(Translated from Arabic)

**Questionnaire on best practices for the enjoyment of rights by older persons**

1. Name of the initiative/activity/practice:

National Home-based Care Programme for Older Persons.

2. Area concerned by the initiative:

Home-based care.

3. Type of initiative or practice:

A care programme.

4. Level of implementation:

At the national level, in all governorates and provinces of the Sultanate.

5. Please describe the practice, including its purpose, how and where it was adopted, how long it has been implemented and its geographical scope:

**Its purpose**: The aims of the Home-based Care Programme for Older Persons are: to improve the quality of life of older persons so that their needs and demands are met individually and within their families; to provide social and health-care services to older persons in a manner that strengthens family bonds and preserves the dignity of older persons; to provide means of life support in the form of diverse equipment and facilities; to train families to look after older persons living in their homes; to adapt homes to the needs and circumstances of older persons; to integrate older persons into society by means of diverse social activities; to provide health-care, nursing, medical and rehabilitation services to older persons whose circumstances prevent them from travelling to health facilities; to raise public awareness of issues affecting older persons and to promote more effective social action on their behalf.

To sum up, the purpose of the Programme is to provide comprehensive home-based health-care, social, psychological, empowerment, rehabilitation and training services for older persons and their families, and to provide access to all facilities that they require.

**How and where it was adopted**: The Programme was launched for a year on an experimental basis among a sample of 100 cases in Nizwa Province, Al-Dakhiliyah Governorate, in September 2003 by the Ministry of Social Development and the Ministry of Health. The aim was to devise a general framework for welfare services on behalf of older persons. The project was supported by field research designed to lay the practical basis for a study of the situation and needs of older persons in 2005-2006 in Nizwa Province, Al-Dakhiliyah Governorate. The study was supplemented by an extensive three-year project during the period from 2008 to 2010. The project produced an array of indicators concerning older persons and highlighted the importance of promoting a partnership between the Ministries, civil society and the private sector with a view to providing comprehensive welfare services for older persons. A plan to implement the Programme during the eighth five-year plan ending in 2015 was elaborated. Vigorous action was taken to ensure the successful provision of training, to design the requisite structures, to issue work regulations, to raise the necessary funds, and to provide means of transport and other resources. A sequential phased implementation plan based on the preparedness of the governorates and provinces was adopted for the period from November 2011 until the end of 2012. The Programme was officially launched on 30 November 2011 at a ceremony attended by representatives of the two Ministries, the Programme administrators and the authorities responsible for its implementation.

**How long it has been implemented**:

The studies, research and tests were conducted from 2003 until 2011 (for eight years);

Initial implementation: November 2011 until the end of 2012 (two years);

Effective implementation: Since November 2011; the Programme has thus been implemented for the past five years.

**The geographical scope**:

Throughout the Sultanate of Oman: 11 governorates; 63 provinces.

6. Which are the main actors involved in the development and implementation of such practice?

The Ministry of Health;

The Ministry of Social Development;

Civil society is also involved through the Friends of Older Persons Association;

The private sector is also involved in providing financial support.

7. Which rights of older persons does the practice promote and protect?

The right to an improvement in the quality of life of older persons so that their needs and demands are met individually and within their families;

The right of access of older persons to social and health-care services within their homes in a manner that strengthens family bonds and preserves the dignity of older persons;

The right to means of life support in the form of diverse equipment and facilities;

The right to have families trained to look after older persons living in their homes;

The right to have homes adapted to the needs and circumstances of older persons;

The right to have older persons integrated into society by means of diverse social activities;

The right of access to health-care, nursing, medical and rehabilitation services for older persons whose circumstances prevent them from travelling to health facilities;

The Home-based Care Programme for Older Persons promotes and protects the rights of older persons by providing, inter alia, the following services: provision of means of life support in the form of diverse “equipment and facilities”; adaptation of homes to the needs of older persons, for example by installing stair ramps and handrails, levelling the ground, installing different types of toilets and swimming pools, enlarging entrances, building lavatories and providing material support.

It also provides social security pensions, monthly allowances or financial benefits; trains families to look after older persons; provides a companion or an alternative family; provides psychological and social family advice and guidance; develops family empowerment programmes; coordinates action by local communities; and promotes social awareness-raising, integration of older persons and entertainment programmes.

8. How does the practice promote or protect such rights:

It promotes them by providing such rights to those who need them.

It promotes them by providing such rights to those for whom they are inaccessible.

It promotes them by guaranteeing access to such rights for those who need them.

It protects them by incorporating them in regulations for the implementation of legislation so that they become a legal right for service claimants.

It protects them through the joint task force of the Ministry of Health and the Ministry of Social Development that was set up for the purpose. The National Home-based Care Programme for Older Persons forms part of their daily professional functions.

9. What groups of older persons (for instance, older women, persons with disabilities, persons of African descent, persons belonging to ethnic, religious or linguistic minorities, among other groups), if any, particularly benefit from the practice?

There is no such discrimination in the Sultanate. The Programme serves all older male and female Omani nationals who have reached the age of 60 years. They have been medically classified as belonging to one of the following three categories:

(a) Older persons who are physically unable to access a health-care facility and bedridden persons who do not suffer from a mobility-related disorder;

(b) Older persons who are physically unable to access a health-care facility and bedridden persons who do not suffer from a mobility-related disorder;[[1]](#footnote-1)

(c) Older persons who are capable of accessing a health facility.

10. How has the practice been assessed and monitored? Please provide specific information on the impact of the practice, with data, indicators, among others, if any.

(a) Monitoring and assessment: The case is registered in the health-care facility immediately after a comprehensive medical assessment. It is then referred to the social facility for research and determination of the requisite type of intervention. After coordinating a joint on-site visit, the team meets in order to determine, on the basis of the results of the various examinations and the model forms designed for the purpose, the type of intervention required. Medical and social monitoring of the resulting action is conducted as and when necessary. In addition, feedback is obtained, within a period of not more than two weeks, from the coordinator of the health-care and social programme at the governorate level. The directorate in each governorate also submits a progress report on the Programme every three months and a Programme monitoring and assessment procedure is conducted each year. A comprehensive assessment is undertaken during the last year of each five-year plan. The cases are recorded in a computerized program linked to the ministerial network, which monitors the cases and the services provided. The national Programme Coordinator also monitors various challenges, records achievements, prepares the necessary reports and presents them to the Programme’s technical manager.

(b) Impact of the practice (data and indicators):

The impact of the practice may be deduced from the Programme results. The work has been conducted on the basis of a timetable for all governorates and provinces since November 2011. All operational and administrative structures at the local and central levels take uniform action in accordance with the applicable standards, regulations and professional practices. They undertake monitoring, assessment and feedback activities, prepare Programme progress reports, hold workshops and organize continuous training courses.

The impact of the practice may also be deduced from the number of cases covered by the Programme. As at the end of November 2015, the number of beneficiary cases at the governorate and provincial level totalled 7,649 (3,949 females and 3,700 males); 1,744 cases were referred for social security; 783 cases were referred to health-care-facilities; 104 cases were examined in an office, 2,203 on site, and 799 by a joint visit. Prostheses and medical aids were provided in 2,016 cases; 1,676 medical cases (771 females and 855 males[[2]](#footnote-2)) were referred for secondary care and 606 cases were designated for health instruction and nutritional awareness-raising; comprehensive home assessments were conducted in 1,745 cases; medical treatment was provided in 363 cases; training for providers of home-based care was provided in 336 cases; and assessments of home health and hygiene conditions were conducted in 737 cases.

11. What lessons do you believe could be learned from this practice? How could it be improved?

Lessons learned:

(a) Home-based care for older persons within their families constitutes a commendable humanitarian model based on a philosophy of enabling people to live a normal life rather than being placed in nursing homes.

(b) Official action to promote the principle of respecting and protecting the dignity of older persons by providing them with different types of home-based care among their families has consolidated this approach in the present generation, encouraging society to respect ethical and moral values in their treatment of older persons.

(c) Official and social actors are jointly determined to express the genuine concern of members of society, including relatives, volunteers and officials, to enhance respect for older persons, to support their development and empowerment, to benefit from their skills, and to promote their pioneering role in family life and in their environment.

Improvement:

The Programme is the product of studies and applied research. It is also the result of committed action, and its continuity is the result of determination and willpower. These creative efforts will certainly be pursued with a view to ensuring the progressive development of the Programme through field operation management, effective practical applications, management and development of data and indicators with a view to enhancing the quality of work in line with changes and innovations, and the introduction of appropriate improvements.

12. How could this practice be a model for other countries?

The Programme could serve as a practical model for the provision of care and services for older persons, depending on the social policies, programmes and possibilities of the countries concerned. It could be implemented in countries whose culture and values are similar to those of the Sultanate.

1. Translator’s note: (a) and (b) are exactly the same. [↑](#footnote-ref-1)
2. The figures don’t add up correctly in the original. [↑](#footnote-ref-2)