

20 Years of Service

Lessons on Eldercare in Nigeria



...Elders Ageing With Dignity



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*Kaleyewa is a shortened form of a prayer phrase.
The request is for God to grant us “a **better evening than morning**”.
It is for an old age with dignity, respect, free from poverty, abuse, hunger, homelessness and despair.
We at Kaleyewa are committed to promoting dignified ageing through our programmes and services.*

Kaleyewa House, in every elderly person we serve,
Olukemi's legacy lives on



The Logo

The logo for Kaleyewa House was created in 2004 as we prepared the 2003 Annual Report.

The central figure in white is an ageing person surrounded by family, friends and the community. They support the elder as he/she once supported and nurtured them.

They share a common connection to the earth, passed from one generation to the next: a cycle of love and support – Kaleyewa House.

CONTENTS

5	Preface and Acknowledgments
7	Two Decades of Caring for Elders: An Overview
12	Future Direction
14	Elderly Care in Nigeria: An Overview
23	Appendices
	■ Dr (Mrs) Olukemi Adamolekun
	■ Kaleyewa House - The Dream <i>Extract from the Founder's Conceptualization of Kaleyewa House</i>
	■ Financial Summary, June 2002 – December 2022
	■ KH Board Members, 2023
	■ Management Team
	■ United Nations Principles for Older Persons adopted on 16 December 1991 by the General Assembly Resolution 46/91
	■ International Organisations and Recognised Days Celebrating Ageing

Dr (Mrs)

Olukemi Adamolekun

FOUNDER, KALEYEWAWA HOUSE

JULY 14, 1946 – MAY 4, 2002



TESTIMONIALS

This is a great vision your mom had. Her legacy lives on. I remember your mom. A woman of dignity, elegance, class, admirable, lovely etc. May her soul continue to rest in peace.

Jumoke Jibowo-Oladapo
Neighbour and daughter's classmate

She was really an awesome big sister to us in the faculty. And a mentor per excellence, always got our backs as young female lecturers. We can never forget her.

Prof (Mrs) Yemisi Obilade
Obafemi Awolowo University, Ife

She was way her time. May her soul rest in peace.

Toyin Aladekomo-Busari
Daughter's classmate

She was an amazing woman. Many of my best childhood memories feature her prominently. Auntie was simply one of a kind.

Theo Emmanuel
Family friend

Not only a good woman, but a GREAT woman of inestimable value. I am graced to be associated with her as family & friend.

Tewa Aderibigbe
Childhood friend



PREFACE AND ACKNOWLEDGMENTS

In the late 90s when Dr (Mrs) Olukemi Adamolekun had the idea to start Kaleyewa House, care of the elderly was only being addressed in developed countries and a few developing countries. Kaleyewa was founded in 2000, registered in 2001 and began operations in 2003 to mark the one year anniversary of her murder. Olukemi was in Nigeria in May 2002 on Kaleyewa House business when tragedy struck in Ibadan and she was killed in broad daylight by carjackers. Thanks to family members and our network of friends within Nigeria and abroad, her dream has been kept alive. Appreciation for her BIG IDEA and its impact earned her two posthumous awards in 2005 and 2010.

Today, care of the elderly has become a priority social welfare issue in most developed countries and several developing countries are embracing the idea, including Nigeria. The **National Senior Citizens Centre (NSCC)** was established by an act of the National Assembly in 2017 and operationalised in 2021. It has published a *Strategic Roadmap on Ageing (2022-2032)* and a *National Plan of Action on Ageing in Nigeria and Project Activities (2021-2025)*.

Kaleyewa House: The First Five Years, 2001-2006 was produced in 2006 to present our story from inception in 2001 to 2006, the third year of implementing its activities. *Kaleyewa House: 10 Years of Caring for the Elderly (2003 - 2013)* covered the first ten years. In addition, a commissioned research report “*Kaleyewa House: Evaluation of First 10 Year (2003- 20012) Programme*”, was prepared by a team led by Professor A. A. Olayide, Head, Department of Community Health, Obafemi Awolowo University, Ile-Ife. He was assisted by Drs. Olajere Olajide and Femi Adebowale Akinwumi. The evaluation was conducted between July and September 2013. The report is available in the KH Archives. Kaleyewa’s Annual Reports are readily available on its website.

In the last decade, KH has continued its delivery of services despite significant increases in cost of service delivery. KH’s support to the elders in the two communities covered comprises provision of food, medical care and in a few cases, money to pay for rent. These were the three basic needs of the elders that emerged from the 2002 baseline research. Currently, food is distributed to about 450 elders three times a year and six times a year to about 25 vulnerable elders. Medical care is provided bi-monthly in each of the two communities to all the elders. Both food and medical care services are provided to vulnerable elders in their homes. Rent payments are



a nominal part of KH’s yearly budget.

In 2011, Ekiti introduced a social security benefit scheme that is also backed by law. Under the scheme, N5,000 monthly stipend is paid to selected senior citizens (elders) above the age of 65. By mid-2013, 20,000 senior citizens in all the state’s sixteen local government areas were benefitting under the scheme. Four other states across three geopolitical zones followed Ekiti’s example and are implementing variations on the state’s social security benefit scheme. The states are Osun (2012) and Oyo (2013) in the South-west, Bayelsa (2013) in the South-south and Anambra (2013) in the South-east. Unfortunately, none of the states have continued with these programs.

In a similar vein, the Ondo State Government used to support non-profit organisations and Kaleyewa House benefitted from December 2005 to 2012. KH hopes that the state government would soon introduce and implement a social security scheme for all elders in the state, and provide leadership in the region and the country. When this happens, Kaleyewa House’s Board of Trustees will re-focus the activities of the NGO.

An important feature of the KH experience is the role of volunteers. Three volunteers who started with KH at its inception have continued to contribute to the implementation of its activities. Chief Diye Adegboye, a retired secondary school principal, was involved in the baseline research, serves in the KH Management Team, and is the supervisor of the staff directly responsible for coordinating the delivery of KH’s services. A second volunteer and Chief Adegboye’s wife, Mrs Olufisayo Adegboye, a retired public servant, was also involved in the baseline research

PREFACE AND ACKNOWLEDGMENTS

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and participates in the delivery of services. A third volunteer, Dr. F. S. Awosanmi, who runs a medical clinic in Iju, has championed the delivery of medical care and health education since 2004 and he is supported by a varying number of nurses from his clinic.

Encouraging volunteer work by elders featured prominently in the Founder's initial programmes and projects. To arrest continued waste of the skills and experience of retired teachers in the two communities, she wrote a letter in November 2001 to the permanent secretary of the Ministry of Education seeking the permission of Ondo State Government to engage them as volunteer teachers in state schools located in the two communities. Unfortunately, her project proposal on volunteer work for retired teachers has been consigned to the archives of KH.

We are grateful to all relatives and friends within and outside Nigeria whose contributions have helped to sustain the implementation of KH activities since 2003. In particular, we would like to thank the family and friends who have redeemed annual pledges in support of KH since 2006. Their contributions constitute the core of the dependable resources used to run KH activities. Each year's contributors are acknowledged in the Annual Report.

Finally, we would like to thank the Board and Management Team of Kaleyewa House for their steady direction of the NGO's affairs from 2002 to date. We are grateful to Chief C.O. Adebayo whose commitment and sacrifice have been consistent over the last two decades. When he is unavailable, Prof (Mrs) Olukemi has graciously stepped in to steer the meetings of the Board. The current full-time Programme Officer who coordinates the delivery of KH services has been employed since 2015.



TWO DECADES OF CARING FOR ELDERLY

AN OVERVIEW

Kaleyewa House was registered as a not-for-profit, non-governmental organization in 2001. By October 2002, it had accomplished the following:

1. Renovated a temporary office to be used by Kaleyewa House.
2. Completed a survey of retired teachers in two towns of the local government. Some of the retirees now serve as volunteers for Kaleyewa House. Some of them are also organizing their own projects like the Old Persons' Literacy Project, Day Care for working women and Day Centers for the elderly.
3. Completed a Baseline survey of Elders in Iju and Itaogbolu, two communities in Akure North Local Government. The results provide the data for the activities to be carried out under the project.
4. Obtained approval for the acquisition of a piece of land through the Ministry of Land and Housing in Akure, Ondo State, for the permanent site for Kaleyewa House.

In May 2003, to mark the one year anniversary of the Founder's death, preparations began to kick-off the activities of Kaleyewa House on a small scale. Kaleyewa House activities were formally launched later in the year on August 22 and 23 in Iju and Itaogbolu, the two pilot communities selected for the project in Akure North Local Government, Ondo State, Nigeria.

The Kaleyewa House (KH) Team comprised of two National Youth Service Corps (NYSC) members deploy to KH for their service year; two volunteers associated with Kaleyewa House from its inception and several relations and friends of the founder. A senior staff of the Ministry of Social Welfare, Ondo State Government, Mrs I.A. Ketiku, attended the launch event in Iju and gave remarks of support at the first food distribution centre.

As part of the launch activities, each elder got a branded basket to carry their food items at each distribution.

	FOOD	MEDICAL	RENT
AUGUST	On August 22, food distributed to 26 elders in Iju at 4 centres. Rice, salt and maggi (a multi-purpose seasoning) in decent quantities were given. On August 23, same items were given to 34 elders at 3 centres in Itaogbolu. There were 79 registered elders in Iju and 64 elders in Itaogbolu, thus only 42% participated in the first distribution.	A KH Team member met with two NYSC doctors serving in the Iju-Itaogbolu General Hospital who volunteered to undertake monthly medical check up for the elderly in the two communities. The first medical check up was a stock-taking exercise. Volunteer doctors listened to the complaints of the elders and prepared a report summarizing their health situation. They prepared a	Only one elder in Iju who pays rent was given N450 to cover three months rent.

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	FOOD	MEDICAL	RENT
AUGUST		list of drugs that would need to be purchased. Any elder who requires emergency treatment was advised to contact the KH office where arrangements will be made for one of the volunteer doctors to visit the elder concerned.	
DECEMBER	Food items were distributed to 52 elders in Iju and 42 in Itaogbolu - 65.7% participation.	About 54 elders were examined in both towns. They complained of various ailments and drugs were dispensed that same day.	

According to the results of the **Baseline Survey of Elders** conducted in 2002, three main needs of elders were identified: food, medical care, and finance. The initial activities were focused on food and medical care. The only financial support to be provided by Kaleyewa is the payment of rent for any elder who normally pays rent for his/her accommodation. This is to free up resources for his/her other needs.

From 2003 to date, the core needs of the elders in the pilot communities of Iju and Itaogbolu have remained the same: food, medical care and some finance, where finance has continued to be for the payment of rent. The findings from the review survey conducted in 2013 also support this as suggestions for change were to add to the type of food given (beans) and give a stipend on occasion. Another comprehensive review will be done for the 25th anniversary.

The Baseline Survey counted elders as 60 and above but when we started activities in 2003, the cut off was raised to 65. With the high demand it was increased to 70 in 2004 and then 75 in 2011 to keep numbers manageable given our limited resources. In 2005, elders over 90 years old or those bedridden and unable to come out where constituted as a separate group – **Vulnerable Elders**. They receive food bi-monthly while other elders receive food thrice in a year.



“According to the results of the Baseline Survey of Elders conducted in 2002, three main needs of elders were identified: food, medical care, and finance.”

Medicare

In 2003, a Kaleyewa team member met with two National Youth Corps doctors serving in Iju/itaogbolu General Hospital who volunteered to undertake monthly medical check-up for the elders in the two communities.

In 2004, Dr F.S Awosanmi, the Medical Director of Ifeolu Medical Clinic offered to provide his services free for the bi-monthly medical sessions. In 2005 when the Vulnerable Elders group was added, he agreed to visit them at home as well. Each elder now has a KH registration card at Ifeolu.

Human beings generally worry less about preventive medicine and only seek help when there's an issue or a concern. For years, we had agonized over the low attendance at the medical sessions (participation rates are summarised in the table below). In 2012, we decided to include a short health education segment on food distribution days. This provided an opportunity for more elders to benefit from the knowledge shared and get some tips on taking care of themselves and staying healthy.

Dr Awosanmi also decided to invite guest speakers so the elders hear from a different person. Our willingness to bring someone from outside of town to speak to them also communicates how much we value their wellbeing.

The relative low volume of drugs dispenses for basic ailments lends it to be a donation, but we have not been successful in security this partnership. We'll review it again next year.

SUMMARY OF PARTICIPATION RATES

YEAR	PARTICIPATION RATES IN FOOD DISTRIBUTION		PARTICIPATION RATES IN MEDICARE			
	IJU & ITAOGBOLU		IJU		ITAOGBOLU	
	LOW	HIGH	LOW	HIGH	LOW	HIGH
2004	48%	78%	-	59%	-	66%
2005	77%	90%	8%	28%	34%	52%
2006	80%	87%	9%	36%	44%	56%
2007	82%	91%	29%	35%	41%	52%
2008	85%	90%	28%	36%	31%	46%
2009	86%	90%	23%	37%	34%	47%
2010	86%	88%	22%	37%	35%	47%
2011	88%	90%	20%	33%	31%	38%
2012	89%	90%	18%	27%	29%	46%

While Itaogbolu elders have consistently had a higher rate of attendance at the medicare sessions, it's instructive that after a significant initial donation by an individual in 2006, contributions from Itaogbolu have remained limited despite several courtesy calls to traditional and religious leaders as well as prominent indigenes. However, two indigenes have volunteered in recent years.

Profesor Femi Odesanmi, a friend of the founder and Board member, contributed to the work of the Medicare team from time to time.

Finances

The cost of providing services keeps increasing with the rising prices of food items, higher salaries and stipends for staff and volunteers and more elders in our care. The donations from our regular donors have been invaluable. Their support and the interest from KH investment has kept KH operational.

As we build The Kaleyewa House, and expand the scope of our services, we'll need more funds and staff support.

EXPENDITURE PER ELDER

	TOTAL EXPENDITURE (₦)	KH ELDERS	EXPENDITURE PER ELDER (₦)
2022	4,050,514	455	8,902.23
2021	3,425,120	439	7,802.1
2020	2,580,950	415	6,219.16
2019	2,209,650	453	4,877.82
2018	2,284,100	400	5,710.25

Land and a Physical Building

Olukemi's vision has only partially been accomplished. She aspired to establish a physical home for the elders - a place where their golden years would be adorned with dignity and care—a dream she, unfortunately, could not bring to life. A physical Kaleyewa House will still be built. It will start in Iju where the home she built for her mother has been demolished and will be rebuilt to serve as the Kaleyewa House office as well as a home for the elderly who would otherwise rent.

Ondo State has only one state-run Old People's Home which is in Akure. There are two private ones – Ondo Town (x beds) and Akure (4 beds).

The initial approval for land in Akure for Kaleyewa House was obtained in 2001. However, with the Founder's death and the various changes in Ondo's political landscape, we have been unable to conclude the acquisition. Dedication of the land was to be one of the activities to mark the 10th anniversary as the then governor, Dr Olusegun Mimiko, promised land, but it got stuck in the bureaucracy.

Adding Some Fun!

The addition of an annual Christmas / New Year Party in 2009 with gifts given to all elders in 2011 and 2013 have been an added element of fun to the activities of the KH. The parties provide an opportunity for elders from both communities to interact, eat together and dance!

The party was a New Year Party in its first year and a Christmas party in 2011. In 2012, it was decided that it would be an annual New Year Party from 2013. It was skipped in 2021 due to COVID-19.

The words and stories of the elders at the parties speak to the impact of KH on their lives. The party was the idea of a friend of the Founder's daughter and he sponsored it for the first two years. The annual party is now sponsored by the Founder's daughter (sometimes with donations from her friends) and it's not part of KH's annual budget.

Beyond Iju & Itaogbolu

KH's activities have been low key over the last decade. There was some press coverage in 2006 with the fundraising event. **Hope** newspaper, an Ondo State Government weekly has covered KH's activities periodically since 2004. In its August 2006 report, it emphasized the commendation of Ondo State Commissioner for Women Affairs and Social Development on Kaleyewa House as one of the most effective and frontline non-governmental organization (NGO), in the state.

In 2013, as part of our 10th Anniversary celebration, we invited OSRC to cover the New Year Party in January and a short feature was produced for TV. This will be repeated for the 20th Anniversary celebration.

In 2011, a founder of an NGO that cares for elders in Owo town paid a courtesy visit to KH to learn from KH's experience in the care of elders. One of KH's regular donors since 2006 has also broached the idea of KH helping to set up a similar program in her hometown in Oyo State.

In 2018 we contemplated expanding services to another community in Akure North Local Government - Ilu Abo - and the Oba and his Council of Chiefs welcomed the idea. However, funding and personnel constraints has put the planned expansion on hold.



FUTURE DIRECTION

Over the last decade, Nigeria's average life expectancy has increased from 47 years to 56 years. This means that the elderly are living longer and with that comes additional costs and needs. In the same period, more people are living below the poverty line; the cost of living and inflation as increased and so has the rate of rural to urban migration. All of this only means additional stress on the elderly.

The activities that we've supported over the last two decades were meant to be a pilot. The dream of the founder was a network of homes for the elderly and those dealing with terminally ill diseases across the country. However, with the founder's untimely death, our progress has been slow though we have stayed true to her vision of supporting the elderly to ensure they "age with dignity".

The same three things that topped our list for next steps at our 10th anniversary still make the list as we celebrate 20 years.

They are:

Research & Writing

Work with the academic community to document our findings and experiences as well as exploring ways to support the study of gerontology in academic institutions across the country.

In the founder's list of objectives for Kaleyewa House, she had framed it thus:

Develop a twinning arrangement with a university department with a programme on gerontology or help a Nigerian university to develop such programme. The aim is to make Kaleyewa House a demonstration and interactive centre for the department.

Influence Government Policy at the State and Federal Levels

In the founder's list of objectives for Kaleyewa House, she had framed it thus:

Assist governments at different levels in areas of elder care especially in policy formulation and implementation. One such avenue is providing support for family members to care for their dependent elders.

Build a Kaleyewa House!

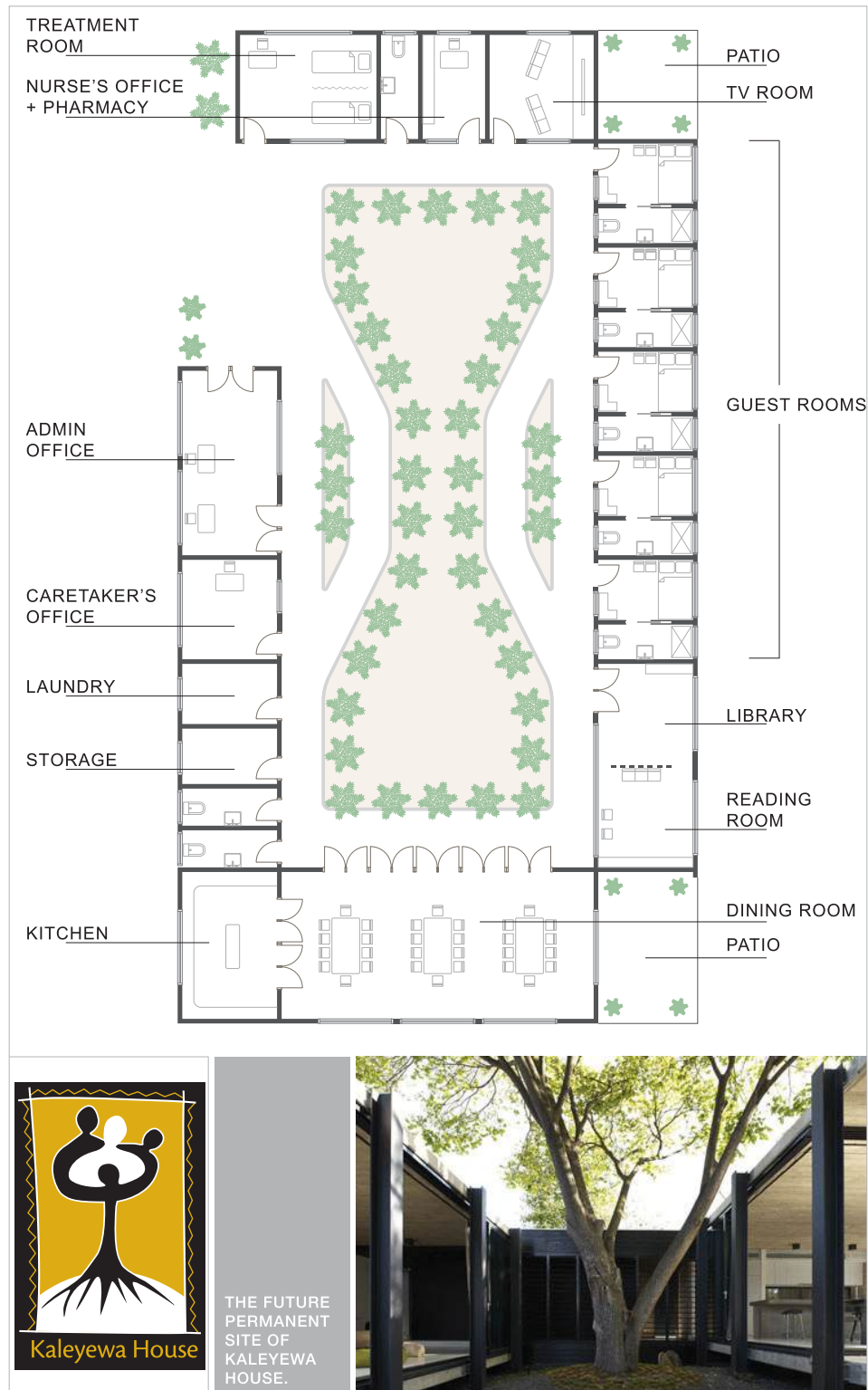
This would be a home for the elderly in Akure, Ondo State focused on providing space for recreation, interaction and free medical check-ups. There would also be a few rooms to cater for those who are terminally ill and have no one to care for them or those whose loved ones live outside the country.

While we wait for land in Akure from the Ondo State Government, we will start in Iju and build within the next two years.

We hope more homes like this would be built across the country.

"The dream of the founder was a network of homes for the elderly and those dealing with terminally ill diseases across the country."

A working model of a Kaleyewa House created in 2013



ELDER CARE IN NIGERIA

AN OVERVIEW

Executive Summary

This section presents a cursory overview of the elder care landscape in Nigeria. We highlight the demographic changes occurring in the country, such as the increasing number of older citizens, the cultural significance of elders in Nigerian society, and the challenges facing elder care, including economic pressures, healthcare access, social isolation, elder abuse, and the role of care facilities.

We identify two major challenges in elder care in Nigeria -

- (1) access to healthcare and
- (2) changes in socio-cultural norms.

Access to health is difficult due to the inadequacy of primary healthcare centers, issues with medical equipment and funding. Changes in socio-cultural norms include ageism, elder abuse, discrimination and neglect within cultures that previously honored and revered elders. We recommend addressing these issues through improved social welfare systems and enhanced management of healthcare services.



Overview: Elder Care Landscape in Nigeria

Nigeria is seeing an increase in the number of older persons. The World Bank estimates² the population of older citizens (65 and older) as slightly above 4.5 million (2010) and 6.5 million in 2022.

In Nigeria, the National Senior Citizens Centre Act classifies senior citizens as people above 70 years, despite the country's life expectancy being 55 years. The latter classification is ten years older than the United Nations Population Fund (UNFP) definition of 60 years and above³ which aligns with the African Union's (AU) definition.⁴ The senior population in Nigeria (over 60) is expected to increase⁵ to 11.5 million in 2025 and 25.5 million in 2050.

¹ Desk Research for this section provided by Justice Eyo

² <https://data.worldbank.org/indicator/SP.POP.65UP.TO?end=2022&locations=NG&start=1960>

³ <https://www.icirnigeria.org/older-persons-day-eight-months-after-laws-passage-nigerias-senior-citizens-centre-still-out-of-sight/>

⁴ 36438-treaty-0051_-_protocol_on_the_rights_of_older_persons_e.pdf (au.int)

⁵ <https://www.researchgate.net/publication/357482732>

Our older citizens require more specialized care and assistance now, and as the number grows in the next few years, we will need more initiatives and resources to cater to their needs. Due to a higher chance of physical and cognitive impairments and various social, health, and economic repercussions, older citizens need such services as assisted living, adult daycare, long-term care, and hospice care. Our research shows an alarming lack of professionals, organisations, and local legislation and policies to address this dire need. A report by the **Punch** newspaper⁶ captures the situation; thus, *"despite numerous ailments plaguing aged people, Nigeria has less than 100 geriatricians to over four million old people."*

Historically, however, families, community members, neighbors, churches, and friends care for the elderly. This kind of care is still obtainable in many villages in Nigeria, where elders live with their families (intergenerational homes), and the community owes a shared responsibility for their care. Traditional African societies value elderly persons as leaders and links to ancestors and oracles and revere them as stores of wisdom and tradition. The adequacy of care rendered to older people by these immediate sources is subject to several factors, including the economic condition of older people. A respondent⁷ to a 2018 survey on elderly care in Nigeria, captures it thus:

"If it's within a rich family you will notice that the elderly person will be properly taken care of. The person will even have a special person assigned to her to wash her dress, cook food, even wash her body for her. She will even have a personal doctor who visits her in the home to care for her health needs. But if the person is poor and from a poor family you will see that the level of care will be limited. In the community individuals try their best to provide the elderly who are poor with feeding, medical attention, clothing and affection."

In addition to this economic disproportionality, our decline in cultural values and increasing individualism among younger adults are responsible for weakening traditional support and care provided to older persons. About the preference of younger people to overlook the needs of older people, one writer⁸ notes that this could be because young people do not gain as much satisfaction from doing so as they would from other *"conflicting ideas or demands on their resources."*

Therefore, Nigeria requires a concerted socio-economic effort to address the needs of older people, which they deserve yet are often deprived of. Though elders are frequently approached for guidance on major issues and amply dubbed "elder statesmen" in political circles, other notable issues such as urbanization, family disintegration, and the lack of a national social security system confound our relationships with them and their access to support. Consequently, more older citizens live independently or are, in some cases, abandoned⁹ in care facilities.

Article 25 of the Universal Declaration of Human Rights (UDHR) refers to the right to security in the event of old age. The right to protection in old age is embedded in articles 9, 10 and 11 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), article 11 of the CEDAW.

The ICESCR sets out specific commitments on the right to social security:

⁶ <https://punchng.com/scarcity-of-geriatricians-cause-of-death-among-hospitalised-elderly-people-physicians/>

⁷ <https://doi.org/10.1080/23311886.2018.1555201>

⁸ <https://www.researchgate.net/publication/343447188>

⁹ <https://dailytrust.com/lagos-old-peoples-home-isnt-same-old-story/>

- 1 States are obliged to progressively ensure the right to social security to all individuals within their territories, providing specific protection for disadvantaged and marginalized individuals and groups.
- 2 States must develop a national strategy for the full implementation of the right to social security in old age, and allocate adequate fiscal and other resources at the national level.
- 3 States cannot rely only on contributory systems for old age pensions, as all individuals do not have sufficient means to maintain an adequate standard of living. Therefore:
- 4 States should, within the limits of available resources, provide non-contributory old age benefits to assist, at the very least, all older people who, when reaching the retirement age, are not entitled to an old age insurance-based pension.

Regrettably, Nigeria has signed, but has not yet ratified, the Protocol to the African Charter on the Rights of Older Persons in Africa. The ratification and domestication of this Protocol will reinforce the entitlements of older persons and task the country on the need to fulfill its treaty obligations as it pertains to the human rights of older persons.

Sociostructural challenges older people face include restricted access to healthcare due to high costs, insufficient healthcare infrastructure, and insufficient accessibility features. According to a Vanguard investigation, 21 of 36 states still owe¹⁰ senior citizens ₦790 billion in pensions and gratuities, leaving many older Nigerians impoverished and unable to pay for vital services, including healthcare and housing.

Thankfully, several groups in the country have taken up the challenge to offer various services to older people and their families. They include healthcare, social assistance, senior rights advocacy initiatives such as private homes like Winiseph Care Home, and training providers for in-home care like Rockgarden Homecare Agency. These organizations partner with local communities and government agencies to increase awareness of elder care concerns and push policies and initiatives to improve the quality of life of older citizens.

However, many private organizations are small healthcare businesses, with some combining specializations such as infant and elder care. Some businesses offer a wide range of services but require more facilities and equipment to meet client demands. They need website updates; owner/manager information, and are listed on third-party directories. We also found that several public health initiatives, outside those focused on elder care, organize one-off campaigns for older people.

Policies and Legislation in Nigeria

Araromi, Marcus Ayodeji, PhD, notes that the primary policy impacting older people in Nigeria is retirement pensions and gratuities, which have transitioned from the defined pension system toward financial plans based on deferred income and investment for retirement known as Contributory Pension Schemes, established¹¹ by the Pension Reform Act 2004 for all employees in Nigeria.

Though the contributory policy is a step ahead of its defined¹² counterpart, which hitherto compelled old pensioners to appear in person, offer kickbacks to administrators to attend to them, or, as it was often

the case, collapse and die while queuing up under unfavorable conditions for their dues, 26 state governments¹³ have yet to implement it. It has been observed that 11% of people receive their pensions.

While it has been observed¹⁴ that “there is no such thing, in the strict sense of it, like social security in Nigeria which may involve securing an individual against loss, poverty, destitution, disease, and idleness which may come as a result of varied hazards and vicissitude of social life,” a controversial National Social Protection Policy¹⁵, which acknowledges the needs of older persons exists.

⁶ <https://punchng.com/scarcity-of-geriatricians-cause-of-death-among-hospitalised-elderly-people-physicians/>

⁷ <https://doi.org/10.1080/23311886.2018.1555201>

⁸ <https://www.researchgate.net/publication/343447188>

⁹ <https://dailytrust.com/lagos-old-peoples-home-isnt-same-old-story/>

¹⁰ <https://www.vanguardngr.com/2023/10/21-states-owe-n790bn-inherited-pensions-gratuities/>

¹¹ <https://businessday.ng/insurance/article/historical-development-of-pension-scheme-in-nigeria/>

^{12&14} <https://core.ac.uk/download/pdf/234650285.pdf>

¹³ <https://punchng.com/contributory-pension-nlc-retirees-lament-as-26-states-fail-to-join-scheme/>

¹⁵ <https://www.worldbank.org/en/news/press-release/2021/12/16/nigeria-to-scale-up-delivery-of-social-assistance-to-10-2-million-households>

However, the first¹⁶ national attempt at policy and legislation for older Nigerians was the Obasanjo administration's **"Interministerial Committee (IMC) on Active Ageing,"** prompted by tragic accounts of the poor economic and health status of older people and the country's desire to manage its leadership posture in Africa. The Committee, however, failed to create the **"National Plan of Action on Active Ageing,"** its foremost deliverable. The Ministry of Health, in contrast, formulated the **"National Policy on the Care and Well-Being of the Elderly"** in 2003, but the policy was never ratified.

The National Senior Citizens Center Act (2017)¹⁷ established the **National Senior Citizens Center (NSCC)** as *"the first distinct national corporate body with [a] focus on social inclusion of senior citizens in sustainable development and the improvement of the quality of life and well-being."* The center launched *"with a mandate to identify the needs of senior citizens and to cater for them"* and Dr Emem Omokaro was appointed as Director General in 2021. The NSCC was established as an agency under the Ministry of Humanitarian Affairs, Disaster Management and Social Development. This Ministry is saddled with the constitutional responsibility of developing humanitarian policies and provides effective coordination of national and international human interventions.

Similarly, the federal government declared¹⁸ October 5th **National Day for Senior Citizens.** The government approved the **"National Policy on Ageing for Older Persons in Nigeria"** to ensure that we, *"... have a society where senior citizens are guaranteed security, independence, participation, comprehensive care, self-fulfillment, and dignity."* Nigeria also has the **National Plan of Action on Ageing and Project Activities (2021-2025) and the Strategic Roadmap On Ageing (2022-2032).**

The declaration of policy of the National Senior Citizens Center states that subject to Section 16 (2) (d), 1999, the government will provide adequate social services and improved quality of life for older people. Part 1 (2) (b) also states that the center may sue or be sued. The Act is, therefore, a legal basis for the government to care for senior citizens and NSCC's mandate is very clear. It shall:

- A** Identify the needs, trainings, and opportunities of Senior Citizens in the country and be responsible for the provision of recreational, sports, educational, health and social programs and facilities designed for the full enjoyment and benefits of the senior citizens in the country, as well as provide guidance and counseling for senior citizens.
- B**
- C** Initiate, develop and implement productive activities and work scheme for the senior citizens in order to provide income or otherwise supplement their earnings;
- D** Keep records and statistics of senior citizens in the country as well as liaise with national, regional and international agencies involved in the provision of welfare and recreational activities for senior citizens; and
- E** Perform such other functions which are necessary to achieve out the purpose for which the centers are established."



¹⁶ https://www.ageing.ox.ac.uk/files/afran_asagba_genrev_apr05_v15_no_2.pdf

¹⁷ <https://nsc.org.ng/national-senior-citizens-centre-nssc-memorandum-of-understanding/>

¹⁸ <https://radionigeria.gov.ng/2021/12/18/fg-declares-oct-5-natl-day-for-senior-citizens/>

On the one hand, the NSCC has a program called the Continuing Engagement Bureau (CEB) to connect *"senior citizen who wish to continue to engage their knowledge, experience, interests, and passions to contribute in any capacity through volunteerism or contract basis"* to opportunities. Whether the federal government will actively implement the objectives of the aging policy or the NSCC, which at the time of this research has no state offices, is yet to be seen. Still, it has been predicted¹⁹ that *"Nigeria will be hard-pressed to meet the challenges of large numbers of elderly people, especially as traditional family support systems for the elderly are breaking down."*

Despite all these policies it's still very sad to note that the government is not living up to its full responsibilities as subscribed in the Act. Lack of political will and prioritization of the special rights of other disadvantaged groups at the expense of the old people Policies shaping the wellbeing of the elderly in Nigeria, it seems not to be the priority of the government to address issues bordering on the welfare of the old people. However, it's only been two years since the Office was inaugurated, thus we can extend some grace for its learning curve.

Notably, there is no such thing, in the strict sense of it, like social security in Nigeria which may involve securing an individual against loss, poverty, destitution, disease and idleness which may come as a result of varied hazards and vicissitude of social life. There is no clear policy statement regarding it and little is spent by the State on it except in the capacity of its being an employer. Lack of protection by the State leaves people in this category to their own devices in the fight against the

risk of social life. Without doubts, the old people may fall into this category of people that need immediate help.

Rather than addressing policy issues the government has a way of coming up with one off schemes and palliative programs/interventions in meeting care needs of the older persons, and unfortunately these set of persons are among the demographics most affected by poverty in Nigeria. Some states in the federation have established social security programmes for older persons. Examples are the Agba Osun scheme of Osun State, the monthly allowance for those 70 years and above in Ekiti State, and the free healthcare service for indigenes of Delta State who are 70 years and above. Older persons have also benefited from ad hoc philanthropic programmes where food and money are provided to the poor and needy.

"Implementation gap occurs when nation-states fail to pass domestic legislation, or do not establish procedures and institutions that are required to implement an international standard."

- FREDVANG AND BIGGS

International and Regional Alignment

According to Dr. Claudia Mahler²⁰, the United Nations Independent Expert on the enjoyment of all human rights by older persons, Nigeria has ratified **"Protocol to the African Charter on Human and Peoples' Rights on the Rights of Older Persons"**. She also reported in September 2022²¹ that Nigeria was *"strongly considering to be the next member of the African group at the bureau of the UN Open-Ended Working Group on Ageing (OEWG-A), which has [the] mandate to strengthen the human rights of older persons, including in preparing an international legally binding instrument."*

¹⁹ <https://doi.org/10.1080/23311886.2018.1555201>

²⁰ <https://guardian.ng/apo-press-releases/nigeria-reaffirms-commitment-to-human-rights-of-older-persons-by-ratifying-protocol-to-african-charter-united-nations-un-expert/>

²¹ <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.ohchr.org%2Fsites%2Fdefault%2Ffiles%2Fdocuments%2Fissues%2FOLDERPERSONS%2Fstatements%2F2022-09-09%2F20220909-eom-nigeria-IE-older-persons.docx&wdOrigin=BROWSELINK>

State Policies

In addition to the national level, several states, such as Ekiti, have implemented specific elder care laws and policies. Caring for our senior citizens should be a non-negotiable act of service, but the reality is that several state authorities have failed while others have cared and in all states, elderly individuals face poverty, family abandonment, and irregular pension payments.

EKITI STATE

Ekiti has the Senior Citizens Welfare Law enacted²² in 2012 that establishes a legislative framework for protecting and assisting older adults. The state was to provide welfare assistance (cash grants or in-kind assistance) to elderly persons in the state. The State instituted a social security scheme that ensured the payment of a monthly stipend to vulnerable older people. By 2014, the scheme had accommodated 25,000 older adults and built an **Elderly Peoples' Resort and Wellness Centre** in 2022. The law:

- 1 Recognizes the existence of the resident elderly person in Ekiti State.
- 2 Acknowledges the rights of elderly persons to take their proper place in society and supports their participation as an integral part of Ekiti State and
- 3 Provides for a system of welfare assistance, including free healthcare and payment of welfare grants to beneficiaries under this law, thereby aiming to achieve a minimum standard of living for the relevant older adults.
- 4 From 2014 to 2018, former Governor Ayodele's administration reportedly continued the social security initiative, but with less vigor as beneficiaries were found to be²³ members of the ruling political party.

EDO STATE

The Edo State Government, in 2022, signed the state's **Policy on Aging** to provide social care and protection for senior citizens. Following the approval of this policy, the state's Executive Council reportedly²⁴ *"asked the Ministry of Social Development and Gender Issues to come up with an action plan and implementation strategy on this new policy."* At the time of this research, the ministry was yet to announce an implementation plan.

Other Notable Initiatives/Policies:

- 1 **Rivers State** has no notable policy or initiative to address these issues. So elders engage in petty trading or begging to survive while the **'Home of the Elderly,'** run by a Catholic Church, struggles to cater to many through the goodwill of donors. Other states, some of which we have highlighted here, have made good efforts. Similarly, the Catholic Church's Pope John Paul II **Home for the Needy, Elderly, and Physically Challenged** was the lone source of respite for vulnerable elders in the state.

²² <https://www.ekitistate.gov.ng/senior-citizens-welfare-law/>

²³ <https://guardian.ng/saturday-magazine/giving-succour-to-the-elderly/>

²⁴ <https://nigerianobservernews.com/2022/04/obaseki-approves-policy-on-aging-to-cater-for-elderly-persons-in-edo/>

- 2 **Abia State** Government launched a free home Medicare initiative²⁵ for older people in 2017. The program reportedly offered such services as *"home health aid care such as bathing, dressing and personal hygiene, assistance ambulation, turning and positioning"* to 160 patients across three local communities. Following the change of political leadership in the 2023 gubernatorial election, the continuity of the program is still being determined.
- 3 In 2014, the **Anambra State** Government inaugurated²⁶ a welfare scheme for older adults 75 years and above.
- 4 **Enugu State** started²⁷ a free door-to-door medical initiative to take care of the health needs of older people in the state in 2021.
- 5 In **Benue State**, the work of Lady Theresa Igwa-il, an accountant who established and still manages a home for older adults, came to our attention. Despite issuing her an operational license, the state's office of the Ministry of Women Affairs and Social Development had yet to provide further support.
- 6 The **Lagos State** Government has an Old Peoples Home in Yaba²⁸, *"a multi-residence housing facility set up to provide formal long-term care for senior citizens aged 60 years and above."* Several cases of abandonment have been reported²⁹ in the center.

In 2017, Mr. Akinwunmi Ambode, a former Governor of the state, said that had *"concluded [plans] for the establishment of modern Community Day Care Centres for the elderly in the three senatorial districts of the State for which land has been allocated in Epe, Badagry, and Alimosho."* However, at the time of this research, no centers have been established and *"the Elderly Bus Pass³⁰ (EBP) programme which is designed to offer the elderly a limitless access to board free BRT buses to anywhere in the state"* is yet to launch.

Findings among the Fatua³¹ in Katsina revealed that most people preferred living with their older relatives with domestic aid dedicated to them to nursing their elderly ones in a care home.

More states need initiatives to handle the needs of older people. We have also observed that changes in political leadership affect the continuity of eldercare programs at the state level.

Organisation Profiles

While we wait for a master database from NSCC, we did desk research on organisations focused on the elderly as home, care-givers, trainers, health care facility etc. We found about 60 organisations and they are currently being validated and the data will be shared on our website.

KEY OBSERVATIONS AND TRENDS IN ELDERCARE ORGANISATIONS PROFILED

We observed the following trends among the eldercare organizations profiled above

- 1 **Organizational Structure** Many are small, private businesses with combined services that speak to different specializations in the healthcare sector. For example, some organizations mix infant care and eldercare even while they cannot simultaneously offer both services effectively. Also, despite offering a wide range of services, several need more facilities and medical equipment to adequately render the services advertised.

²⁵ <https://businessday.ng/life/article/abias-free-home-medicare-elderly-first-kind/>

²⁶ https://thenationonline.ng.net/anambra-inaugurates-welfare-scheme-old-people/#google_vignette

²⁷ <https://sunnewsonline.com/enugu-ugwuanyis-sets-up-free-healthcare-initiative-for-elderly/>

²⁸ <https://www.vanguardngr.com/2022/01/lagos-social-security-and-the-elderly/>

²⁹ https://dailytrust.com/lagos-old-peoples-home-isnt-same-old-story/#google_vignette

³⁰ <https://www.thisdaylive.com/index.php/2020/12/05/lagos-social-security-and-the-elderly>

³¹ <http://pubs.sciepub.com/jpm/4/1/4>

2 Website Management

Several websites are outdated and need more information about the management and owners of the care centers. Some do not have websites but are listed on third-party business directories. While we tried to verify the details we found about them online, we omitted others for the lack thereof.

3 General Public Health Initiatives

We also learned that many healthcare-related non-governmental organizations (NGOs) offered annual events to celebrate old adults and advocate for improved welfare of senior citizens. However, we did not list them here as we focused on those specializing in eldercare and associated services.

Challenges and Recommendations



Nigeria is rife with many issues and challenges surrounding eldercare. We highlight two of the most disturbing ones here, which we believe would have an immediate impact on the welfare of older people once addressed.

HEALTHCARE STRUGGLES

The pioneering³² work of Professor Olikoye Ransome-Kuti, erstwhile Minister of Health (1985-1992), who championed a comprehensive national policy to introduce primary healthcare centers (PHCs) at the grassroots in Nigeria has suffered numerous ills, the prevalence of which now significantly affects the well-being of older adults. These issues include the lack of essential services and supplies, inadequate infrastructure, limited access to healthcare providers, and financial difficulties.

However, the dismal performance of PHCs is strongly associated with the entrenched³³ corruption of local government elections and administration in the country as *“the handover³⁴ in [the] 1980s to the local government administration, which is the weakest level of government,”* and whose elections in many cases are organized by cronies of the ruling party.

One study³⁵ observed that *“some medical equipment at the sampled healthcare facilities were no longer functioning... owing To [the] lack of adequate funding or inability of the healthcare facilities to prioritize the need for putting some medical equipment in [a] functional state....”* and the *“lack of medical equipment is a major problem affecting [the] Nigerian health sector.”* The study suggests a comprehensive review of PHC services, an audit of expenses to guide policies for service improvement, and for the government to reassess rural healthcare services and equip them with necessary drugs and equipment.

³² <https://www.frontiersin.org/articles/10.3389/fpubh.2017.00048/full>

³³ <https://www.vanguardngr.com/2022/08/rigging-local-elections-in-nigeria-where-next/>

³⁴ <https://www.frontiersin.org/articles/10.3389/fpubh.2017.00048/full>

³⁵ <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-017-2112-8#Sec8>

Director, Prof. Temitope Alonge, shared a laudable practice at the institutes in an interview³⁶, *“To make matters easier, we set up an insurance scheme for them [over 10,000 enrollees] at ₦18,000 per year or ₦1,500 per month, and every year, the hospital adopts 100 of these elderly patients who cannot pay. They send us their names and we register them on the National Health Insurance Scheme, NHIS, and they get free treatment. All their drugs including cataract treatment are free.”*

In 2019, **DailyTrust**³⁷ reported the National Project Co-ordinator of the Healthcare Package for Improving Quality of Care for the Aging Population in Nigeria (HEPIQ-C) Project, Dr Saidu Ahmed Dumbulwa, as saying the government planned to establish six geriatrics centers in the country-based on UCH Ibadan's model.

While the Federal Government's plans are yet to materialize, and though there is a growing number of private eldercare providers, the improved management and service offering of PHCs, which have more coverage nationally, will increase the availability of healthcare to all, including older people. We therefore encourage all older people in Nigeria to subscribe to the National Health Insurance Scheme (NHIS), which has services in many hospitals across the country.

AGEISM, ELDER ABUSE, AND DISCRIMINATION

Dr. Claudia shared a similar concern about the welfare of older people in Nigeria. We have learned that the UN's description³⁸ of elder abuse as *“a single, or repeated act or a lack of appropriate action where there's an expectation of trust which causes harm or distress to an older person”* is often the case in Nigeria.

She observed, *“Ageism is a concept that is often internalized, and age discrimination is often easily ignored and justified, which means it is seen as normal behavior.”* For example, a 2023 **Punch**³⁹ news story reported that a 70-year-old man was buried alive in Ihwakar Kumekor Dam in Konshisha Local Government Area of Benue. We have also learned that witchcraft allegations against older people are normal in many areas of Nigeria. A **Zikoko**⁴⁰ story reports three outrageous cases. In one case, a man acting on the pronouncement of his pastor can be seen in a video mercilessly flogging his mother to cast out demons from her. In Rivers State, a grandmother was stripped naked and dealt with harshly by community youths over allegations of witchcraft. In yet another, a young Magaji in Kano state beat his 80-year-old grandmother to death and threw the body into a well.

While the NSCC, in collaboration with the **National Agency for the Prohibition of Trafficking in Persons (NAPTIP)**, has a **toll-free line, 0800CALLNAPTIP/07030000203**, for reporting abuse or violence against older persons (***627#, MTN**), sociostructural forms of abuse of which unpaid pensions and gratuities, as we cited earlier remain. We join Dr. Claudia's plea to federal and state authorities to *“ensure the establishment of a strong, inclusive and steady social protection system, including the payment of pensions and allowances to all older persons....”*

As earlier mentioned, individuals and relatives of older people who have failed in their duty of care to older people must wake up to this responsibility. Today's society must change its perception of older people and provide the immediate care they need for improved well-being. A concerted effort by individuals and organizations is the most potent approach to reversing ageism and elder abuse.

We hope Nigeria would also realize the immense value that our elders have to give us and we'll ensure that we treat them with the respect and care they deserve. As Kaleyewa House begins its next decade of service, we would be honored to work with individuals, other organisations, States and the Federal Government to reshape attitudes, formulate meaningful policy, encourage academic study and research that will ensure that Nigeria's elders *“age with dignity”*.

³⁶ <https://www.vanguardngr.com/2017/11/60-uch-excels-neurosurgery-care-aged-prof-temitope-alonge/>

³⁷ <https://dailytrust.com/how-the-elderly-will-benefit-from-fg-s-planned-geriatric-centres/>

³⁸ <https://www.zikoko.com/citizen/elder-abuse-in-nigeria-the-plight-of-a-neglected-elderly-mother/>

³⁹ <https://punchng.com/group-seeks-justice-as-man-70-is-buried-alive-in-benue/>

⁴⁰ <https://www.zikoko.com/citizen/elder-abuse-in-nigeria-the-plight-of-a-neglected-elderly-mother/>

APPENDICES

Appendix 1

DR (MRS) OLUKEMI ADAMOLEKUN

Olukemi Adamolekun was born in Iju, Akure North Local Government on July 14, 1946. She grew up in a Christian environment and remained a staunch member of St. Stephen's Anglican Church, Iju throughout her life. She was also an active church member in the various places where she worked or visited, notably at All Souls Chapel of the University of Ife (now Obafemi Awolowo University), Osun State; The Falls Church (Episcopal) in Falls Church, Virginia and lastly, the Baptist International Church, Lome, Togo.

She attended St. Stephen's Primary School, Iju and Fiwasaiye Girls Grammar School, Akure. She then trained to become a nurse at the University Teaching Hospital, Ibadan. After marrying Oladipupo in 1970, she joined him in Oxford, England, where she trained to become a mid-wife at the Radcliffe Infirmary. She practiced as a Nurse/Midwife in England and Nigeria for a few years before proceeding to obtain a degree in Psychology at the Marymount Manhattan College, New York. In 1977, she joined the University of Ife as a Graduate Assistant. At Ife, she obtained both a Master's degree and a PhD in Guidance and Counseling and taught in the Faculty of Education for about a decade before retiring in 1992.

Her research and writings at Ife and beyond focused on care-giving issues, with attention to cultural dimensions. Among others, she published on aspects of counseling, including the problems of widowhood and bereavement.

While in the USA with her family from 1992 onwards, she was engaged in volunteer work, focusing on the care for the weak: the elderly in hospices, the sick in hospitals, and HIV/AIDS patients in specialized centers. To deepen her grasp of both the theoretical and practical aspects of the caring professions, Olukemi decided to obtain a professional Master's degree in Social Work. She received the degree from Virginia Commonwealth University in 2000. Shortly thereafter, she resolved to devote her professional work to the care of the elderly. Thus, Kaleyewa House was born: a not-for-profit non-governmental organization (NGO) that was registered in October 2001. (Motto: "Ageing with Dignity")

The preparatory work on Kaleyewa House that began in 2000 accelerated after the registration, and in only eight months, Olukemi had accomplished what could take between two and three years: renovation of a building in the family compound as temporary office for the NGO; completion of a census of retired teachers in two pilot communities (Iju and Itaogbolu); identification and initial implementation of volunteering activities by some of the retired teachers; completion of a baseline research project on the elderly in the same two communities (with the assistance of two Youth Corpers); acquisition of a plot for the headquarters of Kaleyewa House in a Government Estate in Akure; and the creation of a Kaleyewa House website.

When tragedy struck on May 4, Olukemi was in Nigeria to inform the patron, matron and some members of the Board of Trustees and Advisory Committee on the initial activities of the NGO – the plan for the first-ever Global Embrace (WHO—sponsored Walk for the elderly) in Ondo State, and preparatory arrangements for the formal launching of Kaleyewa House, tentatively scheduled for the third quarter of 2003.

Olukemi's husband, children, the extended family, her immediate communities and her numerous friends and colleagues at home and abroad will remember her as a care-giver par excellence. They will remember her selfless service to all, her grace, her warmth, her humility, her reliability, her integrity and, above all, her unstinting love. The violent manner of her end was the antithesis of her life of peace and love. This will remain a mystery for us all but our consolation is that she left her footprints behind.

Appendix 2

KALEYEWA HOUSE: THE DREAM

(Extracts from the Founder's Conceptualisation of Kaleyewa Hosu)

The political and economic decline in Nigeria has had severe consequences on all aspects of life. The search for minimum acceptable livelihood in the midst of plenty has drawn individuals away, not only from the rural areas, but also from every part of the country, leaving dependent elders to fend for themselves. Elders in urban areas are also on their own in some cases.

Although Africans including Nigerians have had long-standing cultural norms of enforcing the notion of filial responsibility, the recent economic pressures have made such enforcement difficult, if not impossible. In the meantime, the population of senior citizens is increasing rapidly in Nigeria as in the case in most parts of the world. At present [2002] the number of senior citizens in Nigeria is estimated at 5.6 million [60 years and above] and is projected to reach 11.3 million by the year 2030.

The issues of health, well-being and welfare of older persons are particularly seen as critical in many developing countries where few provisions for support exist outside the family, and the public sector is already overburdened with responsibilities which it has difficulty meeting. It is therefore necessary for other institutional actors including private (for profit) and not-for-profit organisations to make contributions to the care of our senior citizens.

Kaleyewa is a shortened form of a prayer phrase. The request is for God to grant us "a better evening than morning". It is for an old age with dignity, respect, free from poverty, abuse, hunger, homelessness and despair. We at Kaleyewa are committed to promoting dignified ageing through our programmes and services.

MISSION

Facilitate activities that promote care and nurturing for Nigerian senior citizens. These activities include advocacy, education, training and provision of services.

VISION

A society in which senior citizens lead a dignified and respectable life in their old age. It is making every house a **Kaleyewa** House.

OBJECTIVES

The primary objective of Kaleyewa House is to participate in caring for Nigerian seniors. This will be done in several ways, including:

- 1 Identify senior citizens in need and develop programmes to meet those needs;
- 2 Highlight the positive contributions of older persons to society and empower them to make such contributions;
Train individuals in understanding and caring for their seniors.
- 3 Develop a twinning arrangement with a university department with a programme on gerontology or help a Nigerian university to develop such programme. The aim is to make Kaleyewa House a demonstration and interactive centre for the department.
- 4 Assist governments at different levels in areas of elder care especially in policy formulation and implementation. One such avenue is providing support for family members to care for their dependent elders.
- 5 Collaborate with such organizations as the African Gerontological society (AGES) and the International Federation on Ageing Nigeria in advocating for the needs of this population.

APPENDICES

Contd.

DRAFT PROGRAMMES AND PROJECTS

The Founder prepared synopsis of six programmes:

- (i) Home Care of Elders
- (ii) Retired Public Servants Volunteer Programme
- (iii) Women's Poverty Reduction Programme
- (iv) Education and Training
- (v) Research; and
- (vi) Advocacy and Outreach.

She also prepared two detailed draft projects:

- (a) Retired Teachers' Volunteer Programme in Akure North Local Government of Ondo State and
- (b) Empowering older women through inter-generational dialogue for social change in Akure North Local Government of Ondo State

As already mentioned in the *Preface and Acknowledgments*, the former was submitted to the Ondo State Ministry of Education in November 2001. The latter was submitted as a grant request for ten thousand dollars (\$10,000) to the Ford Foundation in Lagos in March 2002.

The following is the project description: *"The Project aims to enhance dignity in ageing while educating rural children on cultural issues. The project will achieve the objective by sponsoring activities in four areas: training, skill development, information and documentation".*

The Founder's write-up on the draft programmes and the copies of the two draft projects she submitted for funding are available in KH archives.

"He who has done his best for his own time has lived for all times."

– John Sculley

Appendix 3

SUMMARY FINANCIALS: JUNE 2002 – DECEMBER 2022

DATES	INCOME (₦)	INCOME (\$)	EXPENSES	NOTES
June 2002 – December 2003	630,000	9,862	271,000	a: \$30,138 from Founder's resources and contributions by surviving spouse and children, including interest on savings up to 12/2004.
2004	200,550	31,938 ^a	613,985	
2005	760,162.43	156.82	795,487	
2006	933,936.81	0.00	849,980	
2007	1,398,585.42	2,150	1,060,450	
2008	1,829,473.55	4,000	1,361,395	
2009	2,167,570	2,250	1,467,657	
2010	1,347,190.87	3,850	1,483,265	
2011	2,198,837.6	5,750	1,535,760	
2012	1,228,362.01	13,008.66	1,734,295	

APPENDICES

Contd.

Appendix 4

KALEYewa HOUSE BOARD MEMBERS

Adebayo, C. O, Chairman	Chief Adebayo is a former federal minister.
Agbede, Kemi, Vice Chairman	Mrs. Agbede is a retired Professor from Babcock University, Ilishan, Ogun State, Nigeria.
Odesanmi, Femi, Member	Professor Odesanmi is a retired Professor of Pathology in Ekiti State University Teaching Hospital, Ado-Ekiti, Ekiti State.
Oriola, D. K., Member	Mr. Oriola is a former Permanent Secretary, Ondo State Government.
Adamolekun, Ladipo, Member	Professor Adamolekun is an Independent Scholar.
Adamolekun, 'Yemi, Member	'Yemi leads a prominent non-profit organisation in Nigeria.
Adeoti, Kunbi, Member	Kunbi is a human resources professional.

Appendix 5

KALEYewa HOUSE MANAGEMENT TEAM

Programme Officer	Ojo, Temitope, January 2015 to date Coordinates the delivery of Kaleyewa House's services in Iju & Itaogbolu.
Volunteers	Chief Dipe Adegboye, a retired secondary school principal, was involved in the baseline research, and is the supervisor of the staff directly responsible for coordinating the delivery of KH's services. Mrs Olufisayo Adegboye, a retired public servant, was also involved in the baseline research and participates in the delivery of services. Dr. F. S. Awosanmi, Medical Director, Ifeolu Medical Clinic, leads the delivery of medical care and health education. Several nurses from Ifeolu Clinic support delivery of medical care and health education.

Appendix 6

UNITED NATIONS PRINCIPLES FOR OLDER PERSONS ADOPTED ON 16 DECEMBER 1991 BY THE GENERAL ASSEMBLY RESOLUTION 46/91

The General Assembly,

- Appreciating the contribution that older persons make to their societies,
- Recognizing that, in the Charter of the United Nations, the peoples of the United Nations declare, inter alia, their determination to reaffirm faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and of nations large and small and to promote social progress and better standards of life in larger freedom,
- Noting the elaboration of those rights in the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights and other declarations to ensure the application of universal standards to particular groups,
- In pursuance of the International Plan of Action on Ageing, adopted by the World Assembly on Ageing and endorsed by the General Assembly in its resolution 37/51 of 3 December 1982,
- Appreciating the tremendous diversity in the situation of older persons, not only between countries but within countries and between individuals, which requires a variety of policy responses,
- Aware that in all countries, individuals are reaching an advanced age in greater numbers and in better health than ever before,
- Aware of the scientific research disproving many stereotypes about inevitable and irreversible declines with age,
- Convinced that in a world characterized by an increasing number and proportion of older persons, opportunities must be provided for willing and capable older persons to participate in and contribute to the ongoing activities of society,
- Mindful that the strains on family life in both developed and developing countries require support for those providing care to frail older persons,
- Bearing in mind the standards already set by the International Plan of Action on Ageing and the conventions, recommendations and resolutions of the International Labour Organization, the World Health Organization and other United Nations entities,
- Encourages Governments to incorporate the following principles into their national programmes whenever possible:

Independence:

1. Older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help.
2. Older persons should have the opportunity to work or to have access to other income-generating opportunities.
3. Older persons should be able to participate in determining when and at what pace withdrawal from the labour force takes place.

APPENDICES

Contd.

4. Older persons should have access to appropriate educational and training programmes.
5. Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.
6. Older persons should be able to reside at home for as long as possible.

Participation

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

Care

10. Older persons should benefit from family and community care and protection in accordance with each society's system of cultural values.
11. Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.
12. Older persons should have access to social and legal services to enhance their autonomy, protection and care.
13. Older persons should be able to utilize appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment.
14. Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

Self-fulfilment

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

Dignity

17. Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.
18. Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

Appendix 7

INTERNATIONAL ORGANIZATIONS AND RECOGNIZED DAYS CELEBRATING AGEING

African Union (AU)

Africa is projected to have between 204 and 210 million older people by 2050. In 2002, the AU ratified the AU Policy Framework and Plan of Action on Ageing at the 38th Ordinary Session of the Assembly of Heads of State and Government in Durban, South Africa, to commit African countries to meet the needs of older people. HelpAge partnered with the AU to publish the framework, and it contributed to the MIPAA⁴¹.

The welfare of older Africans is also protected by the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Older Persons, which guarantees the fundamental rights of older persons and protects older women from abuse, and gender-based discrimination⁴².

United Nations (UN)

Several international initiatives, frameworks, and agencies fostering global advocacy for the improved well-being of older people fall under the auspices of the UN.

1. **Madrid International Plan of Action on Ageing (MIPAA):**
The MIPAA was “adopted at the Second World Assembly on Ageing” in 2002 to focus⁴³ on “older persons and development; advancing health and well-being into old age; and ensuring enabling.” It is a revision of the *Vienna International Plan of Action, 1982*, which sought to develop humanitarian and developmental approaches to ageing. While the MIPAA has been in effect for more than twenty years, its implementation in Africa has been poor owing to the “lack of awareness and utilisation of the Plan as a policy instrument,” according to Dr. Emem Omokaro, Director-General, National Senior Citizens Centre (NSCC) of Nigeria. Dr. Emem presented⁴⁴ her review of the MIPAA as a panelist during the United Nations Commission for Social Development (CSocD61) in February 2023.
2. **International Agreements and Conventions:**
The Universal Declaration of Human Rights, adopted in 1948, protects the rights of all people, including the rights of older persons.
3. **Open-Ended Working Group⁴⁵ (OEWG) on Aging:**
The UN established the Open-Ended Working Group on Aging in 2010 to promote the rights of older persons by exploring and addressing specific challenges, issues, and ways of improvement.
4. **World Elder Abuse Awareness Day⁴⁶:**
World Elder Abuse Awareness Day on June 15 is to raise awareness about the issue of elder abuse and promote the rights and dignity of older adults.
5. **International Day of Older Persons⁴⁷:**
Celebrated since 1991 on October 1st, this day raises awareness about the global aging population and the need to ensure people can grow old with dignity.

⁴¹ <https://www.helpage.org/silo/files/au-policy-framework-and-plan-of-action-on-ageing-.pdf>

⁴² https://au.int/sites/default/files/pages/32900-file-protocol_on_the_rights_of_older_persons_e.pdf

⁴³ <https://www.un.org/development/desa/ageing/madrid-plan-of-action-and-its-implementation/second-world-assembly-on-ageing-2002.html>

⁴⁴ <https://globalpatriotnews.com/centre-boss-omokaro-worries-over-lack-of-awareness-of-madrid-framework-on-ageing/>

⁴⁵ <https://social.un.org/ageing-working-group/>

⁴⁶ <https://www.un.org/en/observances/elder-abuse-awareness-day>

⁴⁷ <https://www.un.org/en/observances/older-persons-day>

APPENDICES

Contd.

6. **Sustainable Development Goals⁴⁸ (SDGs):**

The SDGs, adopted in 2015, include goals and targets that directly impact the well-being of older persons. For instance, Goal 3 (Good Health and Well-being) focuses on ensuring healthy lives for all ages. In addition, Goal 10 (Reduced Inequality) recognizes the vulnerability of older persons and aims to reduce inequalities.

To better understand the needs and difficulties surrounding various global issues, including aging populations, the UN undertakes various research and publishes its findings regularly.

World Health Organisation (WHO)

WHO's commitment to securing improved healthcare, dignity, and opportunity for older people.

1. Executing the **United Nations Decade of Healthy Ageing (2021–2030)**, a worldwide partnership linked with the SDGs' last ten years to enhance the lives of older people.
2. **Age-Friendly Environments:**
WHO collaborates on a national and local level with its member states to build age-friendly cities and communities.
3. **Combating Ageism:**
By creating evidence on ageism, WHO aims to transform how we think, feel, and behave about age and aging.
4. **Achieving Universal Health Coverage (UHC):**
Advancing global UHC efforts for all people, including older people.

Other Notable Global Initiatives Include:

1. **HelpAge International⁴⁹:**
Is a non-profit organization that promotes the rights of older people so that all older people can lead dignified, healthy, and secure lives.
2. **International Federation on Ageing⁵⁰ (IFA):**
Is an international non-governmental organization with a vision for a "world of healthy older people whose rights and choices are both protected and respected."
3. **World Alzheimer's Day⁵¹ (WAD)/Month(WAM):**
WAD is held on September 21 annually as part of a global effort to raise awareness and address the stigma around Alzheimer's disease and other forms of dementia. The month of September has been acknowledged yearly since its launch in 2012.

⁴⁸ <https://sdgs.un.org/goals>

⁴⁹ www.helpage.org

⁵⁰ <https://ifa.ngo/>

⁵¹ <https://www.alz.org/about/awareness-initiatives/world-alzheimers-day>

KALEYEWHA HOUSE BANK ACCOUNT DETAILS

BANK	ACCOUNT NAME	ACCOUNT NUMBER
WEMA Bank Plc	Kaleyewa House	0120341294
First Bank Plc	Kaleyewa House	2004352581 (Naira) 2022164902 (USD)
First Republic Bank	Kaleyewa House Foundation	80018341334





Mr. Mayowa Awogbami, Hon. Akin Idowu,
Mrs Olufisayo Adegboye, Ms. 'Yemi Adamolekun,
Chief 'Dipe Adegboye, Mr. Jide Alonge



Mr. Ademola Richard, Mr. Samuel Temitope Ojo,
Ms. 'Yemi Adamolekun, Mrs. Olufisayo Adegboye,
Chief 'Dipe Adegboye



Elizabeth Owolafe & Victoria Oyeleye playing ayo

QUOTES

“... the gray hair of experience is the splendor of the old.”

– Proverbs 20:29, New Living Translation

“The conditions of most old people in Nigeria, people who used the best part of their lives to serve their fatherland, are appalling. Most of them are lonely. They suffer in silence. They suffer financial deprivation. They suffer a lot from unattended medical conditions. Most of them are not well fed, not well clothed, not well accommodated. They don’t have access to good healthcare.”

– Victoria Funmilayo Awolmolo, SAN⁵²

“There are six myths about old age:

- 1. That it’s a disease, a disaster.*
- 2. That we are mindless.*
- 3. That we are sexless.*
- 4. That we are useless.*
- 5. That we are powerless.*
- 6. That we are all alike.”*

– Maggie Kuhn⁵³

"An old man is not put in a boat to row, but to give advice.”

– Ugandan Proverb⁵⁴

“We don’t stop playing because we grow old. We grow old because we stop playing.”

– George Bernard Shaw

⁵¹ <https://pmnewsnigeria.com/2021/10/22/federal-government-should-enforce-senior-citizens-act-now-awomolo/>

⁵² 14 of the Best Quotes About Aging - Senior Planet from AARP

⁵³ <https://afriprov.tangaza.ac.ke/under-the-baobab-african-proverbs-on-old-age/>

QUOTES

"If old age stops the hunter from going hunting, he must be content with telling his ancient exploits."

– Malian Proverb⁵⁵

"Nobody grows old merely by living a number of years. We grow old by deserting our ideals. Years may wrinkle the skin, but to give up enthusiasm wrinkles the soul."

- Samuel Ullman

"When you get to my age, you'll really measure your success in life by how many of the people you want to have love you actually do love you... If you get to my age in life and nobody thinks well of you, I don't care how big your bank account is, your life is a disaster. That's the ultimate test of how you have lived your life."

- Warren Buffett

"The longer I live, the more beautiful life becomes."

– Frank Lloyd Wright

⁵⁵ Under the Baobab: African Proverbs on Old Age – African Proverbs, Sayings and Stories (tangaza.ac.ke)



www.kaleyewahouse.org | info@kaleyewahouse.org | 0708 020 3092