NATIONAL REPORT

The major achievements reached in respect of efforts to improve the quality of life of older persons, and to identify existing gaps and key actions required in the next five years in Grenada for the effective implementation of the Brasilia Declaration
# 1. Background

<table>
<thead>
<tr>
<th>Country</th>
<th>Grenada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institution</td>
<td>Economic Commission for Latin America and the Caribbean</td>
</tr>
<tr>
<td>Coordinating Report</td>
<td></td>
</tr>
<tr>
<td>Person in Charge</td>
<td>Wendy Crawford-Daniel, Ph. D. Consultant</td>
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</tbody>
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Acknowledgements

The author would like to thank the many representatives from Government and civil society who provided valuable information and insights for this report.
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<th>Acronyms</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>DESA</td>
<td>United Nations Department of Economic and Social Affairs</td>
</tr>
<tr>
<td>ECLAC</td>
<td>Economic Commission for Latin America and the Caribbean</td>
</tr>
<tr>
<td>MIPAA</td>
<td>Madrid International Plan of Action on Ageing</td>
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<tr>
<td>NIS</td>
<td>National Insurance Scheme</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>SEED</td>
<td>Support, Education, Empowerment, and Development</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
</tbody>
</table>
Executive Summary

Caribbean Governments along with other member states of the United Nations signed on to the Madrid International Plan of Action on Ageing (MIPAA) which was adopted in 2002 by the Second World Assembly on Ageing in Madrid.

The Plan of Action outlined a core set of ten commitments at national and regional levels in pursuit of “a society for all ages”. In addition the plan established that the “systematic review of implementation of MIPAA by member states is essential for its success in improving the quality of life of older persons”. Consequently, every five years a global review and appraisal of the MIPAA is undertaken to assess the major achievements and challenges in respect of efforts to improve the quality of life of older persons. The last review was undertaken in 2007 and this report is a 10 year review of implementation.

MIPAA Commitments to be reviewed for National implementation
- To mainstream ageing in all policy fields with the aim of bringing societies and economies into harmony with demographic change to achieve a society for all ages
- To ensure full integration and participation of older persons in society
- To promote equitable and sustainable economic growth in response to population ageing
- To adjust social protection systems in response to demographic changes and their social and economic consequences
- To enable labour markets to respond to the economic and social consequences of population ageing
- To promote lifelong learning and adapt the educational system in order to meet the changing economic, social and demographic conditions
- To strive to ensure quality of life at all ages and maintain independent living including health and well-being
- To mainstream a gender approach in an ageing society
- To support families that provide care for older persons and promote inter-generation and intra-generational solidarity among members
- To promote the implementation and the follow-up of the regional implementation strategy through regional co-operation

This Review was commissioned by ECLAC to evaluate the progress made in improving the quality of life of the older adults in Grenada since the Madrid International Plan of Action on Aging, particularly the progress made in the last five years in the implementation of the commitment of the Brasilia Declaration.

Grenada has in the past five years successfully initiated actions that have placed issues on aging high in the list of priorities at Government and policy levels and have enacted a number of legislations geared towards the protection, security, care, welfare and rights of older adults. The government has also demonstrated leadership in programs, projects and initiatives aimed at improving the status of older adults.
This review has revealed that good progress has been made in setting up the necessary structures and linkages between government and non-governmental community based organizations in their collaborations at all level to target issues of the elderly. It has also facilitated the grass root involvement and participation of the elderly in all of these actions and initiatives. This process is at a very early stage therefore making determination of its impact on Quality of Life of Grenada’s elderly is premature. While the progress made in improving the Quality of Life of the Elderly can be evaluated from a governmental and administrative level it is imperative that such an assessment should also be carried out among the older adults themselves, giving them an opportunity to self-assess their quality of life.

The current focus on issues related to older adults as a demographic of national developmental interest or on the organization of older adults in Grenada was non-existent before the Madrid Declaration. Today Grenada has made good progress in sensitizing the nation to the issues of the elderly and has set the necessary structure in place to secure an improvement in the quality of life of the elderly.

**Methodology**

Data which were collected provided details on the demographics of older persons, and programmes that have been implemented whether by Governments or NGOs etc. This study sought to understand the quality of life experienced by the elderly in Grenada.

In order to evaluate the measures implemented by the relevant government and non-governmental agencies dedicated to ensuring that the elderly of Grenada enjoys a quality of life reflective of the MIPAA convention signed by the member states, the research methodology applied was a combination of quantitative, qualitative and literature review.

Quantitative:

Qualitative:
Key informants from the Ministry of Social Development were interviewed. Further consultation was sought and obtained from the representative population, the elderly, who were interviewed. From them, I was able to gain a better understanding of their opinion of the quality of life experienced in Grenada.
1.0 An Inventory and Assessment of Actions Aimed At Older Persons in Legal, Administrative, Programmatic and Institutional Aspects

1.1 Socio-demographic Profile of the Elderly
Grenada has an estimated population of 109,000 and has a land area of approximately 340 square kilometers. The country includes the islands of Grenada, Carriacou, and Petit Martinique and several small-uninhabited islands.

The 2008 Human Development Report ranks Grenada as a medium development country, with a ranking of 86 out of 179 countries. Grenada has a relatively young population – 31% are under 16 years old and 12% are 60+. Life expectancy at birth is 63 years for men and 66 years for women (Blank, 2009).

Based on the availability of the necessary data, the following demographics were looked at:
   1. Demographic Indicators
   2. Social and economic Indicators

1.2 Demographic Indicators:
At the 2000-1 census, the number of persons sixty years and over stood at 1384 of which 573 or 41% are males and 811 or 59% are females. However, according to Grenada’s most recent population statistics (2008), the population estimates stood at 108,132, of which 16,306 (14.9 %) of the total population were persons 60 years and over and 9.2% of whom are persons 65 years and older. Within the 65 and over age group, 57% are females and 43% are males.

1.3 Housing and Tenure
Due to unavailability of current statistical data, using the 2000-1 census figures, over ninety-five percent of the elderly population 60 years and over owned the dwelling unit they occupied. Less than three percent dwelled in rented units and 1% lived in rent-free dwellings. A very small percentage of persons sixty (60) years and over leased, squatted or lived in other tenure arrangements.

Among the older adults sixty five (65) years and over, more than 95% owned the dwelling they occupied. Of the units built before 1970, 95.1% of persons sixty five (65) years and over owned the dwelling units, 3% percent rented private and less than 2% have had other tenure arrangement.

Of the units built between 1970 -1995, 96.6% of the older adults owned the units, less than 2% were rented private and 1.6% occupied dwelling with other tenure arrangements. Of the units build between 1996 – 2000, half (½) or 95.3% of the elderly population occupied dwellings they owned, 3% rented private and less than 2% percent occupied units with other tenure arrangement.

However, Hurricane Ivan would have had a significant impact on the housing statistics. According to the Grenada Country Poverty Assessment report (2008), there was a peak in home construction post hurricane Ivan. In 2005, there was a 20.1% surge experienced in the construction industry.
1.4 Disabilities
Older females reported more disabilities and illness than older males. Among persons sixty (60) years and over twice as many older females reported sight problems and lower limb problems than males. Sixty five females reported lower limb problems compared to thirty three (33) males and seventy three (73) females reported sight problems compared to forty eight (48) males. Among older adults sixty five (65) years and over sight and lower limb problem continue to be the most common forms of disabilities among the aged. These are followed by upper limb and hearing problems.

1.5 Illness
Older females generally reported more illness than older males. The three most common illnesses reported by persons 60 years and over are: arthritis, hypertension, and diabetes. These are followed by heart problem (77), stroke (40) asthma (24) and other types of illnesses (50). There are fewer cases of kidney problems, cancer and carpal tunnel syndrome. At census 2000-1 there were no cases of HIV/AIDS and lupus among persons sixty (60) years and over. Among persons sixty five (65) years and over arthritis continue to be the most frequently reported illness (364) followed by hypertension (310) and diabetes (193). Females reported arthritis twice as often as males, (69.2% to 30.8%), hypertension and diabetes almost three times as often as males. The following table represents the three most common illnesses reported by persons sixty (60) years and over.

Table 1: Distribution of the three most common illnesses in population 60 years and over

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Arthritis</th>
<th>Hypertension</th>
<th>Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>467</td>
<td>411</td>
<td>244</td>
</tr>
<tr>
<td>65+</td>
<td>364</td>
<td>310</td>
<td>193</td>
</tr>
</tbody>
</table>

Of the 1384 older adults sixty (60) years and over fifteen percent (15%) of the males have insurance coverage and 7.2% of the females. Insurance coverage is lower for persons sixty five (65) years and over, 10.2% of the males and 4.7% of the females have insurance coverage.

1.6 Economic Activity
Of the 1,384 persons sixty (60) years and over, at the 2000-1 census, 18.5% have worked and 81.5% did not work. More males sixty (60) years and over have worked than females sixty (60) years and over. Of the five hundred and seventy three (573) males, one hundred and seventy six (176) or 30.7% have worked compared to eight (80) or 9.9% of older females.

For the nine hundred and seventy five (975) older adults sixty five (65) years and older, 14.1% have worked and 85.9% did not work. One quarter of males sixty five (65) years and over have worked compared to 6.8% of older females.
1.7 Sources of Livelihood
The main source of livelihood of persons sixty (60) years and over are contributions from children (44.6%). 71.8% of the contribution from children goes to females, sixty (60) years and over and 28.2% of the contribution from children goes to females, sixty (60) years and over and 28.2% goes to males. Pension accounts for 29.2% of the sources of livelihood for persons sixty (60) years and over. For 10% of persons sixty (60) years and over the main source of livelihood comes from overseas and for 7.6%, the main source of livelihood are spouses.

More females reported pension as the main source of livelihood than men (54 % to 46%), overseas sources (70.6% to 29.4%) and from spouses 81% of females compared to 19% of males. Employment provided the main source of livelihood for seventeen percent (17%) of the older persons sixty (60) years and over. Sixty-nine percent of persons whose main source of livelihood is employment are males and thirty one percent (31%) are females.

Fewer older adults consider Social Security and Public assistance as the main source of livelihood and disability benefits as the main sources. 8.5% citied other sources of livelihood and 5.4% cited local contribution. Males more than females cited savings, employment and investments as the main sources of their livelihood. Females more often than males cited pensions, local contributions, overseas, children, spouses and social security and public assistance as the main souses of livelihood.

Children continue to be the main source of livelihood for persons sixty five (65) years and over (48.2%) followed by pension (31.5%), employment (12.5%), and overseas (11%). The percentage of females exceeded the percentage of males among persons citing pension, overseas, Social Security, Public assistance and local contributions as the main sources of livelihood. Males sixty five (65) years and over more often cited investments, savings, employment and parents as the main sources of livelihood.

1.8 Experiences of Crime
Of the 1,384 older adults sixty (60) years and over less than 2% have experience crime committed against them. 98.2% have not experienced any crime. A smaller percentage of persons sixty five (65) years and over has experienced crime committed against them. Of the nine hundred and seventy five (975) persons sixty five (65) years and over 98.4% have experienced no crime.

Of the seventeen (17) crimes reported against persons sixty (60) years and over, five (5) or 29.4% were crimes against the person and twelve (12) or 70.6% were not stated.

Of the ten (10) crimes reported against persons sixty five (65) years and over thirty percent (30%) were committed against the person and seventy percent (70%) were not stated. Crimes were more often committed against females than males.
2.0 Social and Economic Indicators:
The official retirement age in Grenada is sixty years (60). This retirement age is observed by the Public sector and the National Insurance Scheme. The informal and non-public sector areas of the economy are more flexible with regards to the retirement age. The following is the labour force participation of persons sixty years and over in Grenada by sex and age.

Table 2: Labor Force Participation of Persons 60 years and over in Grenada by Age and Gender, 2008

<table>
<thead>
<tr>
<th>Age Group</th>
<th># of Males</th>
<th>% of Males</th>
<th># of Females</th>
<th>% of Females</th>
<th>Total #</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>677</td>
<td>2.88</td>
<td>606</td>
<td>2.5</td>
<td>1284</td>
<td>55</td>
</tr>
<tr>
<td>65+</td>
<td>533</td>
<td>2.86</td>
<td>517</td>
<td>2.1</td>
<td>1050</td>
<td>45</td>
</tr>
<tr>
<td>Total</td>
<td>1210</td>
<td>5.74</td>
<td>1123</td>
<td>4.6</td>
<td>2334</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Grenada Central Statistical Office, 2008

Upon retirement persons attaining the age of sixty and persons who made the required weekly contributions to the National Insurance Scheme (NIS) are qualified to receive an aged pension. Agricultural workers who worked on the estates prior to the introduction of the National Insurance Scheme are entitled to, and are paid a pension from the funds of the National Insurance Scheme. The following are the registered pensioners both NIS and Provident Fund pension recipients in Grenada by Gender in 2011.

Table 3: Distribution of Registered Pensioners in Grenada by Age and Gender, 2011

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Females</th>
<th>Males</th>
<th>Total Pensioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>1805</td>
<td>2182</td>
<td>3187</td>
</tr>
<tr>
<td>65-69</td>
<td>1159</td>
<td>1316</td>
<td>2475</td>
</tr>
<tr>
<td>70-74</td>
<td>904</td>
<td>979</td>
<td>1883</td>
</tr>
<tr>
<td>75-79</td>
<td>699</td>
<td>756</td>
<td>1455</td>
</tr>
<tr>
<td>80-84</td>
<td>571</td>
<td>533</td>
<td>1104</td>
</tr>
<tr>
<td>85-89</td>
<td>306</td>
<td>339</td>
<td>645</td>
</tr>
<tr>
<td>90-94</td>
<td>72</td>
<td>44</td>
<td>116</td>
</tr>
<tr>
<td>95-99</td>
<td>42</td>
<td>11</td>
<td>53</td>
</tr>
<tr>
<td>100-104</td>
<td>07</td>
<td>06</td>
<td>13</td>
</tr>
<tr>
<td>105-109</td>
<td>03</td>
<td>01</td>
<td>04</td>
</tr>
<tr>
<td>110-114</td>
<td>00</td>
<td>01</td>
<td>01</td>
</tr>
<tr>
<td>Total</td>
<td>5,568</td>
<td>6168</td>
<td>11,736</td>
</tr>
</tbody>
</table>

Source: Statistical Department of the National Insurance Scheme Grenada data, 2011
According to the Grenada Poverty Assessment Study, 37.7% of the population was deemed to be poor in 2008 and 2.4% were deemed to be indigent. The poverty level in Grenada has risen from 32.1% in 1998, while the indigent level decreased from a 1998 high of 12.9%. Persons sixty years and over account for 14.9% of the overall population, and of this segment, 5.3% have been deemed to belong to the poor population. The following shows the distribution of the poor population among persons 60 years and over in Grenada in 2008.

Table 4: Distribution of the Poor Population among Persons 60 years and over in Grenada, 2008

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% of the Poor</th>
<th>% of the Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>1.3</td>
<td>3.6</td>
</tr>
<tr>
<td>65+</td>
<td>4.0</td>
<td>11.3</td>
</tr>
<tr>
<td>Total</td>
<td>5.3</td>
<td>14.9</td>
</tr>
</tbody>
</table>

Source: Grenada Poverty Assessment Report, 2008

While persons 60 years and over account for 14.9% of the total population and 5.3% of the poor population, in comparison, persons aged 0-14 years and young people 15-24 years account for 66.4% of the poor population. The well-being of the older adults was in better standing (1.3% of the poor population), than persons 65 years and over (4.0 percent of the poor population), but both age groups are in better standing than children and young adults. The following table shows the socio-economic status of persons sixty years and older in Grenada.

Table 5: Socio Economic Status of Persons 60 years and over in Grenada

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Indigent</th>
<th>Poor but not Indigent</th>
<th>Not Poor but Vulnerable</th>
<th>Not poor Not Vulnerable</th>
<th>All Persons 60+</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>0.0</td>
<td>1.4</td>
<td>3.4</td>
<td>3.5</td>
<td>2.7</td>
</tr>
<tr>
<td>65+</td>
<td>4.5</td>
<td>0.7</td>
<td>1.0</td>
<td>3.5</td>
<td>2.7</td>
</tr>
<tr>
<td>Total</td>
<td>4.5</td>
<td>2.1</td>
<td>4.4</td>
<td>7.0</td>
<td>5.4</td>
</tr>
</tbody>
</table>

Source: Grenada Poverty Assessment Report, 2008

An examination of the level of unemployment among Grenada’s elderly shows that there are a small percent of Grenada’s older adults who are actively seeking employment and are unable to secure same. The following table shows the unemployment situation of Grenada’s older adults by gender.
Table 6: Percentage of Unemployment of Persons 60 years and over by gender in Grenada

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male</th>
<th>Female</th>
<th>All Persons 60+</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>4.8</td>
<td>2.5</td>
<td>3.3</td>
</tr>
<tr>
<td>65+</td>
<td>0.5</td>
<td>0.9</td>
<td>0.8</td>
</tr>
<tr>
<td>Total</td>
<td>5.3</td>
<td>3.4</td>
<td>4.1</td>
</tr>
</tbody>
</table>

Source: Grenada Poverty Assessment Report, 2008

A higher percentage of males than females and older adults 60-64 are more actively seeking employment than persons 65 and above.

The literacy level or the ability to read and write among the older adults in Grenada is relatively high. The following depicts the literacy level of the population 60 years and over in Grenada

Table 7: Literacy Level of population 60 years and over in Grenada

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% Can Read and Write</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>95.7</td>
</tr>
<tr>
<td>65+</td>
<td>91.2</td>
</tr>
</tbody>
</table>

Source: Grenada Poverty Assessment Report, 2008
3.0 Overall progress in implementing the Brasilia Declaration

In the past ten years Grenada has made significant advancement in its focus on the elderly and in the provisions made for ensuring that the structures, policies and programmes are being put in place to facilitate equity and inclusion of older adults in the society.

Significant among the achievements of Grenada in the past decade are:

- A focus on the reduction of poverty among older adults
- The provision of a safe environment for older adults to age is in place
- The development of a safety network to improve the quality of life of the elderly
- Provisions for the care of older adults with disabilities including increasing access to facilities and services
- The establishment of a National Council for the Elderly
- Expansion of existing programmes and creation of new programmes aimed at improving the quality of life of the older adults
- The recognition of the role and contributions of older adults to the development of the society
- The expansion and strengthening of the care-givers programme
- Proposed and enacted legislations to protect the rights of older adults
- Improvement of the quality of care through the establishment of the Grenada National Standards for the care and protection of older adults
- Facilitation of the continuity of training and education opportunities for older adults

The three significant social structures that have facilitated the advances made to date in improving the quality of life of older adults in Grenada are:

1. The Establishment of the Desk of the Elderly in the Ministry of Social Development in 2000 and its functionality from 2004 onwards
2. The development of a National Policy on Aging in 2008/2009 and
3. The establishment of a National Council for Older People in 2011

3.1 Desk of the Elderly

First established in 2000 within the Ministry of Social Development, the Desk of the Elderly became functional in 2004, following the devastation of Hurricane Ivan. The Desk of the Elderly focused its early work on the recovery and reconstruction of the homes and lives of the elderly affected by the hurricane. More than 90% of the housing stock of Grenada was destroyed and the number of deaths that occurred during and immediately following hurricane Ivan were disproportionately higher in the older adult population. The physical damages, social dislocation and psychosocial effects of the hurricane were felt more so by the elderly population than any other demographics in Grenada (Social Situational Analysis of Hurricane Ivan, 2005 – Nanton’s Report)
The mission of the Desk of the Elderly sought to achieve and maintain an improved quality of life for older adults in Grenada, Carriacou and Petite Martinique by providing efficient quality services in collaboration with other ministries and stakeholders. It was established to offer services to persons 60 years and over and to centralize, direct and monitor the planning, organizing, coordinating and evaluating of the activities as outlined in the Strategic Plan for the elderly. Among the functions of the desk are:

- Administration and supervision of compliance with the requirement set out in the Grenada National Standards for the care and protection of the elderly
- Emergency assistance
- Investigation and assessment of the conditions of the elderly in Grenada, Carriacou and Petite Martinique
- Celebration of the month of the elderly
- Celebration of Centenarians and their documentation
- Coordination of the Geriatric Care-givers program
- Recording and reporting of the activities and achievements of the elderly
- Serve as the central authority to receive referrals from the community about vulnerable elderly persons
- Coordination of an internship program for students planning to work in the area of gerontology
- Spearhead the establishment of the National Council for the Elderly

One of the main achievements of the Desk to date is its leadership in the necessary steps and consultations towards the formulation of a National Policy on Ageing. Between 2005–2009, a series of national consultations, workshops, seminars and actions were undertaken in the development of a Policy on Ageing. In 2007 Grenada benefited from an interregional project on capacity building aimed at integrating older persons in the development goals and frameworks through implementation of the Madrid International Plan of Action of Ageing. This plan was designed to provide support to Governments in the area of Aging. The work of the Desk of the Elderly was also supported by United Nations Department of Economic and Social Affairs (DESA) and ECLAC Needs Assessment in 2007. The key recommendations coming out of these were the establishment of a national working group of all stakeholders which included relevant government ministries, NGO’s, academics, legislators, Grenada Council of Churches, Grenada National Council for the Disabled, Homes for the Aged, Law enforcement and older adults who were given a mandate to initiate drafting a National Policy on aging. Following a series of consultations a 3-day consultative workshop was held in March 2008 to develop a National Policy on Ageing.

One of the major plans for the year 2012 is the implementation of a Day Care for the elderly or Senior Citizen Center: The budgeted allocation for the Desk for the Elderly includes for 2012 the establishment of a pilot Day Care project which could be done in conjunction with other stakeholders.
3.2 Grenada National Policy on Ageing
The National Policy on Ageing was adopted by Grenada Cabinet in October 2009. The policy seeks to ensure that there is a framework for the systematic planning, monitoring and evaluating of issues concerning older people and for the relevant recommendations to be integrated into government policies, strategies and legislations.

The policy is based on the principle that older people have the right to be treated equally, with dignity and without the fear of discrimination. It seeks to embed those values into all national policies and strategies. The key foci of the policy are:

- To set out a long term vision for older people
- Provide a coordinated and integrated approach to ageing
- Recognize the dignity of older persons by eliminating all forms of neglect, abuse and violence
- Establish the rights of older adults to enjoy a life of fulfillment, health, security and active participation in the economic, cultural and political life of their societies
- Empower older people
- Recognize Grenada’s responsibility as a member state of the UN to comply with MIPAA
- Provide a framework for strategic plan of action
- Commitment to end age discrimination
- Commitment to work towards greater intergenerational integration

The key areas for action as outlined by the policy are:

- Equity
- Economic Security
- Health and Wellbeing
- Social support
- Housing
- Security
- Educational, social, recreational and community development programs
- Participation and social inclusion
- Monitoring and Review

3.3 The National Council for the Elderly
The Desk of the Elderly spearheaded the establishment of the National Council for the Elderly with the main objective to direct the implementation and monitoring of the policy on ageing. In December 2011 the Council held its Inaugural Annual General Meeting and has been meeting monthly. The Council elected its first Executive Committee and rectified its revised Constitution of November 2011. The charter members of the council comprise representatives of 25 organizations and individuals.
The aim of the Grenada Council for Older Persons is to be an umbrella body for the promotion and fostering of a good quality of life of the elderly through the provision and coordination of community and health services, income generating projects and educational programs in collaboration with local and international agencies (Constitution of Grenada Council for Older Persons).

The objectives of the council include:

- To identify the needs of the elderly
- To protect the rights and address the concerns of the Elderly
- To promote public awareness of the needs of the elderly through the media, seminars, conferences, workshops etc
- To recommend policies and programmes to meet the needs of the elderly
- To review and analyze the effectiveness of all services and policies related to the elderly and recommend strategies to improve these
- To cooperate with, inform, promote advise and assist government agencies and community groups with regards to services and specific needs of the vulnerable elderly
- To affiliate, cooperate and collaborate with appropriate regional and international organizations for the elderly
- To promote and engage in fundraising activities and the mobilization of resources on behalf of the Council
- To recognize and document the contributions of the elderly to national development
- Promote activities that create sustain networks for elderly persons to combat social isolation. (Constitution of Grenada Council for Older Persons)
4. Best practices in human rights of older persons

4.1 Health and Wellbeing of Grenada’s Older Adults

Health status is an important measure of the quality of life of a person. In examining the health status of older adults in Grenada, the data reveals that persons 60-64 years old suffer from medical and health issues diseases than persons 65 years and over. The following table shows the types of chronic illness by socioeconomic status.

Table 8: Type of Chronic Illness among the Poor by Socio Economic Status

<table>
<thead>
<tr>
<th>Type of Chronic Illness</th>
<th>Socio-economic Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor (%)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>25.2</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>44.7</td>
</tr>
<tr>
<td>Heart Condition</td>
<td>7.5</td>
</tr>
<tr>
<td>Cancer</td>
<td>3.3</td>
</tr>
<tr>
<td>Asthma</td>
<td>28.2</td>
</tr>
</tbody>
</table>


Grenada’s National Policy on Ageing recognizes the need of older persons for physical, mental, emotional, spiritual and psycho-social wellbeing. It recognizes that as the incidence of chronic diseases increase, there is the need to promote prevention and control measures to minimize the financial burden on the elderly and the need to provide a fully integrated health care system. The current challenges of Grenada’s health care system adversely affect the older adults many of whom are on a fixed income. For the elderly, the costs associated with health care and medication can be prohibitive, in light of the fact that they are ineligible for health insurance.

The emphasis of the policy on Ageing is to support health in the community; provide access to comprehensive health care in response to their needs; ensure equity in the distribution of health and rehabilitation services; ensure affordable access to essential medication or other therapeutic services; ensure information regarding access in provided to the elderly; increase health promotion and prevention measures; develop strategies for early diagnosis treatment and support to the elderly; encourage physical and mental stimulation for the elderly; and ensuring that the national policies incorporate issues regarding older adults with disabilities.

4.2 Older Adults with Disabilities

A 2009, United Nations Development Programme (UNDP) study of persons with disability in Grenada was conducted to evaluate the self-rated health and self-assessed quality of life of persons with disabilities in Grenada. Persons with age-related disabilities accounted for 21 percent of the sample of approximately 749 persons from a database of persons with disabilities in Grenada, Carriacou and Petit Martinique.
Of the persons identified with age related disabilities, 29% reported other health conditions, in addition to the disability. Of the respondents with age-related disabilities more than one half required assistance in carrying out activities of daily living and more than two thirds required help from others with instrumental activities of daily living. For persons with age-related disabilities 66% needed help from other to take medicine, 63 % needed help with bathing, 61% with toileting, 59 % with dressing and 58% needed help to more around the house. Even more instructive among the elderly with disabilities 70%-75% needed help with laundry, to visit a doctor, shopping, cleaning their room and 66%- 69% needed help with meal preparation and reading. Older adults with disabilities in Grenada reported low functional health.

4.3 Rating of Health
Of the older adults with age-related disabilities, four percent rated their health as very good, 38% as good and 30% rated their health as fair. Seventeen percent (17%) of the older adults with disabilities rated their health as poor.

4.4 Rating of Quality of Life
For the purpose of the Quality of life study (2009) measures of quality of life included their social and psychological health, quality and quantity of relationships and interactions with family friends and care-givers, level and quality of social support and the extent to which an individual can participate in the activities they perceive as important in their lives. Of the 213 older adults rating their quality of life in the study, 25% rated their quality of life as very good, 36% as good, 25% as fair and 13 percent as poor. It is quite evident from this study that older adults with disability rated their quality of life high despite the limitations from their disability and the other health conditions they possess. It can be concluded that the quality of relationships they share with friends, family and care-givers factored a great deal in their assessment of their quality of life and it was not based mainly on their health condition. The study also revealed that community dwelling older adults with disabilities are ill-prepared in the event of a national disaster and have serious mobility problems and a severe absence of assistive equipment to assist with their mobility or evacuation in the event of a natural disaster.

4.5 Programmes and Projects
Key programmes, institutions and projects involved in and aimed at improving the quality of life for the elderly were examined for this situational analysis. These include:
- The Desk of the Elderly within the Ministry of Social Development
- Ministry of Social Development
- ECHO – Extended Care through Hope and Optimism
- National Insurance Scheme
- National Council for Older Persons
- Home for the Aged
- Geriatric Care-givers programme
4.6 Desk of the Elderly
The leading institution in the forefront of these developments in improving the quality of life of the elderly in Grenada is the Desk of the Elderly. Since its inception, the role and significance of the Desk has increased significantly. The mission of the desk at inception was to achieve and maintain an improved quality of life for older persons in Grenada, Carriacou, and Petit Martinique by providing efficient quality services in collaboration with other ministries and key stakeholders in Grenada. In 2011, the Desk embarked upon and successfully implemented:

The Desk of the elderly participated in a number of programmes and projects in 2011 which included:
- Educational sessions for staff
- The launch of the Disaster Reduction Project of the World Bank which would include the renovation of two Homes for the Aged and disaster reduction for vulnerable elderly persons
- Visited Carriacou to give support to the home for the Aged and training for staff
- Courses in Geriatric care
- Online courses in health management for the elderly
- Orientation workshops for geriatric caregivers program
- Along with the council for the elderly, the desk of the elderly organized a series of events to mark the month of the elderly.

The strategic objectives for 2012 as outlined by the Desk of the Elderly in 2012 include:
- The provision of a range of comprehensive quality services to the elderly
- To increase awareness of and accessibility to services available to the elderly
- To ensure the homes for the Aged operate in accordance with acceptable standards
- To source and make cases for legislations relating to the elderly
- To create and implement programs geared towards the preservation of Grenada’s national heritage
- To expand and strengthen the Geriatric Care-givers program
- To strengthen the administration and management of the activities of the Desk of the Elderly

An examination of the programs and projects aimed at the older adults in Grenada revealed that 2011 showed a marked improvement in the coordination, integration, and realization of the programs and projects. It also revealed a marked improvement in the status, quality and quantity of activities targeting the elderly and in the sensitization of the general population about issues surrounding the aged. The Desk is expected to continue its work in 2012 to realize its 2012 strategic objectives.

4.7 Homes for the Aged
There are eleven Homes for the Aged in Grenada serving the needs of the institutionalized elderly throughout Grenada, Carriacou and Petit Martinique. The distribution of the Homes for the Aged by parish is as follows:
Table 9: Distribution of Homes for the Aged by Parish in Grenada

<table>
<thead>
<tr>
<th>PARISH</th>
<th># OF HOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. George</td>
<td>4</td>
</tr>
<tr>
<td>St. John</td>
<td>1</td>
</tr>
<tr>
<td>St. Mark</td>
<td>1</td>
</tr>
<tr>
<td>St. Patrick</td>
<td>1</td>
</tr>
<tr>
<td>St. Andrew</td>
<td>3</td>
</tr>
<tr>
<td>St. David</td>
<td>1</td>
</tr>
<tr>
<td>Carriacou</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11</strong></td>
</tr>
</tbody>
</table>

Desk of the Elderly Annual Report (2011)

Table 10: Home for the Aged by Ownership Type, Capacity and Subvention Amounts

<table>
<thead>
<tr>
<th>Homes for the Aged</th>
<th>Ownership Type</th>
<th>Capacity</th>
<th># Occupancy</th>
<th>Government Subvention (XCD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cadrona Home</td>
<td>Gov’t Assisted</td>
<td>29</td>
<td>20</td>
<td>198,000.00</td>
</tr>
<tr>
<td>St Martin’s Senior Citizen’s Home</td>
<td>Gov’t Assisted</td>
<td>50</td>
<td>43</td>
<td>53,332.00</td>
</tr>
<tr>
<td>Mother Theresa Home</td>
<td>Private</td>
<td>26</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Richmond Home for Aged</td>
<td>Government Owned</td>
<td>95</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>St. Cecilia’s Nursing Home</td>
<td>Private</td>
<td>10</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Chichester’s Nursing Home</td>
<td>Private</td>
<td>25</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Hills View Home</td>
<td>Gov’t Assisted</td>
<td>45</td>
<td>36</td>
<td>25,000.00</td>
</tr>
<tr>
<td>Charles Memorial Homes</td>
<td>Gov’t Assisted</td>
<td>33</td>
<td>30</td>
<td>24,000.00</td>
</tr>
<tr>
<td>Fr. Hilarion Home</td>
<td>Gov’t Assisted</td>
<td>29</td>
<td>25</td>
<td>51,666.00</td>
</tr>
<tr>
<td>Top Hill Senior Citizen Home</td>
<td>Gov’t Owned</td>
<td>18</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Grand Anse Garden</td>
<td>Gov’t Owned</td>
<td>20</td>
<td>16</td>
<td>156,396.00</td>
</tr>
<tr>
<td>OLIVE Home for the Aged</td>
<td>Private</td>
<td>16</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Desk of the Elderly Annual Report (2011)

The management and operation of the Homes for the Elderly are both private and government. To date the government provides a subvention to the Government assisted homes and government sponsored programmes, such as the Roving Caregivers programme which receives an annual subvention of EC$450,000.00. According to the 2011 report of Geriatric Homes by the Desk of the Elderly some of the homes are in severe disrepair and lack basic but important equipment. Also identified were general problems with the overall management of the homes brought on in part by the non-payment of fees by some residents and lack of funds to undertake needed repairs and purchase of equipment. Other problems identified at the home include:
- Absence of ramps
- Absence of handrails
- The need for emergency call buttons
- Lack of night lights
- Non-functional generators where they exist
- Absence of guidance for infection control
- Absence of a disaster mitigation and preparedness plan for the homes
- Absence of an emergency response system
- Disabling environment which provide little or no opportunity for privacy and dignity
- Lack of health certificates for cooks and other workers
- Nutritional guidelines not strictly adhered to
- The discontinuity of Public Assistance to residents of the home
- Inadequate exercise therapy and programs and opportunities for socializing
- No in-house medical care or visits by district medical officers

4.8 Ministry of Social Development
Since the 1990’s, the Ministry of Social Development have been responsible for the administration of social safety network programmes in Grenada. The public assistance programme ensures that the clients receive an individual cash transfer monthly. The cash transfer could be used to either address the beneficiaries’ basic needs or health needs. The beneficiaries’ numbers are estimated to be 4000 persons, of which 80% (3200) are elderly persons.

The Public Assistance programme which is currently being transitioned into a new social safety net programme called S.E.E.D. (Support, Education, Empowerment and Development), is funded by Government. The objective of improving the quality of life of their beneficiaries, of whom the majority is elderly, is the ultimate goal. The administrators recognized that though this population worked for many years, there was a need to buffer the fallout from their reduced incomes. Consequently, the beneficiaries should be able to enjoy minimal decency as to their quality of life.

The programme’s goal to contribute to the improved quality of life of their beneficiaries has been achieved in part due to the approachability of the social workers who are responsible for assessing the eligibility of the potential beneficiaries.

One of the challenges identified by the agency is that the beneficiaries need to receive a timely feedback as to the status of their applications.

4.9 Geriatric Care-Giver Program
This programme is aimed at improving the quality of life of older adults. To qualify for the program the elderly must:
- Be 60 years and over
- Must be indigent
- Must be living alone
The objectives of the programme include:

- The creation of a client-ailment database
- Provision of individual diet plan for clients
- Organization of educational sessions on nutrition for the elderly
- Provision of physical therapy and rehabilitation for the elderly
- Sourcing of geriatric aids and supplies for the elderly
- Provision of food and personal care hampers for clients
- Strengthening of collaboration between the primary health care sector and the geriatric care-giver
- Improvement of the quality of services delivered by care-givers

Clients in the Geriatric Care-givers programme suffer from a range of illnesses and disabilities with the more common being: Arthritis, Diabetes, Hypertension, Glaucoma, Cataract, Stroke, Coronary Heart Disease and Alzheimer’s.

In 2011 the programme achieved some of its objectives which included:

- Securing the services of 24 trainees from the Ministry of Youth to work alongside care-givers
- Monthly staff meeting and staff development sessions
- Fundraising activities to acquire hampers for clients
- Implementation of a 4-month geriatric care course in Carriacou for caregivers of Carriacou and Petit Martinique
- Workshop for trainers
- Month of the Elderly celebration with bus tours and meal distribution to clients
- Expansion of the service to Petit Martinique

Some of the challenges identified by the programme include:

- The need for a steady supply of groceries, geriatric supplies nutritious food items and cleaning supplies and safety gears
- Professionalism and attitude of care-givers to be improved
- Problems of punctuality and lack of quality time spent with clients
- Lack of monetary compensation for care-givers

4.10 National Insurance Scheme

The National Insurance Scheme (NIS) was established in 1983 as a contributory scheme making provision for loss of income in the event of retirement among other benefits. According to the 2011 NIS data approximately 5568 females ranging in age from 60-109 years old are currently receiving age pension from the scheme and 6168 males ranging in age from 60 to 114 are receiving benefits. The benefits include NIS pensioners and recipients of a pension from the Agricultural Providence Fund now integrated into the NIS program.
According to NIS records at the close of the year in 2011 there were 5841 pensioners of which 3139 are females and who received on average EC$ 5900.00 per annum and 2707 are males who receive on average EC$7200 per annum as pension.

5. Key actions to strengthen the implementation of the Brasilia Declaration
One of the major achievements in Grenada’s effort to improve the quality of life of the older adults is the ongoing sensitization of the public to the issues of the elderly. The concentrated effort focused on developing an approach of inclusivity which would ensure multi-sectoral involvement.

To this end, grass roots operations which were primarily administered by civil society and governmental institutional structures worked cohesively to secure the inclusion and participation of the community dwelling and institutionalized elderly. Though significant strides have been made in the care and provisions for the elderly, these achievements are still centered at a governmental level.

The National Council of the Elderly has developed a five year action plan to continue their work of protecting the rights of the elderly. Their focus will be to expand the functionality of the Desk of the Elderly, work on ratifying existing legislation, enlisting the participation of governmental agencies responsible for developing and administering social welfare programs, and to support institutional strengthening.

5.1 National Council of the Elderly
The recent establishment of the National Council of the Elderly demonstrates the commitment of the government of Grenada to increase their focus on older adults. Though these structures are in their embryotic stage and are still managed at a governmental level, the plan is to secure the full participation of all agencies and organization directly connected to different aspects of the lives of the elderly. It is the plan of the Council to harness and coordinate the various decentralized social programs dedicated to the improving the quality of life of the elderly into a comprehensive, integrative approach to ensure that all persons in Grenada 60 years and older would have equal opportunity to enjoy good quality of life through a focus on their health and well-being.

National Council for the Elderly in collaboration with the National Disaster Preparedness and Disaster Mitigation Agency of Grenada, will be utilizing the data base of older adults with disabilities. This collaboration will facilitate the creation of a database which will provide the following:

- Gage the capabilities and limitations of older adults in the wider community
- Assess the capacity of the Homes for the elderly, focusing on the living and health conditions at the facilities
- Identify the pre-disaster needs, the available resources and support systems available at the Homes
• Assess the emergency needs of each facility, focusing on availability of/ access to assistive equipment, evacuation, transportation and, shelter needs of older adults with disabilities.

• Involve more elderly persons in the operation of the National Council for the Elderly

• Create avenues for social interaction of older adults through the creation of Day Centers for non institutionalized elderly

• Create and implement programs geared towards the preservation of the National Heritage

• Undertake a national survey to examine the self-reported quality of life of community dwelling older adults

5.2 Social Assistance Programmes
Social Assistance Programmes will be designed to improve targeting to reach the eligible beneficiaries that have been overlooked

- Development and implementation of National Health Insurance which would reduce the costs associated with health and medical care

- Development of protocols to address the standardization of the medical and care services offered to the elderly

5.3 Institutional Strengthening
Institutional Strengthening:

- Identification of National Focal Point who would coordinate and manage the various social protection programs for the Elderly; and amalgamate the delivery into a comprehensive programme

- Development of closer working relationships with regional and international agencies to steer the implementation process of the convention

- Implement monitoring and evaluation of programmes to determine whether they are achieving their objectives effectively

- Create a database of all persons 60 years and over – household status, pension status

- Create a database of persons 65 and over with chronic health conditions by type of condition, health insurance status, and use of public clinics

- Create a database of older adults with disabilities and their disaster mitigation and disaster preparedness needs, by type of assistive equipment needed for mobility purposes
5.4 Legislation

Legislation:
- Legislation needs to be developed and enacted to protect the rights of the Elderly
- Research must be conducted to identify whether there are existing legislation to protect the rights of the Elderly

Reported crimes must be disaggregated by age and type of crime, to provide insight into the prevalence of crime committed against the Elderly.
Source and make case for legislations relating to the elderly
  - Source existing legislations - 2012
  - Hold discussions for the drafting of local legislations – on-going

5.5 Desk of the Elderly

- To support an improved quality of life for the elderly and to harness their potential to share their legacy
- To provide a range of comprehensive services to the elderly – on going
- To increase awareness of and accessibility to services available to the elderly – on going
- Launch and distribute an annual directory of services for the elderly - on going
- Design and develop media and interactive community-based programs – on-going
  - Quarterly Newsletter – Quarterly
  - Production of leaflets
  - Creation of Website and Facebook page
- Ensure All Geriatric Homes adhere to the established standards – through monitoring and provision of development services and supervisory visits – through the formation of a Multidisciplinary Inspection Committee -quarterly
- Refurbishing of two Homes for the Elderly – 2012
- Commemorate activities as Month of the elderly, Centenarians – ongoing
- Strengthen the administration of the Desk of the Elderly – on going

5.6 Geriatric Caregivers Programme

Expand and strengthen the Geriatric Caregivers Programme:
- Expand and strengthen the Geriatric Caregivers Programme:
- Identification and intake of new clients – ongoing.
- Training of field supervisors in management Skills
- Recruitment of Caregivers – ongoing
- Training of Caregivers in Geriatric Care and related discipline, HIV/AIDS, Disaster Preparedness and Interpersonal Skills
- Monitoring and Evaluation of Programme.
- Procurement of cleaning and protective material for Caregivers and Geriatric material – ongoing
- Training of Caregivers to provide Physical Therapy and Rehabilitative Services to clients
- Strengthen the relationship between the Primary Health Care Team and Caregivers
Recommendations

The following are recommendations from key stakeholders which can contribute to an improved quality of life for the elderly in Grenada.

Social Assistance Programs:

- Improve targeting to reach the eligible beneficiaries that have been overlooked
- Development and implementation of National Health Insurance which would reduce the costs associated with health and medical care
- Development of protocols to address the standardization of the medical and care services offered to the elderly

Institutional Strengthening:

- Identification of National Focal Point individual who would coordinate and manage the various social protection programs for the Elderly; and amalgamate the delivery into a comprehensive program
- Development of closer working relationships with regional and international agencies to steer the implementation process of the convention
- Implement monitoring and evaluation of programs to determine whether they are achieving their objectives effectively

Legislation:

- Legislation needs to be developed and enacted to protect the rights of the Elderly
- Research must be conducted to identify whether there are existing legislation to protect the rights of the Elderly
- Reported crimes must be disaggregated by age and type of crime, to provide insight into the prevalence of crime committed against the Elderly.
Conclusion

One of the major achievements in Grenada’s effort to improve the quality of life of the older adults is the ongoing sensitization of the public to the issues of the elderly. The concentrated effort focused on developing an approach of inclusivity which would ensure multi-sectoral involvement.

To this end, grass roots operations which were primarily administered by civil society and governmental institutional structures worked cohesively to secure the inclusion and participation of the community dwelling and institutionalized elderly. Though significant strides have been made in the care and provisions for the elderly, these achievements are still centered at a governmental level.

The recent establishment of the National Council of the Elderly demonstrates the commitment of the government of Grenada to increase their focus on older adults. Though these structures are in their early stages and are still managed at a governmental level, the plan is to secure the full participation of all agencies and organization directly connected to different aspects of the lives of the elderly. It is the plan of the Council to harness and coordinate the various decentralized social programs dedicated to the improving the quality of life of the elderly into a comprehensive, integrative approach to ensure that all persons in Grenada 60 years and older would have equal opportunity to enjoy good quality of life through a focus on their health and well-being.
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