

Running Head: IMPACT OF SERVICES ON THE ELDERLY

Impact of Services on the Socio-Economic Aspects of the Elderly: The Case of

Kibre Aregawuyan Migbare Senay Dirijit

By

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I declare that “Impact of Services on the Socio-Economic Aspects of the Elderly: The case of Kibre Aregawuyan Migbare Senay Dirijit” is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

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The Impact of Services on Socio-economic Aspects of the Elderly:

The Case of Kibre Aregawuyan Migbare Senay Dirijit (KAMSD)

Semretemariam Workeneh

Abstract

Studies regarding older persons is extremely scarce in Ethiopia, therefore, research has to be conducted with the survey of the socio-economic situation of older persons in Ethiopia being the first one to be addressed. The overall objective of the study was to explore the impact of care and support services on socio-economic aspects of older persons in Kibre Aregawuyan Migbare Senay Dirijit (KAMSD). Out of the eight older persons that participated in this study, four were receiving institution based care while the other four were involved in income generating activities particularly a flourmill set up by KAMSD. Qualitative data was gathered using semi-structured interviews and observation. The findings revealed that the problems older persons faced before joining the organization included lack of shelter, no source of income, shortage of food, poor access to health care services, and lack of support from relatives. The study showed that as a result of being a beneficiary in the organization, older persons were able to have a shelter where they were given food and had access to health care; they received trainings and were involved in income generating activities allowing them to have a source of income.

Furthermore the study also indicated that older persons are not simply recipients of care; they have the desire to be active and contribute in whatever way they can.

Key Words: older persons, care and support services, socioeconomic aspects, non-governmental organization

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Acronyms

AU	African Union
CBOs	Community Based Organizations
CSA	Central Statistics Authority
FDRE	Federal Democratic Republic of Ethiopia
IGA	Income generating activities
MOLSA	Ministry of Labor and Social Affairs
NGOs	Non-Governmental Organizations
UN	United Nations
UNDP	United Nations Development Program
WHO	World Health Organization

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Chapter one

1.1 Introduction

The term 'elderly' has different meaning in different countries; it is mainly related to chronological age, functional age as well as retirement age. With human beings, it is ageing which gives the individual's life its rhythm, and links the duration, timing and sequence of stages in life (John, 2003). According to the UN definition, the elderly are those people whose age is 60 years and above. This definition coincides with Ethiopia's official retirement age (MOLSA, 2006).

Due to various efforts and interventions to promote health and prevent disease, people are able to live longer. According to the estimate of the UN, the number of people aged 60 and above was 200 million in 1950, 590 million in 2000 and is projected to reach 2.1 billion in 2050 (MOLSA, 2006). Based on the 2011 report of Ethiopia Demographic and Health Survey (EDHS) conducted by the Central Statistical Agency (CSA), six percent (5.1 million) of the Ethiopian population is above the age 60.

Ageing of the population is considered a desirable and natural goal of any society. But for ageing to be a positive experience, there has to be improvement in the quality of life of those who have reached or are reaching old age (HelpAge, 1999).

The lives of the elderly together with those of other age groups are affected by the social and cultural constraints of the societies in which they live. Poverty is one of the major problems the elderly in Ethiopia experience (MOLSA, 2006). Health problems, food insecurity, shelter, unsuitable residential areas, absence of family and community support, absence of social welfare coverage, limited social security services, absence of education and training opportunities,

limited employment and income generating opportunities are some of the factors contributing to the poverty of the elderly (MOLSA, 2006). Elder women are especially disadvantaged for numerous reasons including higher rate of illiteracy and widowhood exposing them to live in poverty and isolation (UN, 2007). Furthermore, the indirect impact of HIV/AIDS has created a situation where the elderly are caring for their adult children and/or grandchildren affected by the pandemic. This places an additional burden on the elderly as they have to take care of their family at an age where they may not be able to work or facing physical incapacity themselves (Susan, 2011).

Traditionally, the family provides care for its older members. However, inadequate financial resource to provide old age care and modern way of life caused by growing migration, urbanization and modernization are now endangering the culture of intergenerational solidarity and mutual support that has been existing for a very long time and thus increased the vulnerability of the society in general and the elderly in particular (MOLSA, 2006). Other informal support mechanisms besides the family include religious organizations and traditional social organizations such as 'Idir' and 'Maheber' (Assefa and Firehiwot, 2003).

Although nearly every country has some form of social security or insurance coverage for the elderly, in practice these benefits are often limited to certain occupational groups, typically retired government officers and employees of large-scale private enterprises. Even for those people who do have a pension, it may be far from adequate for their needs as inflation erodes the value of their income (HelpAge, 1999). Social security provision in Ethiopia is mainly the pension scheme (Assefa, 2003). However, the private sector was not included in the pension scheme until July of 2011 (Abraham, 2011).

The government of Ethiopia provides care and support for the elderly in three institutions. These centers provide shelter, food, clothing, free medical care and recreational facilities (MOLSA, 2007). A number of international and local NGOs such as HelpAge Ethiopia, Agar Elders' Support Services, KAMSD, and Dawit Aid for Aged Persons Association are also providing care and support for the elderly. But their services cannot reach the growing number of destitute older persons.

This study aims to look at one local NGO named KAMSD (Kibre Aregawuyan Migbare Senay Dirijit) that provides support to the elderly in four ways. These are institution based care, income generating activities, house renovation and financial support. It is mainly for this reason that I have chosen to conduct a research in this organization as it provides not only basic needs (food, shelter, and clothing) but it offers the elderly the means to support themselves and be reintegrated in their communities. The purpose of this study is to explore the situation and impact of care and support services in this organization on the socioeconomic aspects of the elderly. Socio-economic status refers to one's access to collectively desired resources, be they material goods, money, power, friendship networks, healthcare, leisure time, or educational opportunities (Oakes and Rossi 2003).

1.2 Statement of the problem

In Ethiopia, the elderly are seen in a positive light and are respected among the society as well as recognized for their possession of wisdom. However, possibly due to limited knowledge, they are also seen as inactive members of society who can no longer contribute to the well-being of their families and communities (MOLSA, 2006). Development thinking concentrating mainly on economic progress has focused on the most economically active adult populations and

assigned the elderly along with children to a marginal role. 'Being able-bodied has come to be equated with normality, and to the degree that the elderly are not able to conform to this idea they are viewed in negative terms' (HelpAge, 1999). All over the world, the elderly make an invisible contribution to their families and society at large, performing domestic tasks and caring for children and sick or disabled adults so that other members of the household may engage in 'visible' economic activity (HelpAge, 2002). Furthermore, researches show that a considerable proportion of the elderly population remains economically active and engage in different professions in their later years (CSA, 2011).

In all countries, both developed and developing, the elderly are faced with a number of vulnerabilities (David and Emmanuel, 2011). Ethiopia's elderly are vulnerable to poverty, food insecurity, limited access to social and health services, and limited options for livelihoods diversification and security (Susan, 2011). Economic hardships, urbanization and migration have led to the deterioration of the traditional family support system, resulting in circumstances where the elderly have to look out for themselves (HelpAge, 2002).

The government retirement pension is the largest social security scheme in Ethiopia and covers nearly half a million retired government employees who served in the civil, public and military services (CSA, 2011). Despite the government's effort to boost the minimum monthly pension payment to Birr 160, pensioners were found to have difficulties in managing their lives on this pension payment (HelpAge, 2009). The majority of the elderly in Ethiopia are engaged in the informal and wearisome fields of works even though the income they earn from jobs hardly meets their basic needs. They continue to work as long as they are physically able because they have no access to social security (MOLSA, 2006).

The Ministry of Labor and Social Affairs is the primary government organ charged with ensuring the welfare of the elderly in Ethiopia. The Ministry developed the Developmental Social Welfare Policy (1996), National Plan of Action on Older People (1998-2007) and an implementation manual to advance and protect the rights of older people (MOLSA, 2006). However, according to an assessment of key national policies of Ethiopia, Policy making for older citizens including the National Plan of Action did not actively involve the elderly in identifying key problems and their solutions, hence resulting in poor implementation of the policies (HelpAge, 2009).

The other support for the elderly is the volunteer sector of non-governmental organizations that provide care and support and carries out advocacy work (Assefa, 2003). There are over 77 NGOs working on matters related to the elderly, however, according to a study of the elderly's livelihoods in Ethiopia, services provided by NGOs focus on charity provision but not on establishing income security and independence (Susan, 2011).

Studies of the elderly are common in developed countries because of the perceived effect of increased life expectancy and low fertility has on social security. Very little is known about old people and their needs in developing countries, despite the fact that their role and needs have always been considerably different to that in developed countries (Monde and Margie, 2004). Data regarding the situations of the elderly is extremely scarce in Ethiopia, therefore, broad research has to be conducted with the survey of the socio-economic situation of the elderly in Ethiopia being the first one to be addressed (MOLSA, 2006; Assefa, 2003).

Research done By GetachewNegash (2007) focused on identifying the informal social support for the elderly. Setegn Ali (2010) explored the community based care system of

Awramba community towards the elderly. Other studies done by Abdi Ayana (2012) and Susan Erb (2011) have focused on what means exist for the livelihood of the elderly in Ethiopia in the absence of social security and informal support (family and community support). The researches on the elderly mainly focus on the situation of the elderly and available support systems (CSA, 2011; MOLSA 2006; Assefa 2003). To my knowledge, researches done on the impact of services on socioeconomic aspects of the elderly are scarce. One study was conducted by Fasil Negussie (2010) that explored the effects of institutional care on the psychosocial, economic and health aspects of the elderly.

Participatory research attempts to bring together primary stakeholders and institutional stakeholders during the research process. The inclusion of the elderly as primary stakeholders enables their perceptions and priorities to be heard by those responsible for developing and implementing policy that affects them. Institutional stakeholders include members of government departments and civil society groups such as NGOs and academic institutions (HelpAge, 1999). This research seeks to explore the impact of care and support services on the socio-economic aspects of the elderly.

1.3 Research objectives

The overall objective of the study is to explore the impact of care and support services for older persons in Kibre Aregawyan Megbare Senay Dirijit (KAMSD). Specific objectives include:

- To determine the impact of services on socioeconomic aspects of the elderly
- To record and analyze the views of the elderly regarding the services they obtain
- To identify approaches the elderly suggest for improving the services

1.4 Research questions

- What impact do care and support services have on the socio-economic aspects of the elderly?
- How do the elderly perceive the services they receive?
- What approaches do the elderly identify as a means to improve those services?

1.5 Significance of the study

This study would have contributions to understand more about the different needs of the elderly and the impact of services currently available. This could, therefore, draw the attention of government and non-government organizations in policy making and program implementation process that address the specific needs of the elderly. This study may also help recognize the capacity and desire of the elderly to actively participate and contribute in their communities.

This study will also help social workers, communities, Community Based Organizations (CBOs), government and non-government organizations in the research area to understand and address needs of the elderly.

1.6 Operational definitions

- The elderly: In this study ‘the elderly’ refers to persons aged 60 and above
- Care and support services: provision of basic needs (food, shelter, clothing, health services) and opportunities of training and income generating activities
- Socio-economic condition: access to desired resources, be they material goods, money, social and kinship networks, healthcare, leisure time, or educational opportunities.
- Impacts: Impacts are potential changes caused – directly or indirectly, in whole or in part, for better or for worse – by a particular activity.

Chapter two

Literature review

2.1 Overview of the situation of the elderly

All over the world, the older segment of the population faces the risk of poverty, poor health, loss of sustainable means of livelihood and minimal or no participation in social life. Demographic changes, modernization, urbanization and structural inequalities experienced in earlier life such as access to education, employment and health care affect the status and well-being in old age (HelpAge, 2002).

Loss of income is a common experience of growing old whereas the possibilities of living a satisfactory old age are severely constrained by how much money one has. Many older people, even in the developed world, continue to live in relative poverty. The United Nations Development Program has estimated that only 20 per cent of people aged 60 or over in the world can be regarded as having income security. State welfare provided in the form of pensions is available to only a small proportion of the world's older people. Only 30 per cent of people aged 60 and over worldwide are eligible for any form of pension (John, 2003).

Ageism is another factor that has affected the elderly. Ageism refers to an ideology that legitimates inequalities based on age, leading to the exclusion of the elderly (Denise and Harris, 2008). Attitudes of people about ageing, including the elderly themselves, have effects on lives of the elderly. Ageing brings inevitable decline in capacity, and greater vulnerability to sudden change. However the elderly are heterogeneous, with widely varying capacities. The elderly are the educating and motivating forces for the next generation. They are sources of accumulated skills, knowledge and experience, a living database of life (HelpAge, 1999).

In this section, Theories of old age as well as literatures on the elderly's socio-economic conditions at international and national level are reviewed. Programs and Interventions to address the situation of the elderly will also be discussed in this part.

2.2 Socio-economic situation of the elderly around the world

The population of the elderly throughout the world is increasing at a very rapid rate. It is expected that the number of the elderly would have reached the 2 billion mark by 2050 (Monde et al., 2004). The elderly population in Africa was estimated to be slightly over 38 million in 2002, and is projected to reach between 203 and 212 million by 2050 (Help Age International, 2002). The highest life expectancy is to be found in countries like Japan, France, Australia, Canada, Switzerland and the Scandinavian countries (Jacobzone, 1999).

Poverty is the greatest obstacle to a secure old age in most of the world. With the possible exceptions of a few Scandinavian countries, the elderly feature significantly in the poorer sections of all societies. For example in Europe, a study summarized the main trends in material standards as rising living standards for the elderly, particularly those aged 50 to 74 with the incidence of poverty and low incomes among a significant minority of the elderly in most countries (John, 2003). Need for assistance is much higher among the older old; the most rapidly growing segment of the population in many developed countries (Emily and Mark, 2007).

In Asia, the priority issues identified in consultations with the elderly throughout the region included poverty and lack of income-earning opportunities, lack of access to care and healthcare, and social, economic and political exclusion. Similarly in Latin America, there are high levels of poverty, low pension coverage, inadequate social protection, and deteriorating traditional family support structures affecting the elderly (HelpAge, 2002).

In African societies, the extended family provided for the social and economic needs of the elderly. This familial sense of responsibility has been affected by forces including migration of younger people particularly from rural to urban areas, urbanization and the impact of the HIV/AIDS pandemic (Monde et al., 2004). Limited coverage or lack of social security systems in most African countries results in a situation where the state institutional framework is not currently in place to protect the elderly in their vulnerability. For those elderly whose physical health allows them to pursue income generation activities there is often the obstacle of lack of opportunity (UN, 2007).

2.3 Interventions for the elderly throughout the world

The increase in the number of the elderly throughout the world received attention in 1982, when the first plan of action on ageing, the Vienna International Plan of Action, was adopted by Member States in 1982 at the first World Assembly on Ageing. It focused on policies in developed countries that tended toward a welfare orientation. Based on the Vienna International Plan of Action together with its recommendations, the United Nation's declaration of the rights of the elderly was adopted in 1991. The second World Assembly in 2002 led to the development of The Madrid International Plan of Action on Ageing which reflects the changes that took place over twenty years in the situation of the elderly around the world, and represents an evolution in the approach to social policy, to the ageing of societies and to older persons (UN, 2008).

The welfare state was conceived at the time of the Great Depression, and became an institution after the Second World War. For many, the state was seen as the main institution capable of providing a comprehensive system of public goods. In France, Germany and other

major European economies, state-run pension schemes are the main support of income in retirement. Pensions are however the entitlement of those who work for government or for the formal sector of the economy; even in many quite highly developed countries the rural population has little or no cover (John, 2003). In a study done in Mpumalanga, South Africa, government old age pensions are by far the main source of income for most households where the elderly stay (Monde et al., 2004).

There is an assumption that families are to be preferred to institutions as care-providers, and that there should be persistent efforts to return to a past of kin-based welfare provision. Studies done in Bethnal Green, an inner-city area in the East of London found that contrary to many common preconceptions, family and kinship remained strong. The studies suggest that kinship ties have coped with the developments affecting urban societies over the past fifty years (John, 2003).

According to Peregrine and Richard (2003), the difference between social security and kin-based support is that social security is obligatory whereas earlier arrangements were voluntary and personal. Children helped their parents out of love or duty. They now subsidize to support someone else's parents out of obligation. The earlier arrangements whereby children took care of older family members strengthened the bonds of the family; the compulsory transfers weaken them. In recent discussions over health and welfare provision, 'community care' has become a key concept, especially in relation to provision for the elderly (Peregrine and Richard, 2003).

2.4 Socio-economic situation of the elderly in Ethiopia

In Ethiopia, due to serious shortage of data, it is difficult to provide detailed analysis about the socio-economic conditions of the elderly. However, sample studies conducted in some of the regional states, (southern people, Amhara, Afar) and also reports of the Central Statistics Agency pertaining to the elderly show meaningful profile. According the census conducted by CSA in 1984, the number of people aged 60 and above was 2.7 million and it is projected to reach 5.3 million of 2020. Based on the 2011 report of Ethiopia Demographic and Health Survey (EDHS) conducted by the Central Statistical Agency (CSA), six percent (5.1 million) of the Ethiopian population is over the age 60. This demographic profile indicates that the number of the elderly is increasing rapidly (MOLSA, 2007).

Through life long accumulated knowledge and experience the elderly maintain the continuity of traditions and culture of the society. Despite the many contributions they make, the elderly in Ethiopia face many difficulties including health problems, food insecurity and shelter, unsuitable residential areas, absence of family and community support, absence of social welfare coverage, limited social security services, absence of education and training opportunities, limited employment and income generating opportunities. Hence it is common to see the elderly who have the knowledge and skill to help not only themselves but others are facing serious problems and resort to begging (MOLSA, 2006).

Older women are further disadvantaged due to the existence of cultural discrimination that deprives them of the right to make decision regarding income and properties. Nonetheless, they provide service that cannot be measured in monetary terms. They take care of their children and/or grandchildren and older members of the family. They may do all these without support

which has made their life troublesome (MOLSA, 2007). Illiteracy is another problem among older women in Ethiopia. In a study of older person's livelihoods in Ethiopia, only 10 % of the female respondents were found to be literate. With nonexistent literacy skills, older women are further marginalized by lack of access to written information (Susan, 2011).

Health in old age is greatly determined by the pattern of living in the life course. In developing countries, chronic illness and disability occur mostly as a result of lives lived in poverty, with little or no access to adequate health care facilities (HelpAge, 2002). Health services in Ethiopia are among the lowest in the Africa region. Distances to reach the nearest health facility did decrease from 8.8 kms in 1995 to 7.7 kms in 2000, yet still 30% of households live beyond 10 km radius of health facility and more than 80% travel by foot to access health facilities beyond 10 km. Existing data shows that the elderly cannot afford basic health care, social services or housing (HelpAge, 2009).

Nearly half a million people are entitled for pension benefit but the income they receive is not sufficient to fulfill their basic needs. Hence they subsist below a level of income that can sustain only a minimum standard of living. The rest of the elderly who are not eligible for pension depend on income through farming and small scale enterprises, and those without any income constitute the majority (Assefa et al., 2003; CSA, 2011).

The elderly are less economically active than other age groups in Ethiopia. This situation is mostly observed in older women due to inequalities in educational and employment opportunities experienced in the past (CSA, 2011). Research done by Getachew (2007) on the informal social support for the elderly revealed that older persons are highly dependent on the

tangible and emotional support they receive from children, grandchildren, relatives and neighbors.

As in the case of other African Societies, care and support for the elderly in Ethiopia is provided primarily by the family. However, due to poverty, urbanization and migration, family support has become weak resulting in circumstances where the elderly have to look after themselves (UN, 2007, MOLSA, 2006). Even though it is generally believed that the family assumes the responsibility of providing care for the elderly, it should be noted that the elderly are not simply passive recipients of care but are also active contributors to household economies through cash contributions or in-kind contributions such as child-minding or domestic chores (HelpAge, 1999). Furthermore, the impact of the HIV pandemic along with profound economic stress has resulted in changed family structures across Ethiopia. The loss of middle generations has created family structures where almost half of Ethiopia's orphaned children are cared for by grandparents (Susan, 2011).

2.5 Interventions for the elderly in Ethiopia

The incipient development in social welfare targeting vulnerable groups started in the last decades of the imperial era (CSA, 2011). Ethiopia was one of the 124 state members of the UN who participated in the first world assembly on Ageing that took place in Vienna, Austria in 1982 to discuss the economic, social, cultural and humanitarian implications on the tremendous increase of the ageing population (Assefa, 2003). The Government of Ethiopia has also ratified the Madrid Plan of Action on Ageing and the UN Principles for Ageing (CSA, 2011).

Rights of the elderly are those declared in the UN principles of older persons adopted in 1991 and these entail independence, participation, care, self-fulfillment and dignity (MOLSA,

2006). The rights of the elderly are recognized under Article .41 No.5 of the constitution of Ethiopia, which states that “the state shall, with available means, allocate resources to provide rehabilitation and assistance to the physically and the mentally disabled, the aged, and the children who are left without parents or guardian” (CSA, 2011).

2.5.1 Government activities

The Ministry of Labor and Social Affairs being the primary government organ charged with ensuring the welfare of the elderly in Ethiopia developed the Social Developmental Welfare Policy (1996) and the National Plan of Action on Older Persons in 1998 -2007. The policy and plan of action was based on the UN Principles for Older persons of 1991, the Madrid International Plan of Action (MIPAA) on Ageing endorsed by the UN in 2002, the African Union Policy framework and plan of action on Ageing (AUPFAA) and heads of states in 2002 (MOLSA, 2006). The most recent social policy is the National Social Protection Policy of Ethiopia adopted in 2012. The policy introduces a shift from the social welfare approach of the developmental social welfare policy to a complete framework that aims to protect citizens from economic and social deprivation. It has preventive actions designed to avert deprivation and mitigate the impact of adverse shocks including health and unemployment insurance; promotive actions that aim to enhance assets and human capital and income earning capacity, and transformative actions including legal and judicial reforms, budget analysis and policy evaluations to help the nation better manage social protection (MOLSA, 2012).

Despite the comprehensive policies developed to address the situation of the elderly, much remains to be done by way of the actual implementation (CSA, 2011). Even though efforts have been made to coordinate the concerned actors to contribute to the wellbeing of the elderly

in their respective sectors, satisfactory services were not delivered to address the cross-cutting issues and needs of the elderly since the action plan was not budgeted (MOLSA, 2012).

Furthermore, the participation of the elderly in the development and implementation of the policies was found to be minimal according to an assessment of key national policies of Ethiopia (HelpAge, 2009).

The government of Ethiopia provides care and support for the elderly in three homes for the aged. Institutional care was started during the reign of Emperor Haile Selassie in the 1960s and primarily targets the elderly who cannot support themselves because of advanced age and lack of family support (HelpAge, 2009). Kaliti Institutional Care Center for the Elderly (KICCE) is one of the homes established in Kaliti, located in the town of Akaki, on the outskirts of the eastern part of Addis Ababa. The second is Bethesel Home for the Aged, located at Debre Libanos, and the third is Abraha Bahta Home for the Aged, located in Harar. These centers provide shelter, food, clothing, free medical care and recreational facilities. However, they are not enough for the growing population of the elderly and the diversity of their needs (MOLSA, 2007; CSA, 2011).

Another service provided by the Government of Ethiopia was the subsidy program introduced around 1996 (E.C), which involved the provision of 50-60 Birr per month to destitute elderly who had no regular income or support from other sources. However, the subsidy system was suspended due to budget constraints (HelpAge, 2009; CSA, 2011).

In Ethiopia, there are only about half a million retired government employees who served in the civil, public and military services covered by formal retirement pension which covers about 13 percent of the total population of the elderly in the country (HelpAge, 2009, CSA,

2011). One of the significant changes introduced by the new Ethiopian pension laws is the substantial increase in the amount of pension contribution by the beneficiary and the government/employer. Until June 2011, only the public sector was covered by the pension scheme. Starting from July 2011 the private sector has been included in the pension scheme (Abraham, 2011).

2.5.2 NGO activities

People are not sure of what they can, or should, expect from the State when, in later life, they find some aspects of their life difficult to manage. They do not have a feel of the nature of the implicit contract between State and citizen (Roger and Jill, 2007). Martin (2008) emphasizes that the welfare state contains a mix of state, private, voluntary and informal elements. He argues that neither markets, nor states, nor communities alone can afford an adequate framework for meeting human needs and hence, it is the combination and extensive partnership between state and non-state actors that lead to a state of welfare.

Ethiopia's welfare mix comprises of formal markets and government service, humanitarian relief (by donor, international and local NGOs), informal provisions by local institutions and networks that attempt to meet consumption, health and other needs. It is the combination of this mix that tries to alleviate the hardship people face including the elderly (Abdi, 2012).

In addition to the government, non-governmental organizations (NGOs) are the other support mechanism for the elderly. They are best-known for the delivery of services to people in need, and the organization of policy advocacy, and public campaigns in pursuit of social

transformation. NGOs have provided considerable support to capacity building of government agencies, particularly at local-levels and in the remote parts of the country (Desalegn, 2008).

Nonetheless, NGOs have been criticized for a tendency to become self-interested actors which impose their own agendas on the people in whose name they act (David, 2009). They have also been critiqued for the slow progress towards joint and collaborative activities where those NGOs working close by do not attempt to consult with one another or pool resources. This has led to duplication of effort and consequently wastage of resources. There have also been cases where organizations have not abided by the rules set by the regulatory agency or met the expectations of the agencies with which they have signed operational agreements. The draft Charities and Societies Proclamation envisages active roles of federal sector ministries and offices in facilitating and coordinating the operation of charities and societies in their respective mandate areas (Desalegn, 2008).

According to data compiled by the Ministry of Justice in 2007, the numbers of organizations in the country as a whole stands at over 2300 out of which 1742 are national NGOs (Desalegn, 2008). There are over 77 non-governmental agencies working around issues affecting the elderly in Ethiopia. Most of them are concentrated in Addis Ababa (31 NGOs) and regional or zonal capitals. These NGOs provide food, medical help, indoor games, clothing and some provide income generating activities. Some of the NGOs have also extended home based care to bed bound older persons by mobilizing active elders to help take care of their fellow elderly (CSA, 2011).

One of the local NGOs that provide care and support for the elderly is KAMSD (Kibre Aregawuyan Migbare Senay Dirijit) established in July 2007 by a private philanthropist Mrs.

Workinesh Munie. Before the organization was legally registered in 2007, she has been supporting some elderly for two years on her own through the provision of food, clothes and other supplies. The organization provides support to the elderly in four ways. These are:

- institution based care
- income generating activities
- house renovation
- Financial support

The elderly with poor physical health, who cannot work, have no support, live on the streets and engaged in beggary, are provided with institution based care where they are provided with food, clothing, shelter and medical service. The elderly who live with their families, who can work but have no income, are provided with the opportunity to engage in income generating activities. The other category comprises of the elderly who live with their families, who cannot work and have housing problems, are included in house renovation programs. The final group is made of the elderly who live with their families in a rented house and often find it difficult to pay the rent. This group is provided with monthly financial support from KAMSD. The organization is also engaged in activities such as the creation of awareness of the situation of the elderly and research to better understand the needs of the elderly.

2.6 Theories of aging

Theory is the ‘dynamic development of ideas linked to power structures in society and the interaction of dominant and countervailing ideological forces’ (Denise, 2008). Theory also gives us concepts, provides basic assumptions, directs us to the important questions, and suggests

ways for us to make sense of data. It enables us to connect a single study to the immense base of knowledge to which other researchers contribute (Krueger and Newman, 2003).

Disengagement theory is one of the theories of aging developed in the USA in 1950, which looks at ageing as an inevitable disengagement resulting in decreased interaction between the ageing person and others in the social system he (she) belongs to. This theory has been criticized for portraying a negative image of old age as a time of withdrawal. It has also been contradicted by research findings that reveal high levels of activity and engagement amongst many older people (Jake Harwood, 2007). This is also apparent in Ethiopia where the elderly have formed associations, contribute in the society in areas of family and community and even engage in economic activity in their later years (Assefa, 2003; MOLSA, 2006, CSA, 2011). There is also argument that social, economic and political processes may create conditions where older persons have no other choice but to disengage (Denise, 2008). In this regard, there are a number of occasions in which older persons in Ethiopia are compelled to leave their localities due to loss of means of support (MOLSA, 2006).

The other theory of aging is activity theory that is based on the idea that continued involvement in social roles, relationships and activities can enhance well-being in later life (Hashim and Jones, 2007). In a study of older persons' livelihoods in Ethiopia, attitudes held by the elderly regarding work revealed that they preferred to work, both to keep busy and be self-sufficient (Susan, 2011). However, there is a need to allow for the diversity of meanings that activity may have for the elderly; the elderly want and benefit from continued engagement in social activities that are personally meaningful and rewarding to them (Denise, 2008).

Continuity theory asserts that the elderly manage changes and choices by seeking to preserve both internal continuity, that is, continuity of ideas, preferences, skills, etc., and external continuity, that is, continuity of their physical and social environment (Atchley as cited in Denise, 2008). Atchley argues that change associated with aging is negotiated within an overall framework of continuity that connects the individual with her/his past life. Research has also demonstrated the importance of continuity of the physical environment of home and locality (Denise, 2008). Studies in Ethiopia have demonstrated that the elderly prefer to continue living with family and within the community they belong to had it not been for circumstances that force them to look for support elsewhere (Setegn, 2010; Fasil, 2010; Abdi, 2011).

Another theory of aging known as structured dependency theory explains that social and economic conditions that expose to lives of poverty create dependency in the elderly. Structured dependency theory has been criticized for not empowering the individual and collective agency of the elderly in challenging and resisting oppressive policies and conditions (Vern L, Merril et al, 2008). The elderly in Ethiopia face socioeconomic problems due to an absence of a comprehensive social security system. As a result, they become solely dependent on informal support systems that are inconsistent (CSA, 2011).

Chapter 3

Method

3.1 Study design

Within the social science, qualitative and quantitative methods are used to deal with both primary and secondary data. Quantitative research is based on the measurement of quantity and is applicable to phenomena that can be expressed in terms of quantity. Qualitative research, on the other hand, is concerned with qualitative phenomenon and helps analyze the various factors which motivate people to behave in a particular manner or which make people like or dislike a particular thing (Kothari, 2004). As Kreuger and Newman have stated, ‘quantitative social work researchers attempt to convert concepts about various aspects of social life into variables that can be precisely measured with numbers. Instead of converting aspects of the social world into general variables, qualitative researchers borrow ideas from the people they study or develop new ideas as they examine a specific case in its particular natural setting’ (Krueger and Newman, 2003).

The research approach that was employed in this study during the process of data collection, data analysis and interpretation of findings is qualitative. This study seeks to explore the situation and impact of care and support services on the socioeconomic aspects of the elderly. Hence, exploratory research design has been used to for the study. The use of qualitative approach which is concerned with subjective assessment of attitudes, opinions and behavior will help gain a better picture of the elderly’s socio economic status as a result of being a beneficiary in KAMSD (Kothari, 2004). As part of the qualitative approach, case study will be used to explore the situation of the elderly receiving services in KAMSD. A case study involves detailed

analysis of selected clients to assess how interventions or programs are operating, what impacts the interventions have had on clients and what obstacles to implementation are present. Case studies can be useful in providing guidance to involved stakeholders to help them identify key program elements and to determine program impact (Krueger and Newman, 2003).

Accordingly, the impact of services provided in KAMSD on socioeconomic aspects of the elderly was reviewed through the use of semi-structured interviews. Furthermore observations at program sites were made as a way of validating information from interviews.

3.2 Setting

The study was conducted in a local NGO known as Kibre Aregawuyan Migbare Senay Dirijit (KAMSD) legally registered with the Ministry of Justice in 2007. Having realized the plight of the elderly, W/roWorknesh Munie, a private philanthropist began providing support to the elderly. She has been supporting some elderly for two years from her own family budgets through the provision of food, clothes and other supplies until the legal establishment and certification of KAMSD. It was also registered with the Charities and Societies Agency of Ethiopia as an Ethiopian Residents Charity Organization. The organization provides support to the elderly in four ways. These are institution based care, income generating activities, house renovation and financial support. Currently there are 36 elderly receiving institutional based care, 120 elderly who receive financial support, 276 damaged houses of elderly persons have been repaired and 210 elderly are engaged in income generating activities after receiving the appropriate training. The data collection took place in the institution based care setting located in Mekanissa area and the flour mill set up to involve the elderly in income generating activities which is located in Abuare area. The flour mill was set up three years ago and provides a source of income for thirty elderly. The rationale for choosing the research site is that this organization

is somewhat unique as it provides not only basic needs for the elderly but also offers opportunities for income generating activities. Furthermore, there aren't many researches done on non-governmental organizations that assist the elderly to my knowledge. And as the objective of the research is to explore the impacts of services on socioeconomic aspects of the elderly, I found this NGO to be suitable as a research area.

3.3 Selection of participants

The idea behind qualitative research is to purposefully select participants or sites that will best help the researcher understand the issue at hand (Creswell, 2003). Participants of the research included elderly with age 60 and above. In this study, purposive sampling was used to select four beneficiaries each from the two types of services provided in the organization (institution based care and income generating activities). Purposive sampling can be used to achieve representativeness or typicality of the settings, individuals, or activities selected. It can also allow for the examination of cases that are critical for the theories that the study began with or that have subsequently been developed (Kothari, 2004). The selection criteria were based on their age and the amount of time they had spent receiving services in the organization. It is my assumption that elderly who have been receiving the services for at least two years will be able to better explain the situation and impact the services have had on their lives. Wellness of the participants was also another criterion as the interview required that participants gave coherent information and engaged in long conversations with the researcher. In addition, I used two of the service providers as key informants to build upon the detail of the services provided and the situation of the elderly.

3.4 Procedures for data collection

The process of data collection started with building a rapport with the service providers at KAMSD through several visits. After I introduced myself along with the objective of the research, the service providers were very cooperative in assisting me throughout the research. Upon the request of the service providers, I submitted a copy of the proposal as they wanted to review the questions I was going to ask to the participants. This was done in order to make sure that there were no questions that would offend the elderly. The service providers assisted me with choosing the participants that fitted with the selection criteria I had established. Qualitative researchers usually collect data in the field at the site where participants experience the issue or problem under study. This enables the researcher to adequately describe the individual or place and to be highly involved in actual experiences of the participants (Creswell, 2007). After introductions were made with the research participants; I selected their rooms as a place for interview. During the day, the older persons usually spend time outside their rooms in the compound which allowed for privacy and comfort during the interview. For the research participants located at the flourmill, I was able to conduct the interview in privacy as there was a separate room at the flour mill intended for the elderly to rest. Furthermore, using an observation checklist, I observed both of the settings I had chosen for the study which included the institution based care setting and the flourmill. This was done to obtain a clearer picture of the settings and to build upon the information obtained from the participants. The whole process of data collection took place starting from the 7th to the 22nd of May 2013.

3.5 Data collection methods

Data collection in qualitative research involves a variety of techniques: interviewing, document analysis, and unstructured observations (Klaus and Nicholas, 2002). Interviews play a central role in the data collection in a qualitative study (Creswell, 2007). Interviews may be conducted face-to-face with participants, through telephone, or in focus group interviews with six to eight interviewees in each group (Cresswell, 2003). In this study, semi-structured interview was used for individual interview. Semi-structured interviews create an opportunity for the interviewer to decide the form and the order of the questions allowing more latitude to probe beyond the answers and consequently facilitate a dialogue with the interviewee (May, 2001 as cited in Abdi, 2012). Questions concerning the elderly's access to basic resources and the general care and support services were asked.

For the primary data, interviews with the elderly and two service providers were done. A Researcher records information obtained from interviews using handwritten notes, audio taping, or videotaping (Creswell, 2003). When relying on handwritten notes, not more than two interviews should be conducted in one day to allow enough time for transcribing the data (Klaus and Nicholas, 2002). Handwritten notes were used in this study to record interview with participants; hence only two interviews a day were conducted. In addition, observation of the ~~setting for the institution based care and income generating activity was made.~~ Observations in qualitative studies involve taking field notes on the behavior and activities of individuals at the research site (Krueger and Newman, 2003).

For the secondary data, researches on the elderly, socioeconomic conditions of the elderly around the world and in Ethiopia and theories of aging that help to understand the changes an

elderly person goes through will be reviewed. Qualitative inquirers use theory in their studies as a broad explanation for behavior and attitudes (Cresswell, 2003).

3.6 Data analysis

The form of analysis for both qualitative and quantitative styles of research involves inference. Data analysis in most qualitative research begins during data collection. Waiting until after data have been collected to begin data analysis can lead to some significant problems during data analysis. Data analysis immediately after interview will also help identify corrections to be made during data collection (Kothari, 2004). Therefore the responses from the interviews were transcribed shortly after the interview and analyzed based on the objectives of the research. In qualitative analysis, a researcher organizes the raw data into conceptual categories and creates themes or concepts which are then used to analyze data (Krueger and Newman, 2003).

As mentioned above, data from the interviews with participants and key informants were transcribed shortly after the interviews were conducted. Information from the observation of the settings (home for the elderly and flourmill) was transcribed soon after. Labeling of the codes assigned to interviewees along with the date and time of interview was included in the records. The step that followed involved reading and rereading through the data obtained to obtain a general sense of the information and attempt to understand its meaning (Creswell, 2007). After making sense of the information obtained, coding process followed. The coding process involves assigning units of meaning to the descriptive or inferential information gathered during a study (Krueger and Newman, 2003). Accordingly, codes were assigned to the words and sentences from the interviews that are relevant to the research question and objectives. Then the

codes were used to generate themes related to the research area, facilitating the presentation of findings. The following step was the discussion of the themes that are based on the perspectives of the participants, key informants and observation of the setting. In this step, description of the research area and quotes from participants were used to illustrate the care and support services provided in KAMSD and the impact those services have had on the lives of the elderly. Going back and forth on the findings and literature reviewed facilitated the process of the interpretation of the findings. Interpretation can be a meaning derived from a comparison of the findings with information obtained from the literature and theories. In this approach, the researcher may suggest that the findings agree or disagree with the information reviewed in the literature (Cresswell, 2007). In this study, interpretation of the finding relied on the information gained from the literature which also included the theories of aging. Finally, the findings were presented based on the themes generated during the analysis process.

3.7 Ethical consideration

A qualitative researcher faces many ethical issues during data collection, in analysis and dissemination of qualitative reports (Cresswell, 2007). A researcher is deemed to be ethical when he/she is able to present reports honestly and openly, correctly cites the sources of ideas or writings of another person, protects the anonymity of informants, respects the rights of participants and explains the purpose of the study as applicable (Krueger and Newman, 2003; Cresswell, 2007). Written materials used for the study were acknowledged by the researcher through the citation of their authors, titles and dates. A consent form was developed to ensure willingness of participants to reveal information about the services they receive. The participants were informed of the researcher's identity as a student and the purpose of the study. The researcher explained to the participants that the aim of the research is to explore the care and

support services they receive and that the results may be used to draw the attention of stakeholders in improving programs and services that better address the situation of older persons. The interview occurred at a time and place convenient to them. The participants were informed that the interview is entirely voluntary and that even after the interview begins he/she could refuse certain questions or decide to terminate the interview altogether. They were also assured that strict confidentiality would be maintained regarding the views they expressed and that their decision to participate or not participate in the interview would have no effect on the services they receive. Codes were assigned to the interviewees in order to assure confidentiality.

3.8 Validation of the study

Ensuring validation of a study refers to determining whether the findings are accurate from the standpoint of the researcher, the participant, or the readers account (Creswell 2007). Validation strategies used in this study include prolonged engagement and observation in the field as well as the presentation of the purpose of the study that allowed the researcher to build trust with participants. The use of iterative questions during interview to go back and check on what has been revealed by the participants helped avoid misinformation (Klaus and Nicholas, 2002). Triangulation of data by making use of different sources, methods, and theories was used to build a coherent justification for themes. Peer review of the research process was used as a validation strategy whereby the selected person reviewed, asked questions and commented on the research process.

3.9 Limitations

The fact that I'm looking at the services of only one non-governmental organization is a limitation as it doesn't represent services provided in other institutions. The institution is located in the city of Addis Ababa; therefore the participants will be urban residents, so the results will not likely represent the situation of the elderly living in rural parts of the country. Another limitation is the fact that data will be collected at one point in time in this study, therefore the findings may not account for changes that occur through time. Shortage of adequate available data concerning the situation of the elderly in Ethiopia is another limitation of this research.

Chapter 4

Data presentation

This section of the study comprises of five parts. The first part illustrates the background information of the participants. Socioeconomic situation of the participants before joining KAMSD is described in the second part as a means to understand what the participants’ lives looked like before receiving the services of the organization. The following part of the presentation deals with the socioeconomic situation of the participants after receiving the services provided by the organization. Socioeconomic situation of the participants are described in terms of the participant’s access to basic needs (shelter, food, clothing, health services), access to educational opportunities, source of income and their participation in social activities. The last two parts reveal the information obtained from the observation of the field settings (home for the elderly and the flour mill) and the interview conducted with the key informants.

4.1 Background information

The table below briefly describes the profile of the elderly interviewed. Codes were assigned in order to maintain confidentiality. In total, eight elderly were interviewed out of which four participants receive institutional based care provided by KAMSD while the other participants are engaged in income generating activities, specifically a flour mill set up with the support of KAMSD.

Summary of Background of information of participants

Codes	Gender	Age	Marital status	Children	Education	Type of service received	Source of income	Average monthly income
IA	M	74	Widowed	-	Able to read and write	Institution based care	-	
IB	M	72	Single	-	Unable to read or write	Institution based care	-	
IC	F	65	Divorced	Had 3 children	Able to read and write	Institution based care	-	
ID	F	64	Widowed	Had 2 children	Unable to read or write	Institution based care	-	
IE	F	72	Married	2	Unable to read or write	Income generating activities	Flour mill and husband's pension	370
IF	F	64	Married	6	4 th grade	Income generating activities	Flour mill	120
IG	M	71	Widowed	4	5 th grade	Income generating activities	Flour mill and occasional subsidy from children	120-400
IH	F	69	Married	3	Able to read and write	Income generating activities	Flour mill	120

As the table above shows, three of the participants are married while only one elderly is single. Three of the elderly interviewed are widowed and only one participant is divorced. When it comes to educational level, three of the participants are able to read and write while two of them have reached grade four and five. The other three elderly were unable to read or write. Out of the participants receiving institution based care, none of them had a source of income and didn't receive a pension of any kind. Two of the participants engaged in income generating

activity completely relied on the flour mill as their source of income while the other two received support from their children and spouses.

4.2. Situation of the elderly before joining KAMSD

4.2.1. Access to basic needs

The elderly encountered several challenges before joining KAMSD. The daily struggle to put food on the table and lack of access to health services were the problems all the participants shared in common. IA who is receiving institution based care stated his struggle in the following way:

When I had a disagreement with my sister with whom I used to live, I resorted to begging for five months as I had nowhere else to go and I didn't have any money. Begging was a new experience for me and I never thought my life could come to such a point. During that period, it became hard for me to find food let alone a place to spend the night; there were times when I would eat only once a day. Begging people for money so I could afford to eat or rent a bed for the night was the worst experience I've ever had.

Seeking financial support from relatives and friends, selling injera and homemade bread were the other ways the elderly interviewed used to acquire food for themselves and their family. IJ expressed how hard it was to provide her family with food in these words:

Before, I used to be a housewife and relied on my husband's income for household expenses. My two sons and one daughter had graduated but hadn't found jobs yet. I had to provide food for my family with a tight budget. Quite often I used to pretend I wasn't hungry or that I had already eaten so that my family would have enough food.

Lack of shelter was an additional challenge faced by the participants who are now living in KAMSD institution. This was further mentioned by the key informants who revealed that the majority of the elderly they accommodate in the institution used to live on the streets. The elderly who are involved in income generating activities mentioned that they were living in kebele houses and some reported paying rent. The participants now residing in the institution expressed that there were times when they didn't worry about housing when they were living with their family and were able to work. When they were unable to work or couldn't find work and therefore couldn't afford to pay the rent, they faced the challenge of finding a shelter on a daily basis. One of the participants (IB) stated his struggle as follows

I had an agreement with my relatives to contribute some of my money in return for the accommodation they offered me. But after a while, I experienced trouble with my eyesight and could no longer work. I couldn't afford to get treatment and I lost my job. I had to move out of the house because of the tension that arose with my relatives partly due to the reason that I couldn't contribute any money. I tried to look for some way to earn money, I was confused and didn't know what to do, I didn't have any money, no place to stay and felt like I had no use.

IC's situation regarding shelter was somewhat different:

After I was divorced, I was lucky enough to live in a rented house for free when the owner of the house learned how I was struggling to pay the rent. This went on for about four years and I was living alone so I only had to worry about myself. Unfortunately, the owner of the house had to suddenly relocate leaving me to look for another place to live and that was a very difficult situation as I had no money saved up and I was not given

much time to look for another place. It was truly the worst time of my life because I had no other means of support and had nowhere to go.

Health problems are the other challenges faced by the elderly. Participants reported having health problems such as trouble with eyesight, diabetes, and hypertension. Regarding their access to health services, the participants reported that they couldn't afford to go to the hospital and buy medicines. They reported of having to visit the kebele several times for a letter that would enable them to receive free medical service. Partly for this reason, they relied on traditional healers. The elderly interviewed mentioned that they did not seek medical attention unless they really had to because of the long process it took just to be seen by a doctor. IH described the challenge to access health services by stating,

I didn't have the habit of going to health care settings whenever I got sick. I usually relied on traditional medicines and that usually gets me by. But there was a time when I had typhoid and I had to go to the hospital to be treated, I had such trouble trying to get free medical service and afterwards I was told that I had to cover the cost of the ordered medication which was difficult for me.

4.2.2. Access to education

As mentioned above, the elderly didn't have the opportunity to go to school and reported their lack of education as the main reason for the fact that they couldn't find better paying jobs or finding a job altogether. This was stressed by IB who explained his situation as follows

I spent 20 years working for the electric company at the end of which I had to retire without any pension. Afterwards I had to work as a guard in order to support myself and also give some money for my relatives who in return offered me shelter. When I was

younger, I didn't care whether I was educated or not, I didn't have any money saved. I just focused on my day to day life. Now I just feel that things might have turned out differently had I gotten a little bit of education. I can't even read or write. That is even now, one of the regrets I have in my life.

One participant (IE) expressed why she didn't continue with her education in these words *'I had to take care of my two younger brothers and one younger sister back when I was younger and lived in Bahirdar. When I finally came to Addis, I had to find some way to make money so I started working as a waitress in a small café. After a while I started going to night school but it wasn't convenient for me because I frequently had to work late in the café. I stopped going to school and afterwards I started working as a cook in another small restaurant and I just lost interest in trying to go back to school, I focused on my day to day life...*

The other participants who were literate expressed that they wanted to attain higher level of education but that the struggle to fulfill their basic needs overwhelmed their desire to continue their education. The reasons mentioned by the participants for not being educated included shortage of money, not having the time to go to school, having the responsibility to take care of family members and heavy workload.

4.2.3. Participation in social life

For the participants living in the institution in KAMSD, broken relationships with relatives were among the main reasons they found themselves without shelter. Back when they were able to work and support themselves, they expressed of having a good relationship with relatives and participated in social events such as family gatherings, Maheber and Iqub. When

they were not able to work and struggled to find food and shelter, they left all of that behind. IA stated the changes that occurred in his life in the following way

After my wife passed away, I lived on my own for a few years and I was able to support myself because I was working on a construction site. When I was feeling physically weak and was not able to work, I began living with relatives which didn't last long due to a disagreement between us. Then I resorted to begging which was a new experience and made me feel ashamed. I would go to a place far away from my home fearing that someone I know might see me in that situation. The days when I used to spend time with friends and be a part of the neighborhood gatherings are behind me now.

It was confirmed by participants who were involved in income generating activities and still living in their homes that they had good relationships with relatives and friends and that often they would depend upon their friends and relatives to make ends meet. This was further mentioned by IE

'The relationship I have with my neighbors and my relatives is very important to me because we support each other both financially and emotionally however possible, one at least has to have someone to share one's concerns with, otherwise it becomes difficult to deal with the hardships of life'.

However, IH negated this feeling by stating

'When my husband was unable to work and we didn't have any income, I felt isolated and that I had lost my place among my neighbors when I was struggling to support my family and often had to seek support from my neighbor'.

This feeling was shared by IC who is now living in KAMSD institution and expressed her situation as follows

‘You will have respect from friends or family only as long as you are wealthy and useful in some way, all the years I worked or the age I’ve reached don’t count for nothing if I’m not able to support myself’.

4.2.4. Source of income

Some of the elder men interviewed reported that they were engaged in daily labor; construction and working as a guard when they could find work and were physically able to work. They also explained that even with these jobs, they found it difficult to support themselves and their family as it wasn’t a steady source of income. Furthermore, they expressed that they had to look for other jobs after leaving their previous jobs because they didn’t receive any kind of pension, they had no money saved up and had no other source of income. This situation was explained by IB in these words:

After having worked 20 years in the electric company, I was told I was not eligible for pension. So, I had to look for another job and I found one as a guard in a factory where I worked until I lost my eyesight.

Some of the elder women interviewed revealed that they were engaged in selling injera and homemade bread and daily labor as a housemaid. IC expressed how she managed to support herself in these words:

I used to be a housewife and relied on my husband’s income for everything. When we got separated, I had to look for a way to support myself. I started baking and selling injera

which was enough to support myself because the owner of the house I used to rent let me stay for free. It made me proud of myself because I had my own income even if it wasn't enough to allow me to pay the rent at least I didn't rely on anyone to give me food or buy me clothes'.

The main reasons for not being able to work included physical incapacity and lack of opportunities to start own business or be employed. Some of the elderly interviewed expressed a great interest in wanting to work and finding some way to be able to support themselves. IG confirmed this by stating

'I just wanted to do something whatever it is and find a job just so I couldn't depend on anyone else to provide me with support, but I'm not educated and even if I was, who would hire someone as old as me?'

Other views of the participants interviewed included wanting to work only as a means to survive and that if they had the choice and didn't have to worry about supporting themselves, they would rather engage in other activities they enjoy such as going to church and attending social gatherings.

The participants also mentioned that not only was it difficult for them to be able to work because of their physical condition but they couldn't also find employment that suited their capability because no one wants to employ an old person. IA explained the situation as follows:

'Yes we do have a tradition whereby older people are treated with respect, but when it comes to giving a poor old man the opportunity to earn some money, no one wants to participate. It makes me feel that all the years that I worked before don't count for nothing and that I have no use anymore'.

4.3. Present situation of the elderly supported by KAMSD

4.3.1. Access to basic needs

The participants who are now living in the institution in KAMSD are grateful as they do not worry about finding shelter and nourishment anymore. Especially those who resorted to begging before entering in the institution expressed of feeling relief because they are not concerned whether they will find a place to sleep find food or have clothe as well as maintain their hygiene. IA expressed his feeling as follows

Here I am among other people my age who are in the same situation as I am. I have a good relationship with the other beneficiaries; however I also miss my life back in my neighborhood. But in general I feel lucky because even if I lived on the streets for a short period of time, I was able to see the situation of other older persons who used to beg with me. It's just saddening to see a person live that way even after having worked for a lot of years.

Other respondents such as IC also expressed that they were thankful to be living in this institution but also explained that the present situation has also some downsides

Our current living condition does not offer us a sense of privacy, something I valued very much back when I was living on my own in a rented house where I was able to spend my days as I wished and had my own activities especially during holidays. It also makes me sad that I had to move away from the neighborhood where i belonged and the social gatherings I have now left behind. On top of that I'm concerned about the continuity of the services provided by KAMSD because I have now become completely reliant on their services. I always worry that if one day they decided to close the institution or the

institution no longer had the fund to provide the services, I would have nowhere to go (IC).

This concern was shared by the other respondents residing in the institution as well.

They expressed feeling worried when they thought of how long the organization would be able to provide them with support and what will happen to them if the organization closes.

When it comes to accessing health services, the respondents living in the institution said that they are now able to go to the hospital whenever they have a health concern. They reported feelings of relief when comparing their present situation back to when they had to visit their respective kebele several times in order to have a letter that would enable them to receive free medical service. On the other hand, respondents who are engaged in income generating activities reported of still having some struggles accessing health services. Regarding this concern, IE stated

At the beginning when KAMSD supported us to set up the flour mill, it also facilitated our access to health care. But after a while, this part of the service was discontinued without telling us why. This has made it difficult for most of us to easily access health services'.

IH supported the last view and further explained how hard it is for them to access medical services in the following way

It is such a tiresome experience to go to the kebele and ask for a letter so that I would be able to receive free medical service. I don't know whether it's because they have a lot of work to do or they are unwilling but it all takes too much energy. The kebele hasn't even helped us build a latrine near the flour mill which creates a difficult situation for us as our houses are far from where the flour mill is set up for most of us.

4.3.2. Access to education

As stated before, there were those among the participants interviewed who are unable to read or write. The elderly living in the institution are not engaged in any educational activities. When asked of ways they suggest would improve the services, the participants revealed that even now they would like to have a chance to be educated. ID expressed this feeling through the following words:

I want to at least be able to read and write given the chance. I feel that now would be a convenient time since I have a lot of time on my hands. I've always wanted to go to school but I never got the chance. If someone was to teach me how to read and write now, I would be able to say that I accomplished something even at my age, but do you think that I would really have the ability to learn at my age?'

This was further stressed by IB who is also living in the institution

Not being educated is one of the biggest regrets I have in my life. I don't know if it would be possible but it would give me such a pleasure if someone would teach me how to read and write, especially English! (Laughter), I wonder if it is now too late for me to learn English. But I have trouble seeing clearly so I don't know if that would be possible'.

For the elderly engaged in income generating activities, the experience is slightly different. They reported that before the flourmill was set up, they received trainings for a few months as to how to work in the flourmill and manage the business. Other than that, none of the elderly interviewed are engaged in any educational activity. Some expressed that they fear it is too late to learn anything even though they have a strong desire to do so.

4.3.3. Participation in social activities

The elderly interviewed expressed that they still maintain contact with relatives and friends except for the participants who are living in the institution who expressed that they no longer participate in social gatherings in their previous neighborhoods. However some of them still go out to visit relatives and some of their friends as stated by IA

Even though I enjoy the time I spend here with the other persons who I live with, sometimes I feel lonely and feel like I need to visit and spend time with relatives and people I used to know in my neighborhood as I have known them for a lot of years. So whenever I can, I go out to see my relatives and comeback here.

For the elderly still living in their neighborhood, they expressed that it did not take much for them to still be involved in family and neighborhood gatherings (Maheber) and that it is an activity that they enjoy. Other than that, the elderly who are engaged in income generating activities lead a busy life as they have a house to take care of and families to support.

When it comes to participating in any form of activity, the participants residing in KAMSD institution complained that their days are not filled with much more than sleeping, eating and reminiscing on their past. During the time I spent in the setting, I was able to see that the elderly usually sit outside to catch some sun and chat during the day. Some of them expressed that it made them feel weak and incapable of doing anything else as stated by ID:

I don't want to complain because after struggling for so long, I now have a roof over my head and have people who take care of me. But I do wish that my days were filled with some sort of activity. We are allowed to go out of the institution when we need to but that is not something you want to do every day'.

IC also stated her view in the following manner:

'I would really appreciate it if I could involve myself in some activity because I get tired sitting all day doing nothing. I used to bake injera in the institution just to avoid doing nothing. I now spend most of my days weaving, which is an activity that I enjoy. In addition, I also help out the other older persons unable to perform activities of daily living by making their bed and maintaining their hygiene'.

The above mentioned activities stated by IC were also revealed by the service providers who said that the elderly living in the institution have developed a habit of taking care of each other whenever one of them doesn't feel well or feels tired. I was also able to observe the elderly feeding those who are not capable of feeding themselves and make the beds for those who were physically weak.

4.3.4. Source of income

The participants receiving institution-based care had no source of income; however, they expressed the desire to work not only to be able to support them but to make good use of the time they have on their hands. IB echoed this feeling in the following words

Even if I currently have trouble with my eyes, I would like to be able to do something, whatever it is, so that I may be useful in some way. Instead I sit all day and do nothing. I wake up in the morning and sit all day doing nothing. I don't even go out like some of the other persons who live with me since it's not easy for me to move around because of the condition of my eyes.

As I observed in the institution, some of the elderly who were receiving care appeared relatively strong while others had trouble moving around and required the assistance of the care givers to carry out activities of daily living. The participants living in the institution did not engage in any kind of income generating activity although when asked of approaches they suggest would improve the service they are currently receiving, they mentioned they would like to be involved in some kind of work, as stated by ID,

I know that this organization also provides support for older persons who live in other communities; I think it would be really great if they also created some opportunity for those of us who are interested to work. Who knows maybe we would even contribute for the continuity of the organization's services.

Another participant (ID) also expressed her desire to work in the following words,

I used to be good at knitting, back when I was leaving alone, that's how I supported myself, I use to knit bedspreads and sell them to people I knew. I made enough money to support myself doing that and on top of that, I enjoyed it. But I depended on other people to search for clients and there were times when I had trouble finding people to buy the bedspreads. Now that I'm here and don't have anything to do, I would appreciate it if I could knit as I used to, but I don't know if they (service providers) would help me to do that..

The elderly working in the flour mill expressed that they are very thankful to have the opportunity to work. IF expressed her joy in the following way

I used to be a housewife and didn't do much beyond house chores; I didn't have my own income and didn't go out of the house much. Now I'm very grateful that I'm able to work

and have some money of my own. On top of that I've gotten to know other persons besides my neighbors. I'm even part of a committee that controls the outputs of the flourmill.

The participants interviewed at the flourmill seemed happy to be able to work. They participated in the setting up of the flourmill from the beginning and are happy with the way it has turned out. In general, the flourmill has provided the elderly with a sense of pride and satisfaction in being able to work. IE expressed her contentment through these words

I enjoy working here with people who I respect and have respect for me, even if the money I earn barely covers my household expenses, I'm able to contribute financially at home and also here at the flourmill where we are all like family.

4.4 Institution based care setting

The criteria set by the organization to receive the elderly in the institution include being 60 years of age and above. However, the informants stated that they sometimes make an exception for those elderly who are below the age of 60 and have poor health and are unable to look after themselves. They also mentioned that they are usually the ones who take the elderly living on the street to the institution. The step the older persons go through to enter the institution is as follows:

- Contact the kebele to request to enter the institution
- Kebele/Woreda verifies the request and sends the application to sub-cities
- Sub-cities send the request to the Ministry of Labor and Social Affairs (MOLSA) which in turn refers the elderly to the institution after checking the presence of accommodation for a placement at KAMSD

- KAMSD receive the elderly in the institution

KAMSD institution is located in Mekanissa, some 500 meters further from German square. It is a two-story house with 8 bedrooms for the elderly. One bedroom is occupied by five elderly except for the rooms situated on the ground floor which are smaller and accommodate only two persons. The ground floor is reserved for those elderly who have trouble walking and are not able to use the stairs. There are toilets on each floor just across the rooms and also one on the ground floor. The house is clean and the rooms for the elderly are well aerated. There is a tent in the compound where there are chairs, tables and a television for the elderly. As I was able to observe, the elderly use that area to have meals and watch television and chat with each other. The compound doesn't have a garden. There are two cooks and two other care givers who help the elderly.

I had the chance to observe the activities of the elderly at different times of a day such as early in the morning (7am), at midday and in the afternoon. I was able to see that some the elderly kept busy by involving in domestic chores and helping other elderly who are physically weak. Others go to out of the compound to go to church or visit their relatives. But the elderly who were not able to move around freely kept in their rooms or spent the day sitting in the compound. They appeared to be bored and one could see their hunger for affection as they were all welcoming and were eager to chat whenever someone new came to visit the institution.

Maybe it was for this reason that all the participants I had chosen to interview were willing and showed enthusiasm to reveal information about themselves. This has made the interview process smooth and enjoyable on my part.

4.5 Flour mill set up by KAMSD

The flour mill is located in the area of Abuare, towards Adwa bridge and was set up three years ago in 2002 (E.C) with the support of KAMSD. KAMSD contacted these elderly through their Kebele, organized them and provided them with the training to start the flourmill business. The flour mill group consists of 30 elderly who are given trainings on bookkeeping and business management. They work in shifts allowing them to have days when they are free to engage in other activities. They have recruited a committee among themselves to control the business and address issues of the elderly. There are two flourmills but only one is currently functioning. There is a separate room in the flourmill intended for the elderly to rest when they have finished their work. However there is no toilet and that was the concern of all the elderly interviewed. They mentioned having requested several times for a toilet to be built near the flourmill but their request was not met. The elderly expressed that their clients are mostly people who live in the neighborhood because the location of the flourmill is not easily accessible to people coming from somewhere else.

4.6. Key informant interviews

The informants revealed that the aim of the organization is to provide the elderly with shelter, food, clothing and medical service. In addition they also engage in involving the elderly in income generating activities and providing financial support for the elderly who find it difficult to pay the rent. House renovation is another service provided by KAMSD. Beneficiaries of this service are the elderly living in Kebele houses or houses of their own but do not have the capacity to renovate their houses which have leaking roofs and with windows and

doors that need repair. KAMSD has also the goal raise the awareness of the public about the problems and situation of the elderly.

The poor health of the elderly who come to the institution presented certain challenges as expressed by the informants

Due to the physical and mental conditions the older persons come with, it is sometimes difficult to care for them. Some of the older persons have conditions that require nursing care which presents a problem because the institution only provides the older persons with shelter, food and clothes. We don't have the staff to pay attention to the particular needs of every person. Because the organization is not for profit, we do not offer an attractive salary; hence we don't have enough number of personnel to address individual needs of the older persons. There are a few volunteer workers who come and care for the older persons once in a while but that is not enough.

One of the key informants their thoughts on the performance of the organization in the following words

I know a lot more needs to be done so that the services become more comprehensive and address the specific needs of the elderly. We have a lot more to do especially in awareness creating of the situation of older people. But I'm also proud of how the organization has been able to help a lot of people in need by providing them with shelter and the opportunity to support themselves.

The informants also stated that for the income generating programs they set up, they organize the community members they plan to support and give motivation seminars so that the elderly will have the determination to be involved in every step of the program. This was the

most challenging task as expressed by the service providers. It was revealed by the key informants that their collaboration with other organizations were minimal because there are not many organizations with the same objectives.

Regarding the continuity of the organization's services, the key informants stated that there is another facility that is being built and includes a bigger home for the elderly and will have a medical facility and recreational areal allowing the elderly to engage in activities of their choices. There will also be a separate building that will be rented out for different businesses in the intention of generating income that will cover the expenses of the organization. The new facility will also provide the elderly receiving institution based care with the opportunity to engage in income generating activities.

Chapter 5

Discussion

5.1. Access to basic needs

As shown in the results, the elderly are faced with a multitude of challenges that they are unable to overcome due to poor health, financial status and lack of support. The main challenges stated by the elderly interviewed included health problems, access to food, shelter and dependency on relatives. This finding is similar to reports prepared by MOLSA in 2006, where it shows that health problems, food insecurity, absence of shelter, absence of family and community support, absence of social welfare coverage, limited social security services, absence of education and training opportunities, limited employment and income generating opportunities are some of the factors contributing to the poverty of the elderly. Susan's study of the elderly's livelihoods in Ethiopia further supports the findings of this study as her study revealed that Ethiopia's elderly are vulnerable to poverty, food insecurity, limited access to social and health services, and limited options for livelihoods diversification and security (Susan, 2011).

The 2006 MOLSA report also showed that the elderly in Ethiopia facing the aforementioned challenges try to cope with their situation by working as long as their physical health permits them. In line with this, this study showed that in order to fulfill their basic needs, the elderly interviewed had to search for whatever work was available even after retiring, and sought support from relatives and friends or resorted to begging. The fact that the elderly depend on relatives and friends for support is supplemented by structured dependency theory which

explains that social and economic conditions that expose to lives of poverty create dependency in the elderly (Vern, 2009).

The results of this study also showed that the elderly who are receiving institutional based care do not worry about shelter, food and access to health services. This is a positive change on the life of the elderly as all of them mentioned struggling to have a place to live in and food to eat before living in KAMSD institution. Looking at the general situation of older persons without support in Ethiopia might make one think that the services in KAMSD fulfill all the needs of the elderly. However, the elderly living in the institution experience feelings of loneliness, boredom and to some extent feelings of apprehension because they have now started a new life leaving behind all that they were used to.

Concerning access to health services, the elderly did not find it easy to receive attention for their health problems. This was mainly because they rely on getting free medical service as they do not afford the cost. As stated by Baleher and Yirsaw (2003), health services in Ethiopia are among the lowest in Africa. Even though KAMSD has not been able to facilitate access to health care for all of its beneficiaries, those who receive institutional based care are able to access health services for all their health concerns.

5.2. Access to education

The UN principles of the elderly adopted in 1991 and ratified by Ethiopia entail independence, participation, care, self-fulfillment and dignity (MOLSA, 2006). For these values to be respected, the elderly must be given the opportunity to correct past inequalities that resulted in most of them being uneducated. With nonexistent literacy skills, elder illiterate persons are further marginalized by lack of access to written information (Susan, 2011). Education is also

considered to reduce poverty by providing people with better chances to get jobs, become more productive, as well as improved health care and greater participation of women in the labor market (Abdi, 2011). Even if the elderly are entitled to education, there is still the lack of education opportunity that stands in their way. As shown in this study, participants who are unable to read and write repeatedly mentioned their desire to be educated and that they regret having missed out on the experience. Especially those elderly who live in the institution and have time on their hands expressed a great interest in having the chance to be educated. However, they are not able to receive any education, especially for those who are residing in the institution as KAMSD's primary mission is to be able to provide the elderly with a better condition of living where the elderly are able to support themselves and have access to basic resources.

5.3. Source of income

The interviewed elderly spent most of their lives engaged in labor intensive activities (daily labor) until their physical health did not permit them to work any longer. Afterwards, they began searching for other means of support from relatives and friends and also resorted to begging. Even with their current health conditions, the participants exhibited high interest in working. Furthermore, even though they do not get paid for it, the elderly living in KAMSD institution bear their own weight by trying to minimize some of the burden of the care providers. From what the participants expressed and what I was able to observe, they do a lot of chores in the institution but do not consider a single one of the activities they carry out as 'work' because they do not get paid for it. This is similar to the report made by HelpAge in 1999 which stated that all over the world, the elderly make an invisible contribution to their families and society at large, performing domestic tasks and so on but do not consider it as work because they are not

paid for it (HelpAge, 1999). The elderly's interest to work revealed in this study is further supported by a study of the elderly's livelihoods in Ethiopia that showed that they preferred to work, both to keep busy and be self-sufficient (Susan, 2011).

KAMSD provides the elderly in different parts of Addis Ababa to be engaged in income generating activities allowing them to be self-sufficient and have the opportunity to work. Among the participants in this study, those who are involved in income generating activities expressed their satisfaction in being able to work and participate in social activities. This goes in line with activity theory that is based on the idea that continued involvement in social roles, and activities can enhance well-being in later life (Hashim and Jones, 2007).

The other point raised by the older participants is that ageism is one of the reasons they struggled to find employment in their later years of life. As previously stated, ageism refers to an ideology that legitimates inequalities based on age, leading to the exclusion of the elderly (Denise and Harris, 2008). Consequently the participants in this study felt that they had trouble finding work because of their age. However, the ageist outlook was also observed on the elderly interviewed as some of them expressed that they wouldn't be able to find employment because of their age.

As stated by Assefa (2003), social security provision in Ethiopia is mainly the pension scheme. However, the private sector was not included in the pension scheme until July of 2011 (Abraham, 2011). This was also apparent among the elderly interviewed as none of them received a pension of any kind.

5.4. Participation in social activities

Participants of this study who are engaged in income generating activities were able to participate in social activities. The elderly living in KAMSD institution find it difficult to maintain contact with relatives and friends as well as participate in social activities as a result of which they feel loneliness and having no place among society as shown in the results of this study. This situation is also explained in the National Plan of Action on ageing of 2006, where it states that when it comes to taking care of the elderly, institutions should be a last resort and that the elderly should be cared for by their families and the community in which they belong. Furthermore the elderly expressed that they miss the life they used to have back in their respective neighborhoods which reflects more or less the same notion as continuity theory of aging which asserts that the elderly prefer the continuity of their physical and social environment (Atchley 1989, as cited in Denise, 2008).

Chapter 6

Conclusion and Social Work Implications

6.1. Conclusion

The elderly living in Ethiopia face challenges including unreliable sources of income, lack of income generating opportunities, and minimal access to social and health services. In Ethiopia, formal social security is almost nonexistent providing pension only to the elderly who are employed in government organizations. The rest of the elderly engaged in the informal sector of employment and those that are self-employed are not eligible for social security. The pension system started to cover those working in private organizations only as recently as 2011. Accessing NGO support, support from children and relatives and begging are some of the survival strategies used by the elderly. This study explored the care and support services for the elderly in one NGO known as KAMSD and the impact the services have had on the lives of the beneficiaries.

The findings revealed that the problems the elderly faced before joining the organization included lack of shelter, no source of income, shortage of food, poor access to health care services, and lack of support from relatives. The findings also suggest that the major forces driving the elderly out of the work domain are the effects of aging and limited opportunities for work as their age progresses.

The services provided by the organization include institution based care, income generating activities, financial support and house renovation. This study focused on two of the services which were institution based care and income generating activities. There were a total of eight participants in this study out of which four were receiving institution based care while

the other four were involved in income generating activities. The other persons who participated in the study were service providers who were the key informants.

The findings revealed that as a result of being a beneficiary in the organization, the elderly were able to have a shelter where they were given food and had access to health care. This has allowed them to have a sense of relief because for now, they do not think about being able to procure these basic needs. However, the elderly were also worried about the continuity of the services and feared about what would happen to if the organization ceased to function. The fact that the institution based care does not offer the elderly the opportunity to involve in any social activities or any work has caused the older persons to feel lonely and bored. The experience of the elderly working in the flourmill is somewhat different. It was confirmed through the findings of this study that the elderly engaged in work and participate in social activities exhibit enthusiasm because they are able to make good use of their time and have a source of income even if it barely covers their expenses.

One can be able to conclude that the elderly are not simply recipients of care; they have so much to offer and have the desire to be active and contribute in whatever way they can. The services of the organization have offered the elderly with a home and an opportunity to be self-sufficient. The services of the organization can serve as an example and an inspiration for all stakeholders involved in addressing the issues of the elderly.

6.2 Social Work Implications

One of the aims of social work is to advocate on behalf of marginalized groups and facilitate provision of social welfare services for those groups. In this case, it is clear to see that the elderly have become a marginalized group whose capacities and particular needs have been overlooked. In addition, the older segment of the population is facing difficulties accessing basic resources and participating in diverse activities.

The elderly are forced to look for different means of support without the appropriate knowledge about how to look for support and the available means of support. Therefore, this calls upon the roles of social worker to advocate for the elderly so that the concerns of the elderly are highlighted and also serve as a link between the elderly and existing programs that aim to address their needs. Social workers can also control and ensure that organizations working to alleviate the challenges of the elderly are operating in an effective and accountable manner. Furthermore, social workers can create an opportunity where the community may also be involved in the services delivered by voluntary organizations so that the services are comprehensive and fulfill the elderly's rights and entitlements. For this to occur, Community awareness raising programs regarding the situation of the elderly and the means to address their issues have to be planned and implemented by social workers. The awareness raising program has to also aim at improving the attitudes of people towards the elderly through recognizing their value and contribution to the society in which they belong.

The findings of this study can be used to help social workers, communities, Community Based Organizations (CBOs), government and non-government organizations in the research area to understand and address needs of the elderly. This study would have contributions to

understand more about the different needs of the elderly and the impact of services currently available. It may also help recognize the capacity and hope of the elderly to actively participate and contribute in their communities.

On the policy level, social workers can also play a role so that the issues of the elderly are given due attention in policy formulation for elders. As mentioned in the literature, there is no specific policy in Ethiopia designed to address solely the issue of the elderly while older persons face a multitude of challenges as shown in the findings. In this regard, social workers can draw the attention of policy makers in policy making and program implementation processes that address the specific needs of the elderly.

This study focused on the activities of one organization and looked at the socioeconomic aspects of the elderly. Further research needs to be done that encompasses all aspects of the lives of the elderly including their psychological experiences and what approaches would best address their situation.

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Annex 1

Consent form

Good morning/good afternoon, I am a social work student studying in Addis Ababa University. If you are willing, I would like to ask you some questions regarding yourself and the service you are receiving in this organization. The purpose of my research is to explore the services given in this organization and impacts the services have on the socioeconomic aspects of older persons. The research will provide some guidance and better insights to government and nongovernment organizations that aim to address the issues of older persons. The interview is entirely voluntary. Even after the interview begins, you can refuse to answer specific questions or decide to terminate the interview at any point. Your participation or refusal to participate in this research will have no effect on the services you receive in this organization. Strict confidentiality will be maintained and no reports of this study will ever identify you in any way.

Statement of Informed Consent for Interview Participants.

I, the undersigned, have confirmed to be the participant of the study conducted by Semretemariam Workineh for the fulfillment of his Masters Degree in Social Work at Addis Ababa University. I have understood that the general purpose of the interview is to study about care and support for older persons and their impacts on socio economic aspects of older persons. I understand that my response or views stated in the interview will be used only for the study purpose and will be confidential. Any of my personal identification like “name” and other private issues will not be included in the report of the study. I have also understood that, as a participant, my participation in the interview process is voluntary and I have the right to withdraw from the interview process at any time. Signing on this document, I have voluntarily given my consent to be interview participant of the study.

Signature of participant

Date

Annex 2

Interview guide for older persons

1. How old are you?
2. What is your level of education?
3. Who do you live with?
4. Tell me about your life before joining KAMSD?
5. What was your means of support before coming to this organization?
6. What difficulties did you experience prior to being a beneficiary in KAMSD?
7. What measures did you take in case you experienced an illness?
8. What are the changes you've experienced after receiving services in this organization?
9. What is your current source of income?
10. What concerns do you currently have?
11. What are your current health concerns?
12. How do you access health services?
13. Do you have contact with relatives and friends?
14. How would you describe your relationship with the other beneficiaries?
15. How do you spend your days? What activities do you engage yourself in?
16. What do you think are the positive aspects of the services you receive?
17. What measures would you recommend to improve the services in this organization?
18. Have you received any training in this organization?
19. Do you think the services you receive in this organization are enough?
20. Do you have any additional comments?

Annex 3

Questions for service providers

1. Tell me about the services you provide?
2. What are the challenges you face in providing these services?
3. What are you doing to overcome these challenges?
4. What are you doing to ensure the continuity of the services in this organization?
5. Do you collaborate with other organizations for the planning or implementation of the services?

Observation checklist

1. Meal times
2. Presence of care givers
3. Condition (cleanliness) of the house and the rooms for older persons
4. Presence of toilet and distance of toilet from the rooms for older persons
5. Hygiene of older persons
6. Access to water
7. Communication among older persons
8. Daily activities of older persons
9. Recreational areas