROTECTION OF THE RIGHTS OF SENIOR CITIZENS  
(ACT No. 9 OF 2000) established the following ;

- 1). Creation of a Statutory National Council for Elders & Secretariat.
- 2). Maintenance Board for determination of claims from Elders.
- 3). A National Fund for Elders
- 4). Protection of Rights of Elders.

Under the Act, the National Council of Elders appointed in June 2002, "arranged for workshops and a Sample Survey on Elders to consolidate the earlier statements and finalise the National Policy.

The Council also implemented the Act by registering recognised NGO's for Senior Citizens, as well as establishing a network of 5000 Village Level Elders Committees throughout the country. Furthermore the wider use of Elders Identity Cards was promoted through facilitating procedures for issue.

A National Charter for Senior Citizens has been prepared.

## **7. A NATIONAL POLICY STATEMENT**

- 7.1 There has been for several years a demand for a National Policy Statement which will carry forward and bring to focus the National Policies developed so far in keeping with UN Convention Principles and guidelines given by international conferences. The Statement will indicate the principles underlying the policy, their directions, the needs that will be addressed, interministerial co-ordination and responsibilities and how they will be resourced by Government, International Agencies, Private Sector NGO and local authorities and communities.

A National Policy will help formulate a Work Plan carving out respective areas of operation and monitor overall progress in the direction of human age integration in society.

- 7.2 A National Policy seeks to assure Senior Citizens that their concerns are national concerns and they will not live unprotected, ignored or marginalised. The goal of the National Policy is the well being of the Senior Citizen. It aims to strengthen their legitimate place in society and help Senior Citizens to live the last phase of their life with purpose, dignity and peace.
- 7.3 The policy visualizes that the state will extend support for financial security, health care, shelter, welfare and other needs of Senior Citizens, provide protection against abuse and exploitation, make available opportunities for development of the potential of Senior Citizens, seek their participation, and provide services so that they can improve the quality of their lives.
- 7.4 The policy recognises the need for affirmative action in favour of the elderly. It has to be ensured that the rights of the Senior Citizens are not violated and they get opportunities and equitable share in development benefits in different sectors. Programs and administrative procedures will reflect sensitivity to the Senior Citizens living in rural areas. Special attention will be necessary for older females so that they do not become victims of triple neglect and discrimination on account of gender, widowhood and age.
- 7.5 The policy views the life cycles as a continuum, of which post 60 phase of life is an integral part. It does not view age 60 as the cut off point for beginning a life of dependency. It considers 60 + as a phase when the individual should have the choices and the opportunities to lead an active, creative, productive and satisfying life. An important thrust is, therefore, an active and productive involvement of Senior Citizens and not just their care.
- 7.6 The policy values an age integrated society. It will endeavour to strengthen integration between generations, facilitate two way flows and interactions, and strengthen bonds between the young and old. It believes in the development of a social support system, informal as well as formal, so that the capacity of families to take care of Senior Citizens is strengthened and they can continue to live in their family.
- 7.7 The policy recognises that the Senior Citizens, too, are a resource. They render useful services in the family and out side. They are not just consumers of goods and services but also producers. Opportunities and facilities need to be provided, so that they can continue to contribute more effectively to the family, community and society.
- 7.8 The policy firmly believes in the empowerment of the Senior Citizens so that they can acquire better control over their lives and participate in decision making on matters which effect them as well as on other issues as equal partners in a much larger extent, especially since they will constitute an increasing larger section of the population.

## **8. PARTNERS AND STAKE HOLDERS IN POLICY FOR SENIOR CITIZENS**

- 8.1 The NGO Sector - The policy recognizes that implementation and large budgetary allocations will not rest only on the state, provincial and local authorities.

The National Policy recognizes the NGO Sector as very important institutional mechanism to provide user friendly affordable services to complement state efforts.

Voluntary effort will be recognised and supported with expanded grants in aid policy which will also provide motives for organisations to raise their own resources and not become dependent only on Government funding for providing services on a sustainable basis.

Associations of Pensioners and Senior Citizens, workers organisations and Civil Society will have avenues for active participation, contribution and advocacy. Communities and volunteers with training will be organised for participation in programs, mobilization of public opinion and raising of resources. Networking, exchange of information and manpower training for aged care services will be facilitated.

- 8.2 The Private Sector - in recognition of their, Corporate Social Responsibility they will be invited as partners in social development and encouraged to participate in programs, non profit programs and low cost residential care for Senior Citizens.
- 8.3 Religious and Cultural Organisations - In view of the policy emphasis on reviving and strengthening traditional, spiritual and cultural values, the participation of religious, inter faith and cultural organisations in policy and implementation need to be invited and recognised.
- 8.4 Media - The National Policy recognises the important role of the media in highlighting the changing situation of Senior Citizens, in identifying emerging issues and areas of action. Creative use of media and creative writing can promote the concept of active ageing and help dispel stereotypes and negative images about their stage in life. Media can also help to strengthen intergeneration bonds and provide better understanding of the ageing process.

## **9. TRAINING OF MANPOWER**

- 9.1 The Ministry of Social Services & Social Welfare, Help Age Sri Lanka and NGO's need to be assisted in their responsibilities for maintaining their standards in age care programs and training staff at different levels.

The Policy recognizes the importance' of trained manpower in professional social work for services to the elderly. In the School of Social Work (NISD) and University Departments attention needs to be given in curriculum for training in issues relating to Senior Citizens, counselling and administration of services; and in medical social work for Senior Citizens and other disabled categories.

- 9.2 The Ministry of Education in collaboration with the Ministry of Labour Relations & Foreign Employment will strengthen the manpower and resources to extend Adult Education in formal and informal education and training or further training of Senior Citizens in local areas for better opportunities in employment.
- 9.3 In the Ministry of Health, manpower training and resource allocation needs to be accompanied by reorientation of health services for the needs of Senior Citizens.

As free health services have contributed to increasing life expectancy, the preventive health services from maternal care to child care to maturity will all contribute to healthy ageing. Recognising the implication of population ageing, the education and training curricular are under review.

- 9.4 A separate Directorate for the Elderly has been provided for at the central level with the main intention of planning, implementation and coordination of health care delivery services.
- 9.5 Similarly in the curative sector, cadre creation, appointment of specialist including Geriatrician and other Para medical personnel would be necessary. According to the National Health Plan, MOH Divisions have to prepare their respective plans of action and implementation and monitor the progress. Consequently, along with creation of cadres in primary health care, an additional cadre of Community Health Nurse (CHN) has been identified to provide home visits and nursing for Senior Citizens, simple laboratory tests, referrals, and train family members and volunteers.
- 9.6 There is need to improve specialist cadres in these fields. Additionally in developing geriatric medicine as a sub specialty, to appoint at least one Geriatrician per Teaching Hospital initially to manage those over 70 years of age. The Geriatrician should be supported by a multi disciplinary team of medical and para-medical officers as well as social workers for their respective professional services to elderly.
- 9.7 Early detection of common health problems would lead to postponement or prevention of disability, reduce health care costs and improve quality of life for Senior Citizens as well as family members.
- 9.8 To achieve these ends, health service delivery at primary, secondary and tertiary levels need to be improved. Preference to Senior Citizens at OPD and Pharmacy, (dispensary) strengthening and observing the referral system, access to health clinics, mobile services and issue of assistive devices, Day Centres with mobilisation of community resources and NGOs support are some important action areas.
- 9.9 Awareness Programs in promotion of healthy life styles need to be carried out continuously for different segments to enhance healthier, productive and active ageing in the community.



9.10 A Management Information System is needed to provide a Data Base on the elderly drawing in information and monitoring and evaluation of the foregoing programs.

9.11 Besides establishing and updating the data base from community levels upwards, there should be regular discussion among health personnel and community to improve relationships and share experiences in their added role with health and other personnel in the new programs. The implementing body will have close links and co-operation with the UN system and Regional and International Organisations, relating to elderly and their welfare.

## **10. Implementation.**

The National Policy on Elders will include a strategic--Plan of Action for implementation and monitoring its progress.

# **THE NATIONAL POLICY AND PLAN OF ACTION FOR SENIOR CITIZENS**

## **MISSION**

1. To prepare the population for a productive and fulfilling life at old age socially, economically, physically and spiritually: and create an age friendly infrastructure and a community support to the elderly to participate and remain connected to the Sri Lankan society.
2. To ensure independence, participation care, self-fulfilment and dignity for those in old age and assure that their concerns are national concerns and will not live unprotected or ignored or marginalised.

## **OBJECTIVES**

1. To give leadership and policy initiative to create a healthy environment for Senior Citizens within the cultural mores and religious practices and provide opportunities for, and removing barriers to peoples participation in society and access to services across their life span.
2. To strengthen an integration between generations, and to strengthen the bonds between the young and the old.

## **STRATEGIES 17**

**The Strategies for the Policy and Plan of Action can be grouped according to the priority areas decided at the Second World Assembly on Ageing. (Madrid 2002)**

# **PRIORITY DIRECTION 1**

## **OLDER PERSONS AND DEVELOPMENT**

### **Strategy 1**

#### **Mainstream Ageing into Development Policy and promote full integration and participation of Senior Citizens.**

- 1.1. The National Policy on Ageing should be in consonance with overall national policy on economic and social development including sectoral policies on health, labour and employment, social services, housing with special emphasis on gender Issues.
- 1.2. Population Ageing should be taken into account in relevant policy planning. Senior Citizens must be involved in implementation policies and programs affecting them.
- 1.3. Include ageing as a Public Investment Sector and as a separate component on Government public investment program.
- 1.4. Recognise and support the valuable contribution of Senior Citizens, especially unpaid activities such as care for family, transmissions of cultural values, house hold activities, voluntary services in the community.
- 1.5. Take measures to enable full and equal participation of Senior Citizens, particularly older women in decision making at all levels. Promote their participation through advocacy and educational programs.
- 1.6. Include ageing concerns and gender issues in all requests for Projects and wherever appropriate, economic, social, political and humanitarian policies.
- 1.7. Provide opportunities and support to encourage Senior Citizens to participate in cultural, economic, social and life long learning.
- 1.8. Encourage the establishment of organisations of Senior Citizens at all levels to protect their rights and participate in decision making.
- 1.9. Collect and utilise appropriate data to guide policy in particular age and gender and aggregated data from population censuses.

## Strategy 2

### **CREATE AWARENESS OF AGEING POPULATION & POSITIVE ATTITUDES TOWARDS AGEING & SENIOR CITIZENS**

- 2.1. Create awareness of Ageing population and necessary attitudinal changes and appropriate values. Encourage the old to be more conciliatory towards the young and the young to care for the protection of Senior Citizens. Establish intergenerational bonds of mutual understanding and respect.
- 2.2. Promote programs through mass media, formal, nonformal, informal means to educate and create awareness among the general public.
- 2.3. Create awareness programs to cover all needy categories in the Plan of Action.
- 2.4. Mobilise community leaders as change agents.
- 2.5. Promote through media campaigns and school curricula, the recognition of the contribution of Senior Citizens for the family and society.
- 2.6. Promote demonstration intergenerational projects which highlight the abilities of active, creative and productive Senior Citizens and promote volunteer projects or intergenerational learning projects.
- 2.7. Publish materials on social issues related to ageing, gerontology and geriatrics.
- 2.8. Encourage the media to promote positive images of ageing in newspapers and magazines articles, films, radio and television programs.

### **Strategy 3**

#### **PROVIDE ACCESS TO APPROPRIATE EDUCATION AND TRAINING**

##### **Actions:**

- 3.1. Introduce in education curricula, the subject of "Ageing Population" to teach the process of ageing, promote healthy ageing and reinforce by inclusion in school projects.
- 3.2. Appropriate health facilities should be made available to promote mental and physical health.
- 3.3. Obtain services of retired persons for peer education and counselling.
- 3.4. Promote awareness and support training to improve nutrition status of Senior Citizens.
- 3.5. Expand and develop adult education to provide opportunities for the elderly to upgrade knowledge and acquire new skills. Access adequate training, orientation to current affairs, and general knowledge.
- 3.6. Within the context of an increasingly information - based society, Senior Citizens should have adequate access to adult learning to ensure intergenerational participation and economic and social integration.

### **Strategy 4**

#### **PROVIDE SOCIAL WELFARE AND PROTECTION**

##### **Actions :**

- 4.1. Plan activities for the welfare of Senior Citizens based on Sri Lankan traditional customs and practices.
- 4.2. Promote Day Care Centres and provision of residential facilities for destitute Senior Citizens.
- 4.3. Assist the Senior Citizen to live on their own by making available the assistive devices, special domestic appliances, kitchen utensils and home modifications.

- 4.4. Provide home based care service for Senior Citizens either free or on payment basis.
- 4.5. Ensure security for Senior Citizens living on their own.
- 4.6. Provide financial and other assistance to organisations providing direct services to Senior Citizens.
- 4.7. Issue special Identity Cards to Senior Citizens who are over 60 years of age in order to facilitate them to get special attention, treatment and services and concessions in public services; ensure effective implementation.
- 4.8. Promote private sector and NGO participation in the provision of services and protection for Senior Citizens.
- 4.9. Expand the dependent category in welfare assistance to include dependent Senior Citizens.
- 4.10. Provide special welfare programs to Senior Citizens caring for destitute children and disabled children.
- 4.11. Establish services for victims of, Senior Citizen abuse and rehabilitation arrangements for abusers.

## **Strategy 5**

### **ENSURE INCOME SECURITY & PROMOTE SUITABLE EMPLOYMENT**

#### **Actions:**

- 5.1. Provide opportunities and set up facilities to assist Senior Citizens to use their knowledge, experience and skills to earn an extra income.
- 5.2. Extend the statutory age of retirement from 55 years to 63 years and the matter be reviewed by 2010 with the need to extend to 65 years in view of the increasing life expectancy and good health.
- 5.3. Convert unfunded pensions arrangements to funded arrangements in order to facilitate adequate and sustainable pension payments for the retired population.

- 5.4. Take action to unify the different security and pension schemes, remedy anomalies and unify administrative and investment mechanism; sustain the real value of pension payments and provide readjustment to meet rising cost of living.
- 5.5. Ensure adequate income security, and social protection to all needy Senior Citizens including social assistance.
- 5.6. Review and revise the regulation governing health insurance in order to accommodate Senior Citizens especially from lower income categories.
- 5.7. Make available concessionary tariff facilities and rates for foreign donation of utility items for age care institutions.
- 5.8. Educate the community on the benefits of building their own resources through savings; of advantages of pre retirement plans and other options to support living in retirement.
- 5.9. Ensure that the people are informed of pre retirement planning and encourage participation in such training.
- 5.10. Include elder person as target group in poverty alleviation plans at all levels with emphasis on high risk groups such as women.

## **Strategy 6**

### **ENSURE GENDER SPECIFIC ISSUES IN AGEING**

- 6.1. Enhance support for family care givers, the vast majority of whom are women, to allow them to combine work and family life.
- 6.2. Promote and support greater male responsibility in the family, including caring for Senior Citizens.
- 6.3. Increase the participation of women in the labour force through education and training; adopt measures to open up job opportunities for them for economic and social advance reconciling their professional and family responsibilities; and avoid discriminatory action in employment terms and pension systems.

- 6.4. Eliminate all forms of discrimination against women, empower them through the promotion of independence and their participation in social and political arenas.

## **Strategy 7**

### **ENSURE PROVISION OF SERVICES FOR PERSONS IN SPECIAL CIRCUMSTANCES.**

#### **Actions :**

- 7.1. Senior Citizens during and after natural disasters and emergencies.
- 7.2. Senior Citizens during conflict, internal displacement, resettlement and rehabilitation.
- 7.3. Senior Citizens in plantation areas.
- 7.4. Senior Citizens in slums and shanty areas.
- 7.5. Vulnerable Aged and Disabled Senior Citizens.

## **PRIORITY DIRECTION II**

### **STRATEGY 8**

#### **ADVANCING HEALTH AND WELL BEING IN OLD AGE ENSURE, HEALTH NUTRITION AND RECREATION**

- 8.1. Develop a well structured and organised health care system for Senior Citizens, committed to prevention of ill health, promotion of health care, treatment and rehabilitation by cadre creation, training and recruitment at all levels, (central provincial divisional and community) comprising a directorate for elderly care, consultants, medical officers, nurses, community health workers, therapists and social workers at appropriate levels.



- 8.2. Revise curricula for providing basic, post basic and in service training for existing staff on care of elderly with incorporation of value education and inclusion of elderly care in the job functions of all levels of health workers.
- 8.3. Set up separate counters at OPD for Senior Citizens especially in major hospitals.
- 8.4. Improve peripheral health care institutions to provide facilities for investigations and stock essential drugs for treatment of chronic illness.
- 8.5. Screening clinics to be conducted at primary care level for early identification of common health problems and for referral.
- 8.6. Establish multi disciplinary teams at Divisional, institutional based and community based care for Senior Citizens with Director, nurses, physiotherapists, occupational therapists and medical social workers.
- 8.7. Provide outreach service for" cataract surgery with provision of intra ocular lenses and post operative medicine free of charge for poor Senior Citizens.
- 8.8. Seek budgetary provisions at provincial hospitals for obtaining aids and appliances from hospitals for issue, with assistance of medical social worker and a clear cut referral system for proper rehabilitation supported by community and NGO's.
- 8.9. Arrange with Peripheral Health Units to issue a Personal Health Record Book for each person (60 +) as a means of maintaining health records, laboratory findings and for referrals to be used by all designated health and social welfare providers.
- 8.10. Establish Day Centres for promoting healthy ageing in MOH Divisions with Government initiatives supported by private sector and community mobilisation.
- 8.11. Set up Rehabilitation homes (halfway homes) at least one per district to accommodate elderly on discharge from hospitals until family or carers are able to accommodate them in their homes. Ayurvedic treatment could also be made available at such centres.
- 8.12. Promote preparation of all age groups for healthy life styles in physical, mental and social well being.

- 8.13. In providing health services, attention should also be focussed on target groups, such as Senior Citizens in plantation sector, displaced persons, widows, parents of migrants workers and disabled Senior Citizens.
- 8.14. Encourage community organisations; corporate private sector and NGOs to provide recreational facilities, nutritious meals, conduct health awareness programs in the community or healthy life styles and on avoidance of risk factors.
- 8.15. Encourage media with participation of health personnel and community leaders to promote regular programs targeted on care of elderly and their social well being.
- 8.16. Produce health information and education material for general public on gerontology and geriatrics, and materials targeted at prevention and management of common disabilities especially diabetes, hypertension, impairment of vision and hearing, arthritis, fractures, stroke and dementia.
- 8.17. Track young and elderly volunteers to support health staff to carry out community based activities for elderly and to provide home based care for Senior Citizens.
- 8.18. Obtain services of retired health personnel for improvement of services for Senior Citizens.
- 8.19. Establish a Management Information System (Central Provincial, Divisional, community) to develop a mechanism for monitoring and evaluation of activities conducted for health of elderly.
- 8.20. Monitoring of elderly issues, and participation of Senior Citizens Committees should be a regular item on agenda of existing review meetings at National and Sub National levels.

## **STRATEGY 9**

### **COUNSELLING SERVICES**

- 9.1. Train NGO and health personnel, and selected Senior Citizens in the community to provide befriending and basic Counselling services to Senior Citizens especially to the home bound.
- 9.2. Make available and create awareness regarding counselling facilities in the community.

## **PRIORITY DIRECTION III**

### **ENSURING, ENABLING AND SUPPORTIVE ENVIRONMENTS**

#### **Strategy 10**

#### **PROMOTE APPROPRIATE HOUSING, TRANSPORTATION & LIVING ENVIRONMENT**

##### **Actions:**

- 10.1. Ensure that in Urban Planning and developments, the construction of roadways public buildings and toilets etc, standards are laid down to provide easy access for Senior Citizens. Engage building industry to create awareness of housing options for Senior Citizens. Ensure easy access to public buildings, places of worship and recreation.
- 10.2. Introduce appropriate architectural designs for high-rise buildings and condominiums to provide access for Senior Citizens.
- 10.3. Introduce appropriate codes and standards to facilitate the mobility of older- persons in community living
- 10.4. Provide loan facilities and incentives for the alterations of houses and public buildings, hotels, banks, tourist venues, high rise buildings and condominiums and offices to improve facilities for Senior Citizens. Encourage construction of parental annexes.
- 10.5. Give favourable tax concessions to persons whose elderly relatives live with them, in allocation of government houses, of public housing flats, and in housing loans.
- 10.6. Include assistance to Senior Citizens in Government social assistance programs.
- 10.7. Encourage the design of safer roadways, pavements, pedestrian crossings and the development and public use of vehicles that cater to the needs of Senior Citizens and persons with disabilities.

## **Strategy 11**

### **STRENGTHEN THE FAMILY UNIT TO TAKE CARE OF PARENTS & OTHER SENIOR CITIZENS**

- 11.1. Provide services of social workers, counsellors and other support staff to strengthen the family unit to take care of the elderly.
- 11.2. Create awareness among the younger generation of the traditions & values in caring for Senior Citizens.
- 11.3. Provide incentives to families to care for the Senior Citizens at home and undertake measures to strengthen family closeness and multi generational solidarity.
- 11.4. Provide allowances to low income families of the care of Senior Citizens living with them.
- 11.5. Enhance support for family caregivers, the vast majority of whom are women to combine work and family life.
- 11.6. Encourage training and recognition of caregivers whether paid or volunteer.
- 11.7. Promote and encourage community based programs which assist and act as relevant mechanism for family members.

## **Strategy 12**

### **PROVIDE LEGAL PROTECTION**

#### **Actions:**

- 12.1. Support legal awareness program for the elderly at community level.
- 12.2. Provide facilities for Senior Citizens to obtain easy legal advice concerning protection of personal property and rights.
- 12.3. Support the provision of legal service to Senior Citizens when necessary.

- 12.4. Enact legislation and strengthen legal efforts to eliminate elder abuse.
- 12.5. Take measures to combat discriminations, abuse and violence against Senior Citizens.

### **Strategy 13**

#### **ENSURE CONSUMER PROTECTION**

##### **Actions:**

- 13.1. Strengthen the consumer protection units in the country in relation to protecting the interests of the Senior Citizens and educate Elders Committees and Associations in consumer protection.
- 13.2. Protect from exploitation of the Senior Citizens, especially, those with limited purchasing power and knowledge of consumer goods and services.
- 13.3. Ensure that Government provides guidance to facilitate and regulate the market and effect safeguards against the exploitation of Senior Citizens; ensure that the products are of minimum standards.
- 13.4. Take into account the views of the Senior Citizens and their associations on the design of products, pricing, marketing and delivery of goods and services.

### **Strategy 14**

#### **ENCOURAGE COMMUNITY PARTICIPATION**

##### **Actions:**

- 14.1. Establish database to collect and disseminate information on various skills and special aptitudes of Senior Citizens at community, divisional, district and provincial levels.

- 14.2. Establish Divisional level coordinating Committees for coordinating the work of the village level activities pertaining to Senior Citizens and provide necessary training to those who are involved in this task.
- 14.3. Promote the interaction of all community groups with Senior Citizens in all community activities and between old and young people.
- 14.4. Encourage the elderly to form into lobby or pressure groups to organise themselves with regard to their own problems, national and cultural issues.
- 14.5. Encourage community to promote and support more positive images and attitudes towards ageing and older people.

## **Strategy 15**

### **CATER FOR CULTURAL AND SPIRITUAL NEEDS**

#### **Actions:**

- 15.1. Facilitate and support cultural and spiritual activities for Senior Citizens at the community level.
- 15.2. Promote participation of Senior Citizens in cultural and spiritual activities at the community level.
- 15.3. Obtain the guidance and assistance of Senior Citizens as far as possible where cultural and spiritual activities are concerned.

## **IMPLEMENTATION AND FOLLOW UP**

### **Strategy 16**

#### **CONDUCT RESEARCH & DISSEMINATE INFORMATION**

##### **Actions:**

- 16.1. Establish a data bank on the socio- economic status of the elderly.
- 16.2. Allocate funds for surveys and research on issues affecting the elderly.
- 16.3. Prepare a Handbook on facilities available to Senior Citizens and how to access them.
- 16.4. Organise Annual National Conferences on awareness creation on program implementation, education, training and research regarding the elderly.

### **Strategy 17**

#### **DEVELOP AN IMPLEMENTATION & FOLLOW UP MECHANISM**

##### **Actions:**

- 17.1. Enact legislation to give effect to the National Policy on Elders.
- 17.2. Establish a National Elders Trust Fund for the implementation of the Plan of Action.
- 17.3. Arrange necessary legal safeguards as well as other facilities for obtaining financial participation of foreign and local voluntary organizations in order to ensure the availability of financial resources for the continuous implementation of the action programmes and achievement of targets prepared by Sri Lankan National Council for Elders.

- 17.4. Develop a mechanism for planning, budgeting and implementation of the Plan of Action in collaboration with line Ministries, NGO's, Private Sector, and Funders.
- 17.5. Encourage the participation of NGO's, Association of Senior Citizens and in the civil society, and the private sector in the implementation of Plan of Action and its Review Process.
- 17.6. Collate and publish bi-annually progress reports on Plan of Action and its achievements; recognise organisational and administrative co-operation and support of all participating agencies.

## CONCLUSION

1. The National Policy on Elders and Action Plan will be widely disseminated for discussion and acceptance.
2. A National Work Plan on the basis of the National Policy will be prepared for implementation and monitored so that its features remain in constant public focus.
3. **The National Policy will have far reaching consequences in the next decade for Senior Citizens and the programs and policies affecting them. It would therefore need a well funded autonomous organisation and mechanism to establish the Policy, Work Plan and inter ministerial co-ordination with linkages to Districts and Divisional levels.**
4. **In view of the rapid escalation of the ageing population, its consequences in the long term some of which are irreversible unless planned for in the present, no time should be lost in adopting and implementing the National Policy on Ageing.**