



**Addis Ababa University
School of Social Work**

Experience of Christian congregation on older persons care and support using internal capacity in Addis Ababa: Case Study of Semen Meseret Kirstos Congregation.

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Experience of Christian Congregation on Older Persons Care and Support using
Internal capacity in Addis Ababa: Case Study of Semen Meseret Kirstos
Congregation.

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(MSW)

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MAY, 2016

Declaration

I, the undersigned, declare that this Master's thesis is my original work and all the sources or materials used have been duly acknowledged.

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This is to certify that the thesis prepared by Zebib Nesru titled “*Experience of Christian Congregation on Older Persons Care and Support using Internal capacity in Addis Ababa: Case Study of Semen Meseret Kirstos Congregation*” and submitted in fulfillment of the requirements for the Degree of Masters in Social Work (MSW) complies with the regulations of the University and meets the accepted standards with respect to originality and quality.

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Abstract

Populations are growing older throughout the world. This makes the case of older people an emerging concern for policy makers, decision makers, and implementers globally. According to 2007 census, the proportion of older people in Addis Ababa was 5.1%. All International, regional, and national documents have acknowledged scarcity of knowledge in the area and recommend for researches. And similarly these documents primarily suggest community based arrangements for elderly care.

Semen Meseret Kirstos congregation (SMKC) has been taking care of 125 older persons through mobilizing purely internal resources. The objective of the study is to assess the experience of SMKC, Addis Ababa Region, on older people care and support using the internal capacity of the congregation. A qualitative, descriptive case study method with non-probability purposive sampling technique was used. In addition to the secondary data, four key informants, 15 clients have been interviewed using semi-structured guidelines. Observer participant method also used to attend five home visits, two coordination team meeting, and one shelter renovation programme.

The major findings of this research are the congregation has understood the situation of elderly in their locality and also able to recognize and mobilize the internal capacity. The study also reveals that the whole programme is built around voluntarily gathered coordination team. The admission criteria lacks standardized written document and the programme do not consider dependents under the elderly. The research has implied further investigation on the role of local associations on elderly care and support, it also implicates the social work education and practice to involve in community based elderly care and support programmes. This paper primarily recommends for bridging role to be played by the congregation.

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Abbreviations and Acronyms

AAU	Addis Ababa University
ABCD	Asset Based Community Development
CSA	Central Statistics Agency
ECCE	Early Childhood Center for Education
ECFE	Evangelical Churches Fellowship of Ethiopia
FBO	Faith Based Organizations
FDRE	Federal Democratic Republic of Ethiopia
HAI	Help Age International
IFSW	International Federation of Social Work
MIPAA	Madrid International Plan of Action for Aging
MOLSA	Minster of Labor and Social Affairs
NASW	National Associations of Social Work
NGO	Non-Governmental Organizations
SMKC	Semen Meseret Kirstos Congregation
UN	United Nation
WHO	World Health Organization

Chapter One – Introduction

1.1. Background

Populations are growing older throughout the world. In one aspect it is an indication of a success over poverty and health problems after long years of battle. In another aspect, the issue does not get appropriate attention. Owing to demographic driving forces such as decrease in fertility, decrease in mortality and increase in life expectancy, their proportion from the general population will be doubled in the next forty years. 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).

In sub-Saharan Africa, where the struggle with the HIV/AIDS pandemic and with economic and social hardship continues, the proportion of older people in is 4.8% from the year 1980-2010, it will grow to 8.5% in 2025 and expected to reach 8.3% in 2050 that is about 140 million (Aboderin,2007). This is again due to the fact that most of the sub-Saharan countries are succeeding at controlling fertility and decrease mortality. The existence of deep poverty and unsettled health problems like HIV/AIDS in the region makes the condition more challenging.

Like the region, older population proportion in Ethiopia was persistently stable around 4.8% up to 2007 and increases to 5.2% in 2011. However, the absolute number is continuously rising from 2, 845,300 (1984), to 2,781,100 (1994), and to 3,568,800(2007) (CSA, 2011). Due to the same reason that Ethiopia is working hard on fertility and mortality agendas, there will be a surge of increase in proportion of older people estimated to be 9% and above in the next fifty years (Getnet, 2015). According to 2007 census, the proportion older persons are 5.2% male and 4.4% female and 4.9% of them live in rural and 4.5% in urban. In the case of urban, 4.3% and

4.7% are male and female respectively. Region wise, Tigray region has the largest proportion (6.5%) and the lowest in Afar (2.5%) (CSA, 2008).

CSA have carried out in-depth analysis of the situation of older persons based on 2007 census in Ethiopia and the major findings were (2011),

Most of older people in Ethiopia are married (65.5%) and 86% of older persons are unable to read and write with most of the illiterates are women (92.65%). Regarding economic productivity, significant number of the group are still active work force though majority of them are found in the rural (71.8%) as compare to 41.3% in the urban. The same data has shown that the economic productivity of older women is by far less than that of male. The quality of life of older people in Ethiopia is very poor along the indexes, as show case, 43% and 71% of the group are unable to get safe water and latrine respectively. Five percent of older people have some type of disability out of this more than half of them are affected vision related disability to the level blindness. Disability is problem of women than men. Regarding living condition, 86% of older people live with their children as head of the family. (CSA, 2011, p.17-40)

According to 2007 census, the proportion of older people in Addis Ababa is 5.1% (CSA, 2008). All but one condition is the distinct feature regarding Addis Ababa that is the proportion older persons out of under fifteen children is by far larger than major towns of the country. That is 21.2% and 14.3% for Addis Ababa and other major towns respectively (CSA, 2011). This could be attributed to the lowest fertility of the town and well indicate to where the demography of the urban is going. Migration, urbanization, looking for family support, and medical attention are expected to pull older people to the town in the next few years (HAI, 2011).

In general, the case of older people is pressing forth to become important agenda of policy makers, decision makers and implementers globally and appealing for the concerted effort.

All major religions have the practice of providing social service for the disadvantaged and vulnerable groups as the center of their teaching .The Muslim's *Zaka* and Christian's *Miswat* are some of the examples. The ancient Old Testament Jewish system is believed to be the first formalized programme that targets vulnerable segment of the community like older people (Watkins, 1994).

A variety of theoretical perspectives have tried to relate Religion with older people. For example, The sociologists discuss how religious benefits older adults by reducing the risk of acute and chronic stressors, offering institutional or cognitive frameworks, providing tangible social resources and enhancing personal psychological resources (Krause,1997).

Social service and Christianity have highly interrelated and inseparable historically root. In addition to the informal support rendered by the laity, the church has been providing social service throughout the church history in different forms. The medieval and modern church history has paramount contribution for today's evangelical church involvement in the social service targeting older person (Watkins, 1994).

Lauasanne covenant (1974), Article 5, has declared that all evangelical churches of the world has obligation to provide social service (WEF, 1982). The declaration also noted that this service should use local churches as primary agent and the service include neighborhood community where the church is situated.

Evangelical Churches Fellowship of Ethiopia (ECFE) was established in the early 1970's and get the official recognition to operate as an association from ministry of justice on 27th of June,1991.

It is an umbrella organization for 36 denominations and for over 45,000 local churches. The fellowship constitutes 99.6% of the total protestant population (ECFE, 2010). ECFE has indispensable stake on the issue.

Finally, the best use of the untapped potentials of local congregations under ECFE in organized and scientific way to mitigate problems of older people is crucial. Hence, the objective of this study is to assess the experience of SMKC on older peoples care and support using internal capacity.

1.2. Statement of the problem

Most nations of the world have acknowledged that their population is aging. The case of older persons is now becoming a pressing agenda. Yet, Studies on human development has been given much attention to children and adolescent (Getnet, 2015).

Researches in developing countries are in infancy stage due to the myth that aging population live in developed countries (WHO, 2000). National research council (NRC)(2006) ,more specifically, stresses that aging research in Sub-Saharan Africa is very scarce that the current situation of older people is poorly known .In Ethiopia, it has been given very limited attention and there is huge gap of knowledge in the area (CSA, 2011;MOLSA,2006).

Based on the above mentioned facts, Madrid International Plan of Action on Aging (MIPAA) has underscored on harnessing scientific research and expertise and realizing the potential of technology to focus on the individual, social, and health implication of aging worldwide in general, and in developing countries in particular (UN, 2002). NRC (2006) also stressed a shift in

attention to ageing research to learn about old age and to understand the situation of older people .The National plan of action on older persons of Ethiopia has highly recommend the necessity of conducting research in order to understand the socio-economic condition of older persons and solve their problems (MOLSA,2006).

The couple of researches that are done by Help Age International (HAI) are tried to explain the living conditions and health state of older persons in the study area (HAI, 2010; HAI, 2011; HAI, 2013).The major objectives of these researches are to assess the living condition and vulnerability related problems of older people, to provide an analysis, and better understanding of the opportunities and barriers faced by older people to income security and livelihoods and to assess the health and health related problems of older people respectively. Abdi (2012) has attempted to assess the challenges of older people and their coping mechanisms.

Though Community based support is taken as top priority for older people care and support, according to different national documents like National Action plan, GTP-1 and detail analysis older persons situation based on 2007 census (CSA, 2011; MOLSA, 2006). However, there is no research found on community based support system through mobilizing their internal capacity.

Religious organizations and congregation are expected to participate actively and in more organized way. Rans and Altman (2002) reports the stories of a variety of recent faith based initiatives that have increased the wellbeing of both congregations and their communities in North America. While these stories cover a wide range of settings and strategies, they all share a common “inside out” orientation to community building. That is, they all reflect a deep belief that the gifts and skills of congregants and local residents, combined with all of the other resources and assets of both the congregation and the community, represent the critical

components of successful revitalization. However, none of these researches have dealt with specifically care and support programme for elderly.

A Study on the role of faith based organizations (FBOs) shows the effort of Ethiopian Kale Heywet Church (EKHC) played in fighting against HIV/AIDS (Ababyehu,2006) and Ethiopian Evangelical Church Mekane Yesus (EECMY) is involved in diversified development and social service projects in the areas of food security, natural resources management and environmental protection, HIV AIDS prevention and control, Gender issues and Emphasis on the marginalized group, Community-based education and health intervention (Temesgen,2011). Both of these congregational researches identified the source of the resource as primarily from external international organizations or various western nations and implemented through their developmental wings.

Whereas no research tried to investigate the efforts of Christian congregations in order to address the needs of elderly through their internal resources. Hence, this study attempted to reveal the experience of a Christian congregation, as community based care, in mitigating the situation using purely their internal capacity.

1.3. Rationale of the Study

The persistent increase of older people number and their proportion from the general population in the world has initiated the need to know more about the particular segment of the population. These needs include describing their situation, the roles they are playing in the community, challenges they are facing, evaluating the policy environment, and community based approach to care and support and many others. Moreover, their heterogeneity calls for continuous digging to narrow the knowledge gap existing.

All documents recommend the importance of research in the area and accordingly there are academic awakenings in the form of articles, researches, books and the like.

In Ethiopia context, older people are typically supported by extended family system, although it is getting weakened in the urban areas. Hence, all community based initiatives should be documented studied and disseminated.

Congregations are associations found in the community geographic location (place based). Therefore their involvement should get due consideration. Yet, no researches have been done that can measure the status of local churches involvement on older people care and support and that identify factors contributing for their involvement. This study helped both religious organizations and other proponents of community based approach particularly ABCD to acquire further understanding from the experience of congregation under the study.

1.4. Research Question

How far the congregation understands the plight of older people in their locality?

What type of care and support is provided by the local church?

What factors lead to the commitment towards older people care and support?

How is the internal capacity mobilized?

What are the challenges in the mobilization of internal capacity?

1.5. Objective

1.5.1. General Objective

- To assess the experience of the congregation on provision of care and support for older persons using their internal capacity.

1.5.2. Specific Objective

- To see how far older people situation is perceived by the local church.
- To see what type of care and support is being provided.
- To understand factors contributing to involve in elderly care and support for the particular congregation.
- To understand how the internal capacity is mobilized and the challenges encountered.
- To see the outcomes of the programme.
- To identify the gaps existing in the programme.

1.6. Significance of the study

This study is significant to understand the efforts of a congregation that has emanated from awareness of the situation around its operational area and recognition to the inner capacity of the congregation. This study aimed at providing insights and to build the knowledge about community based congregational support for older people. Findings of the study have primary implications for the congregation itself to see where they are and where they should be in the future, and promote further engagement of ECFE in the issue. It also stimulates social work researchers to do more investigation on congregation based elderly support. The study has contribution for social work education in such way that the social work educational institutions should be involved in the area of geriatric to further confront the

difficulties of elderly and to help them having a privileged life. As practitioners, social workers in community setting, also able to identify the gaps involved in the efforts of the congregation and they use opportunities to provide evidence based practical suggestions to improve the service. The study has also significance in advocating social security policy for these senior citizens.

1.7. Definition of Important terms

- 📌 FBOs are different religious institutions whose primary mission is preaching and teaching about spiritual life.
- 📌 Church is an institution that organizes the Christian society and leads them towards the purpose of God.
- 📌 Congregation is any group of individuals who share a particular religious tradition and regularly celebrate that religious tradition.
- 📌 Christian Congregation, for this study purpose, refers to protestant community.
- 📌 Older persons or elderly or older people that are 60 years of age or above.
- 📌 Tithe is Christian teaching that commends every Christian to give 10% of his/her income.
- 📌 Sub-City is governmental structural unit that is found beneath the city administration.
- 📌 Kebele is the smallest government structural unit found below the sub-city.
- 📌 Kebele residence is residential house provided by the government for poor and other eligible groups of the community and it is of very low cost.
- 📌 Community based support refers to those supports designed to help community-dwelling older adults remain safely in their homes and delay or prevent institutionalization.

1.8. Scope of the Study

This study was limited to Christian congregation support programme for elderly under the catchment areas of SMKC.

1.9. Limitation of Study

The research sample does not fully represent all older people in Ethiopia since it is done in urban setting and on clients of SMKC who are destitute.

Three of the clients selected cannot be interviewed due to illness and two others were unavailable inside the area so that substitution has been applied in these occasions. The Substitution process has been done with the same category as the abandoned client.

There are gaps in the availability of some important documents like manuals and most of the available secondary data regarding the programme are not complete, well organized and well standardized. Though, additional time and help has been exerted to fill the gap, it has limited the study to get complete input from secondary data.

1.10. Brief Description of Semen Meseret Kirstos Congregation (SMKC)

‘Meseret Kirstos’ as denomination started movement in Ethiopia 1960’s through local missionaries. After few years of active movement, it has been closed by ‘Derege’ regime on 1982 Yet, There was hidden mobilization of believers from the four corners of Addis Ababa and managed to get 72 of them. In the same year, few determined people came together to establish ‘Semen Meseret Kirstos’ inside residential houses.

Following the fall of ‘Dereg’ regime, 1991 , Semen Meseret Kirstos has been planted around Gullele subcity, Woreda 7, to serve Gullele (North) , ‘Asko (North western), ‘Giyorgis’ (south),

kechene and shuro-meda(eastern) corners of Addis Ababa. Currently, new congregations are being opened under the denomination; the catchment zone of SMKC gradually gets confined to only few areas.

Now, SMKC have 1200 members and well-organized ministry system. It has seven full time servants and more than 100 part time servants. The congregation constantly collects one million birr from Tithe and Sunday gifts

Currently, the congregation of SMKC is providing care and support for 125 older people living in its catchment zone using internally available resource. The central intention of this research is to examine the effort/experience of the congregation on older people care and support

Chapter Two. Literature Review

2.1. What is aging?

Aging is a broad concept that can be discussed in terms of chronological, functional and can also be dealt from the context of culture, history, physical appearance and health situation. So it is not direct forward concept that always and necessarily attached with chronology. According to According to the World Health Organization (WHO), ageing refers to a normal biological process defined as those time-dependent, irreversible changes that lead to progressive loss of functional capacity after the point of maturity (HAI,2013).

Westerns stressed on aging should be seen from the context of activity (functional age) and therefore aging implies decrease in productivity, being dependent, burden for the community and even worn-out .For Africans including Ethiopia, the historical and cultural essence of aging mostly dominate to understand aging so aging refers to those knowledgeable of tradition and

culture of the community, patriotism, and act of reconciliation in times of conflict (Getinet, 2015).

According to the UN definition older persons are those people whose age is 60 years and over. The definition has gained acceptance in Ethiopian context as it coincides with the country's official retirement age (MOLSA, 2006).

2.2. Aging related problems

Because of their age, older people are exposed to different problems. The major ones are poverty, health and negative stereotypes.

Aboderin (2007) discuss the vulnerability of older Africans to poverty and ill health on four main factors: First, older individuals, by virtue of the physical, mental, physiological and social changes associated with ageing, have a diminished capacity to engage in productive work and to care for and support themselves. Second the customary African family support mechanisms has been disestablished and more recently, the devastating impacts of the HIV/ aids pandemic. Third, older people, as a result of the HIV/AIDS crisis, are increasingly called upon to care for their ill or orphaned younger kin, frequently at great cost to their own material, physical and emotional well-being. Fourth, older people are often denied access to health services and, in most countries, typically have no recourse to pensions or other formal social security provisions.

2.2.1. Poverty and Food insecurity

Poverty is generally considered as a condition in which the poor do not have adequate food and shelter, lack of access to education and health services, are exposed to violence, and find themselves in a state of unemployment and vulnerability (Abdi, 2012).

Older people are generally considered as the poorest of the poor. The major reason behind is lack of sufficient and reliable income due to decrease in activity and excluded from mainstream productive force accordingly a research shows 80% of older people in Africa has no permanent income and earn less than one dollar (HAI,2010).

In Ethiopia, even if 97.9% of significant number of older persons are employed (CSA, 2011), they do not generate enough income to fulfill even the basic necessities. On almost all of the indices of quality of life, households headed by older population do poorly compared to the households headed by younger population (CSA, 2011). HAI (2011) has forwarded certain reasons for this discrepancy such as the type of work they are engaged, repeated health problems that decrease their activity in the labor force and unable to involve in saving, credit, insurance services due to their age. A study in all sub-cities of Addis Ababa identified food insecurity (which is worsened by inflation) as the top priority concern of older people. The study also disclosed that among 1,070 older men and women respondents, 79 percent eat only once or twice a day (Segniwork, 2014). The exposure to lack of food is mainly connected with poverty; however, it has other physical, psychological and social causes. There are other difficulties in areas of food and nutrition that older persons face (MOLSA, 2006). Achieve food security by ensuring a safe and nutritionally adequate food supply at both the national and international levels is very important.

2.2.2. Health Related problems

The natural process of ageing leads to a functional decline of the body and increases susceptibility to diseases, in most developing countries, changes in lifestyles over the past few decades have led to change in the patterns of disease prevalence - from communicable to non-communicable diseases. This change is commonly referred to as the epidemiological transition

(WHO, 2011). In developing countries, there is no adequate resource to meet the special needs of older people, the services are not friendly, unavailability of trained personnel in geriatric and others can also be mentioned.

A research done by HAI (2010) in African countries identified under-financing of health systems, over-stretched health workforces, poor health management information systems (HMIS), unreliable supply of medicines, physical barriers to access health-care and distance-related barriers, as the main constraints that contribute to older people's poor access to health-care services .

Studies conducted in Kenya, South Africa and Pakistan identified that lack of finance, absence of family support, physical inaccessibility of health service providers and practicing quacks are the major factors deterring older people from seeking health care services (HAI, 2013). This study shows the interconnectedness of poverty with the health condition that one affects the other.

MIPAA (2002) declared as older persons are fully entitled to have access to preventive and curative care, including rehabilitation and sexual health care. The declaration also noted that health care and services need to include the necessary training of personnel and facilities to meet the special needs of the older population. The growing need for care and treatment of an ageing population requires adequate policies. The absence of such policies can cause major cost increases.

HAI (2013) study covered five regional states and Addis Ababa city administration on state of health and aging identified that about 75 per cent of the respondents of the survey were reported to be suffering from at least one chronic disease and they are susceptible to age induced non-communicable diseases unlike other population group.

In Ethiopia, even if there is good health policy it is reported that older people are not using health services appropriately (MOLSA, 2006). Hence, this document recommended on three priorities so as to strengthen the health system in favor of the elderly. These are health education and disease prevention, strengthen basic health care services and dealing with permanent injuries.

2.2.3. Negative stereotypes

For centuries, African cultures predominantly see older people as wise, worthy of carrying responsibility, resolvers of conflicts (peace makers), community advisers, persons with great experience and authority (seasoned in specific expertise), and a lot more positive traits. In Ethiopia also older people are well known in resolve conflicts and make peace. This process is called in Amharic *shimgilina* (Peace making process). Similar position is also given to older women in addition to playing significant role as traditional birth attendants and advisers on child-raising. Now a day, that long standing perception of aging has been eroded and became another age related challenge. This negative stereotype, Stereotypes are a set of beliefs which shape the way we think and behave in everyday life, of the community and media imagery presents older people as frail, dependent, vulnerable and old-fashioned. Some refer this situation as ageism (deep prejudice against the elderly manifested in serotypes, myths, dislike and so on) (Watson, 1992). There is also one known saying that *you cannot teach an old dog a new trick*. Analysis of 100 studies of age related stereotyping at work revealed three reasons for discrimination. First, older persons are perceived as less motivated and less competent at work. Second, they are harder to train and retrain.

Third, older people are more expensive (Segniwork, 2014). As the effect of this and other stereotype, prevent the group from job opportunity, denial to right entitlement, exclusion from social service and health service (MOLSA, 2006). As end result, they get difficulty to actively participate in economic and development agenda and this in turn, repeat the viscous circle of poverty and health problem.

2.3. Policy directions

International community first took up question global aging in 1948 UN assembly and the first draft of declaration of the right of the elderly prepared. In the next subsequent general assembly of UN and world population conference aging became an agenda. In 1982, the first UN assembly on aging took place in Vienna and launched the first international plan of action on ageing. In 1990 and 1991, UN declared international day for elderly and UN principles of older persons respectively (CSA, 2011).

UN 2nd assembly on aging in 2002 Madrid launched international plan of action on aging (MIPPA) and WHO active ageing policy framework. The MIPAA Core concepts are a development approach to population ageing, through the mainstreaming of older persons into international and national development plans and policies across all sectors and a life-course intergenerational approach to policy that stresses equity, reciprocity and inclusiveness of all age groups through all policy areas. And it is in favor of dignity of the aged and it also recognizes the skill, experience and wisdom of elders for promoting development (UN, 2008).

In the same year, AU formulated Africa policy frame work and plan of action on ageing. This urged all member states to formulate, implement, monitor, and evaluate national policy and programs to meet individual and collective needs of older people (Africa union, 2002). However,

following only few countries have actually ratified comprehensive policies for older people on the ground.

In Ethiopia, The 1996 developmental social welfare policy includes welfare of elderly people. In 2006, MOLSA launched National action plan of older persons (2006-2015) which has two main priority directions developmental and humanitarian aspect (Getnet,2015,MOLSA,2005).GTP-1 includes elderly in the section of social security(CSA,2011). Both of them emphasized on community and family based care and support for elderly and hence maintaining close family and social ties.

Regarding social security, Ethiopia has adopted social insurance (pension) system for public sector, military and police with qualifying condition of age 60 at least 10 years' service and pension contribution. In this programme only half million (13%) older people are participating (Norton, Conway, & Foster, 2001). Because of this policy Gap, majority of older persons are engaged in the informal sectors that have no access to social security and ended up without any source to support themselves.

To conclude, A study on new policy challenges in developing countries by Lloyd-Sherlock (2000) recommends policy directions to consider older people as heterogeneous, the context they live are varied and dynamic, The needs of older people are interlinked and should elicit inter-sectorial policy response, According to this study, The health policy of many Africa countries overlook older people.

2.4. Aging and Gender

Women are the majority of the older population in virtually all nations and face different circumstances and challenges than men as they age. Majority (58 %) of the world's 310 million

older women live in developing countries. By 2025, nearly three-quarters of the world's older women are expected to reside in Sub-Saharan Africa's 15 million older women are projected to more than double to 33 million by 2025; Similarly throughout the globe, older women are more likely to be widowed, to live alone, and to live in poverty to have lower educational attainment, less formal labor force experience, more family caregiving responsibilities and more likely to live in urban areas than do older men (Gist & Velkoff, 1997).

In the case of Ethiopia, the number of older women in urban is greater than older men (4.7% and 4.3%) respectively (CSA, 2011). This is due to high migration of women from rural areas to urban because of the social and economic influence. Whereas, their productivity in urban area is by far less than that of men (27% to 41%) and literacy rate of older women is three fold lower than that of men. Moreover, It is only 26% of older women are married the rest are living alone and disability rate of older women is greater than older men (4.7% to 5.3%), (CSA, 2011).

According to HAI (2011), Fifty five out of 90 women or 61 per cent of women were widows. Another 21 older women (13 per cent) were divorced; one woman had never married. In comparison, male widows comprised only 18 out of 71 respondents (11 per cent). Similarly, only 14 of 71 (9 per cent) were divorced, separated, or unmarried. The primary reason for the increase in female widow status is due to men traditionally marrying women substantially younger than themselves who then outlive them.

The above facts evidenced that older women are more vulnerable than men in all aspects of life conditions such as health, social, economic, and others. For instance, it is difficult for them to possess property or save money in their name as most women are engaged in domestic works which do not require payment and some of them who got employed in the formal sector have lower salaries as a result of biases against them. And yet they are forced to leave their jobs on

many pretexts including giving birth. After passing through this kind of life, they find themselves penniless as they survive into old age (MOLSA, 2006).

Hence, MIPAA noted that Factors affecting older women in the labor market deserve special attention, in particular those factors that affect women's engagement in paid work, including lower salaries, lack of career development due to interrupted work histories, family care obligations and their ability to build pensions and other resources for their retirement (UN, 2002).

MOLSA (2006) has proposed three objectives in order to mitigate and reverse the situation of older women in the country. These are: - Fight wrong perceptions about older women, enhance the Social, economic and political role of older women, Cater for the problems of oldest and frail women through care and support programs.

2.5. Aging and Disability

Older persons with disabilities are also at greater risk of poverty than the non-disabled older persons partly because of workplace discrimination, including employer discrimination, and the absence of workplace accommodation of their needs.

In Ethiopia 0.9% proportion older people have some type of disability and the chance of older people to be disable is greater than the young population. Though the first difficulty is activity related or mobility limb problem, the majority (52.6%) out of disabilities is vision related problem to the extent of blindness (CSA, 2011). Thus, disability further complicates the situation older people.

2.6. Theories of Aging

In the areas of social gerontology, social theories are essential for providing coherent and valid bases for policies, programs, and activities. Some of the theories explained aging as follows:-

1. Role Theory-implies “ individual play a variety of role during their lives, child adult, spouse, parent, employer, employee, grand parent, retiree” (Kinsella & Phillips,2005,p.35). Roles are often sequential and individuals lose and gain roles throughout life. Some age norms which are originated from negative stereotypes of old age should be challenged and in contrary the positive attributes should be cultivated and used for the benefit of the family and the community at large.

In Ethiopia context most of older people should be encouraged to play their role as reconciliation, patriotism, transferring traditions to the next generations and more others.

Through life long accumulated knowledge and experience older person can maintain the continuity of traditions and culture of the society. In addition they can also contribute a lot in the development of their country.

2. Activity Theory-Suggests that “older people who take on a large number and variety of activities and roles will have a positive older age, adjust to aging better and more satisfied with their lives” (Kinsella & Phillips,2005,p.35). In Ethiopia data has shown that most of older people are economically active and employed. This trend should be kept and developed. Since they have no access to social security, the majority of older persons are engaged in the informal and tiresome fields of works and forced to stay in these informal jobs, until they become seriously ill or die (MOLSA, 2006). According to this theory, the aforementioned reality of older persons has dual purpose, at one hand, they support their livelihood and on the other hand, they continue playing their role of reciprocity.

3. Continuity Theory-The theory suggest that “people are most satisfied in their lives older years when their new roles and activities are consistent with previous experiences” (Kinsella & Phillips, 2005, p.35). It argues that the latter part of life is simply a continuation of the earlier

part of life. This approach emphasizes individual behavior and neglects the societal constraints that deter older people from continuing some activities.

4. Exchange theory-Helps to explain “why older people, in spite of reduced resources, seek to maintain some degree of reciprocity while remaining independent and active” (Kinsella & Phillips, 2005, p.35). This theory is in line with the recommendation researches which are conducted in developing country, sub-Saharan Africa, and Ethiopia.

2.7. Who can support older people?

In one aspect , the demographic shift can be taken as a successful story of humanity and victory over many health problems, social and economic problems on contrary, developing nations particularly Africa do not establish a capacity to carry this phenomena and the situation is further complicated due to weakening of intergenerational family support system and HIV/AIDS.

MOLSA (2006) reminded that in Ethiopia 90% support of older people is from extended family.

The urban setting is generally less conducive to sustaining the traditional extended family network and reciprocity system than are rural areas. Elders face loss of social networks, and suffer from the lack of a supporting infrastructure in cities, which can lead to their marginalization, exclusion and poverty, in particular if they are ill or disabled. In these multifaceted challenges of older peoples lead them to flow in large number to the streets of major cities.

The primary responsibility in promoting, providing and ensuring access to basic social services, of older persons is Government and it needs to work together with local authorities, civil society, including non-governmental organizations, the private sector, volunteers, and voluntary organizations, older persons themselves and associations for and of older persons, as well as families and communities (UN, 2002).The document also recognizes the important role played

by families, volunteers, communities, older persons organizations, and other community-based organizations in providing support and informal care to older persons in addition to services provided by Governments.

According to the research entitled “Who takes care of the elderly in Ethiopia when reciprocal relationships break down?”, there four sectors of society that can be thought of as providing care for elderly 1. Individual itself 2.Kin/reciprocal/Intergenerational exchange 3.government and 4.voluntery sector (Abdi, 2012).

The development social welfare policy of Ethiopia recognizes the importance of the contribution to be made by religious organizations and associations, and the private sector in the effective implementation of social welfare programmes and encourages their participation (CSA, 2011).

And thus Religious institutions serve as social organizations validating and transmitting culture by preserving and recreating cultural practices and norms as they minister and they should also directly respond to expanded demand of long-term care for elderly (WHO, 2002).

2.8. Christian Social Ministry

Social Ministry is holistic service focusing social, physical, emotional, mental, spiritual and related needs of human beings (Watkins, 1994). It has biblical foundation in both old and New Testament with basic principles of God’s love for all persons, Dignity and integrity of an individual, concern for whole person and committed to quality service.

2.8.1. Historical Background

According to an introduction to social ministry book (Watkins, 1994) ; Social ministry has passed through three main historical periods

The first period is Ancient model of helping it is the model of ancient Egyptian, Greek, Roman and Jewish system. The deep sentiment of these people is that through their action they believe their god will be respected and honored. The orphan, widow, aged, sick, hungry were priorities.

The second period is medieval church where members of early Christian took Jesus seriously in trying to express love in manner consistent with his teaching. This period again involved different models within it. These are change agent model, Acculturated ministry model, Institutional model, the church parsonage model and Diaconate model.

The last period is Social ministry in the modern church, this period begins aftermath of the industrial revolution which has followed by such acts as the statue of laborers and later the poor law, proliferation of charitable organization attempted to provide assistance to the displaced farm laborers and others in industrial centers. At this historical period the settlement house movement began (1814). The first settlement house opened in UK called *Toybee Hall* and then the famous settlement house in America, *Hull House*. Currently, denominational model of social ministry are being implemented throughout the world.

(Watkins, 1994, p.12-16)

2.8.2. Social Ministry and Social Work

Social ministry is older than professional social work. The social work profession had its beginning in the social ministries of churches and religious oriented charities of Europe and America. Settlement Houses are among the cornerstones behind the history of social work and most social workers agree that the values of the social work profession are derived from Juido-Christian ethics (Watkins1994).

Both of them promote social change, social cohesion, empowerment and liberation of people through their shared principles like social justice, human right, respect diversities (IFSW,2004).

It is witnessed that Social ministries have been using the skills and values of professional social workers and playing the roles of social worker in community setting in assessing social and other needs of the community, linking a client to resources, psychosocial support and others.

Harris (2008) identifies four principles that have guided Christians in their motivation to help the poor and less fortunate. These principles include justice, love, self-fulfillment, and responsibility.

These motivations do not seem that different from the social work principles of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. The same study goes through each of the six core values and principles of social work and compares them to similar Christian values and principles and found that they are compatible.

2.8.3. Social Ministry and Bio-psychosocial/Spiritual Approach

The known motto of social ministry is “We serve the whole person to make it whole”

(Temesgen, 2011, p. 51). This is based on the Christian teaching that a person is not only a soul but a flesh. This flesh needs biological care, psychological, social care besides the spiritual one.

It is also a social work thinking that seeks to encompass the whole picture of the individual and accounted for biological, psychological, social and spiritual interconnectedness. NASW (2009) has recommended bio-psychosocial/spiritual perspective as one of the standards of social work practice.

2.8.4. Social ministry and Asset based community Development (ABCD)

ABCD is the strategy that starts with what is present in the community. Unlike that of need driven model, it acknowledges strong neighborhood support system that has been in place for generations as part of traditions. Therefore, ABCD model focuses on building the capacity of individuals, family, associations and institutions in the community (Kretzmann & Mcknight, 1993). If they are able to organize themselves, plan their development issues and committed themselves and their resource in the effort, then and only then genuine and sustainable place based community development takes place.

Another important aspect of ABCD is relationship driven. If a community development process is to be asset-based and internally focused, then it will be in very important ways "relationship driven." Thus, one of the central challenges for asset-based community developers is to constantly build and rebuild the relationships between and among local residents, local associations and local institutions (Susan & Hillary, 2002).

This informs to concept of social capital, refers to connections among individuals, social networks and the norms of reciprocity and trustworthiness that arise from them. That can be in the form of bonding social capital, and bridging social capital.

In general, the barriers of ABCD are those factors impede the growth of individuals, weaken associational linkages and isolating institutions from the main stream society.

Although not an explicitly Christian methodology, ABCD's core values and methods resonate deeply with Christian theology and practice. First, it helps to discover and celebrate what is already there to open our eyes to the way of God blessing. Second, it encourages seeing and valuing all kind of assets and gifts and finally it helps to realize the gifts that God put with in

each person (Al Baret , 2013). All these three points are biblical and therefore ABCD can be a vital, life-giving tool for local churches as they join in the mission of God in their local contexts – engaging and supporting their communities, tackling poverty and injustice, and helping to grow resilient and inclusive neighborhoods where all are able to participate and flourish.

Faith based organizations have always played a central role in the formation and reformation of North American communities (Harris, 2008). In recent years, however, interest in both the actual and potential community-building contributions of local congregations has intensified (Susan and Hillary, 2002).

Congregation is type of faith based organizations with the essence of voluntary association.

“Wherever two or more are gathered...” identifies prayer groups, storefront churches, ministries of every size and stripe as well as huge, multi-faceted religious institutions. Those called together by a common faith can adopt any number of structures, as long as the membership of the faithful is at the core (Kretzmann & Mcknight, 1993).

In general terms, The presence of a church in a local community can provide a gathering place, a public space, or a community anchor and In many communities, churches are the strongest and most visible institutions, and church members are the most mobilized and active members of the community at large. Specifically, congregations are in a unique position to identify and mobilize these resources and assets. All congregations are first composed of individuals, each of whom has gifts she or he brings to the group. The best and most creative congregations are aware of these gifts and provide opportunities for them to be given within the faith community. Finding ways to discover and inventory these gifts is at the heart of this process, to create connections between gifted individuals. Making these connections, building relationships, is also familiar to communities of faith. The development of multiple ministries within one congregation is an

everyday example of this kind of connection being made within a church. These roles make congregations potentially powerful agents for change. The “calling” of faith provides a motivation for action and the institutional presence provides a base of operation (Kretzmann & Mcknight, 1993). In a study of Hispanic Protestant churches, Researchers identified three models for faith-based community ministries and one of them is Congregation-based community development. In this model a single congregation promotes programs and activities within its geographic area of concentration. This model has the advantage of drawing on the resources of the congregation as volunteers and for financial support and physical space for the projects (Reese & Clamp, 2010). The best available evidence, from the National Congregations Study, indicates that 57 percent of congregations engage in some type of service or community activity (Chaves & Mark, 1999). In other words, Congregations have a unique vantage point from which to enter community development and to address disadvantaged community (Avis, 2001).

Another worth mentioning facet of the congregations is that they have adopted an outward orientation rather than focusing inward, only on the members of their congregation.

Often times, Congregations have two preferred approaches to service: they donate small amounts of cash or in-kind goods to other service delivery groups, or they provide small groups of volunteers to conduct relatively well-defined, periodic tasks. The range of these activities is enormous. Broadly speaking, human services and health-related programs predominate (Hodgkinson, et al., 1993). In human services, the most frequently offered are youth programs (including camps), marriage counseling, family counseling, and meal services or food kitchens. Some congregations support community development finance, mainly credit unions (Nowak, et al., 1989). For example, Concord Baptist Church in Brooklyn established Concord Federal Credit

Union (CFCU) after eight members of the congregation were refused credit by conventional banks (Avis, 2001).

A small number of high-quality quantitative analyses have identified five factors that appear to influence a congregation's likelihood of participating in some type of service activity. These are: size, race, income, theological and political orientation, community need, and Leadership.

Congregations can bring distinctive advantages to the task of establishing an organization that can engage effectively in community development. The advantages they possess include:

1. Potential as an incubator. Between 5 and 15 percent of congregations, depending on their size, that are involved in some community development activities conduct some of those activities through an independent nonprofit organization (Hodgkinson, et al., 1993).
2. Potential access to volunteers. Several interview respondents made a point of noting that congregation volunteers represent more than “free labor.”
3. Potential access to the financial resources of the congregation and its affiliated organizations. This advantage is very real, but it is also easily susceptible to exaggeration and wishful thinking.
4. A context that engenders public trust. Although this fact is not commonly acknowledged directly, religious organizations are widely presumed to be able to act on behalf of principles that rise above narrow self-interest.

Whereas set of potential disadvantages that congregation seeking to enter community development will need to avoid or learn to manage. These include:

1. Potential for projects to be viewed as church rather than neighborhood initiatives,
2. Congregational staff may have too many demands on their time, especially when community development organizations are new and projects are first being started, the tendency is often for members of the congregation or its staff to oversee the new venture. This calls into question

whether the project will receive the concentrated time and attention it needs in order to be successful (Nowak, et al., 1989).

3. Congregational staff may lack necessary skills, numerous observers voice concerns about the financial management and record-keeping of congregations (and hence of activities they engage in directly), fearing that many lack the capacity to avoid co-mingling of community development and congregation funds.

4. Potential for conflicts between religious values and the demands of the marketplace.

Development is not charity; it is a difficult business and in poor, disinvested communities it is even more difficult (Avis, 2001).

Some of the success stories documented are highlighted as follows:-

1. Greater Christ Temple

It is the Pentecostal church founded 1974, it had only 35 members (33 were on welfare).The congregation has no support from foundations or federal, state, or local authorities but successfully initiate a faith based community development project. The congregation of Greater Christ Temple has built its successful faith based initiatives largely around one of our most basic needs: Everyone has to eat! They grow crops; raise cattle, hogs, and chickens; and operate restaurants. They met a need and have prospered (Reese & Clamp, 2010).

2. First A.M.E. Church

First A.M.E. Church also has developed a number of successful faith-based community development initiatives by discerning and responding to the pressing needs of its community. The notable one is business resource center. The center operates a revolving loan program for entrepreneurs who wish to start or expand their own businesses (Reese & Clamp, 2010).

3. Broadway Christian Parish, United Methodist Church

It is a congregation of eighty members and situated a place where many families struggle to put food on the table (low-income neighborhood). Like many churches, Broadway supplies food to the needy, but, when local residents come to the church for food, something extraordinary happens. First, each person is asked to complete a survey of his or her talents.

Two of the committee's most exciting discoveries led to the development of two small business ventures and made a positive decision to invest in the capacities of the young people in the community. Their job description was to "find the talents of other young people within a one-block radius of the church and invest those gifts for the benefit of the larger community."

through providing small loans as they form businesses that engage their talents and teach others.

The congregation has also begun a project called Women's Pictures of Hope.

Using a church darkroom and desktop publishing tools, women from the community are learning black-and white photography and setting up a greeting card business.

The principles behind the initiatives were, while in the church there are opportunities at every turn for these gifts to be used, our gift, as the church, is to know one another and what we have to offer and in our communities we know that we cannot afford to waste one person (Susan and Hillary, 2002).

4. New Prospect Missionary Baptist Church

The congregation designed a "Gift Interview," to explore the unknown talents of the people coming to the soup kitchen. After working together to design the interview and refining the questions among themselves, the congregants initiated one-on-one interviews with the people

they wanted to get to know. What they found astonished them: there were carpenters, plumbers, artists, musicians, teachers, and caregivers, all here were gifted and talented people. Based on the finding, New Prospect is leading a community-based effort to take control of the planning process, and to produce a community plan built upon community input (Susan and Hillary, 2002).

5. The Salishan/Eastside Lutheran Mission

Since 1985, the Salishan/Eastside Lutheran Mission has served the residents of this community, guided by one visionary Pastor who refers to himself as both a pastor and a developer, called to build local leadership that will address the needs of the community and create a vision for its future. Similarly, the Mission sees itself as something more than a church. A mission has participants — rather than members — all focused on shared goals; a mission requires the talents and faith of everyone involved,

Building relationships is the key to all the work done in Salishan. Local officials, service organization administrators, city decision makers — all have an undeniable impact upon a community like Salishan. Without the solid foundation of real relationships in which agency representatives come to know the real people behind the poverty statistics and stereotypes, partnerships for change can never truly begin (Susan and Hillary, 2002).

6. Bethel Lutheran Church/Bethel New Life

Bethel New Life is a faith-based, community development corporation that emerged more than 20 years ago from the community ministry of Bethel Lutheran Church. In the process of conducting a capacity inventory among Garfield Park residents, Bethel was struck by two emerging facts: many elderly, home-bound residents were living in the neighborhood, and many neighborhood residents were gifted at caring for the elderly. Rather than simply connecting these

two groups, Bethel created both job opportunities and improved health care provisions for the elderly. The caregivers were provided with the training necessary to become certified in home care, and a Bethel-run, state-licensed home care agency was developed to serve the needs of the home-bound elderly. As understanding of the many gifts of neighborhood residents has grown over the years since that first capacity inventory, so has Bethel's commitment to facilitating the giving of those gifts, making connections, reaches out in several other directions, like circles within circles spinning out from the center.

Bethel's broad vision of community health and wellness already includes several existing holistic health clinics as well as the Beth-Anne Life Center. Capacities existing among community residents are being harnessed for community benefit. As the community increasingly takes charge of its own health and wellness, the circles continue to spin onward and outward (Susan and Hillary, 2002).

7. Episcopal Diocese of Northern Michigan

These congregations have a slogan: "Stop attending Church; start being Church." New Roles, This is not a team ministry, in which the priest still sits at the hierarchical peak, but has a few specialized laity that assist him or her. Instead, mutual ministry is a circular, collaborative, non-hierarchical style of community.

This style has also permeated the administrative structure of the diocese. "My leadership style became collaborative, not delegation even my best ideas have been shaped or stretched or improved by collaboration. Each member shares in the responsibility and the calling of the ministry in the daily life of the community (Kretzmann & Mcknight, 1993).

8. United Methodist Church

Shalom is an initiative of the congregation that is committed to systemic community change.

Using asset-based community development methods, each team undertakes a visioning project, looking closely at an area of about four square blocks surrounding the church. Opportunities and assets are mapped in that area, including both the human and physical assets of the community.

The teams then strategize ways to best capitalize on the assets of the community. Several successful community building projects have emerged from the Shalom initiative. The men and women of this ministry have started their own programs in hygiene, nutrition, and health care.

The church is supporting this work by building a health clinic to deal with the high incidence of HIV/AIDS in the community, and the programs are run and staffed by many people from the community who were once clients (Kretzmann & Mcknight, 1993).

According research done on Ethiopian' Kale Hiwot' church reveals that the church has not yet mobilized members and communities to organize local resources and utilize for local development (Ababayehu,2006).

2.9. Summary

The book published by world vision in 2009 (Stearns, 2009) have identified awareness, access, and ability as the three major factors stood in the way of anyone wanting to help their neighborhood and used as assumption framework for this study. According to the book,

Awareness refers to better understanding of the situation and associated problems. In this case, it is assumed understanding the plight of older persons is by far the first step to take any form and level of supportive actions. It could be individual, group or institutional level support. Access is more about the geographic proximity or to be most neighborhood community to see and help the vulnerable group or the person under suffering. In this assumption, the local residents, local

associations and institutions are the most accessible groups to reach for the difficulties of older persons and to improve the wellbeing of the elderly. The last one is ability; this implies to recognizing the internal capability and identified what should be added from the external. In this regard, congregations have human capital, physical capital in terms of building and other infrastructure, financial capital and social capital.

In general, congregations of any faith are in most suitable position to have awareness about the situation of older people in their locality as some of them will necessary be their members and may be active participants .Congregation is place based frequent gathering of people by their faith that enables it to easily access and reach to the difficulties of these senior citizens.

Congregations have also internal capability as they are made up of collection of individuals with different untapped potentials and resources at hand. Discovering and mobilizing the gift of individuals in activity that could benefit the elderly and expanding the asset by strengthen associational linkage and bridging boundaries across other partners will be easy for congregations.

To conclude, it is right time for Christian congregations organize themselves around the case of older people in their respective locality.

Chapter Three: Research Methods

This chapter includes the philosophical orientation of the study, the research design, the research process, the rationale for selecting descriptive case study, and the selection of research participants, methods of data collection, data collection procedures, credibility, data analysis, and ethical considerations are described.

3.1. Philosophical Orientation of the Study

The research philosophy or research paradigm is a collection of beliefs or assumptions and models that is considered to be appropriate to explain the phenomenon. As cited by one research, the research philosophy shapes the research process, types of research design, and data collection methods (Samson, 2014).

In this study, interpretive social science assumptions were used to develop understanding how people or groups entertain social life and give meaning in their natural settings.

According to Kreuger & Lawrence (2006), Interpretive researchers study meaningful social actions and it is the activity with purpose. Contrary to positivist that assume everyone shares the same meaning system and experience the world in the same way, This philosophy looks for different perspectives and the subjective meaning following it. It also allowed for Research participants to express their feelings and construct meanings of the action they experienced. Accordingly, this paradigm helps the best use of the perception of congregation leaders about older people situation and internal capacity mobilization towards drawing a generalization based on the basic assumption frameworks of the research.

3.2. Qualitative Research Design

Qualitative research is a research strategy that usually emphasizes words rather than quantification in the collection and analysis of data and preoccupied with two main features. First, they see through the eyes of the people being studied. Second, they focus on description and emphasize on context (Temesgen, 2011). To fully understand the experience of the congregation and to find out the meanings that are pertinent to it, qualitative research design were employed. This design aimed at discovering the underlying motives and desires, using in depth interviews for the purpose (Kothari, 2004).

3.3. Rationale for Selecting Descriptive Case study

The case study method is a very popular form of qualitative analysis and involves a careful and complete observation of a social unit, be that unit a person, a family, an institution, a cultural group or even the entire community (Kothari,2004). In case study research, the examiner can see many features of a few cases over duration of time and can focus on several factors (Krueger and Lawrence, 2006).

Thus, the aim of this research was to assess and share the experience of one congregation (unit) on elderly care and support. To realize this objective case study was found to be the right qualitative research method. Since it was also a descriptive one, it gave the full picture and captured specific details of the situation under the study.

3.4. Selection of Research Participants

As qualitative research, this research has deployed non-probability sampling method in that case the researcher select cases with specific content of a case determining whether it is chosen. In this research purposive sampling was used to include participants from the four operational zones of the congregation since the study covers four localities of Addis Ababa found under the service area of SMKC (Giyorgis area, Semen-Mezegajja area, Menen area, and Yohannis area), enough representation of females and widows since there are significant numbers of females and widows under the beneficiary list. The numbers of participants were decided in such a way that it can show the full picture of the situation and answer all pertaining research questions (15 out of 125 clients). In addition to this, two from church leaders and two from the coordination team

were interviewed. Convenient sampling was used to observe five households and one shelter renovation because this process should have bound with the programme of the congregation. The coordination team was entitled to locate the participants based on the purposive sampling that I had assigned. The inclusion criteria were those elderly, clients of SMKC at least for the last six month (there is no new client in the last six month), willing and able to tolerate (health condition) the interview session.

Table 1: Local Areas under the catchment of the congregation and number of Clients

S/n	Zones	Sex		Total	Purposive sampling
		Male	Female		
1	Semen-Mezegaja	9	14	23	7
2	Yohannes	10	27	37	5
3	Giyorgis	13	29	42	3
4	Menen	3	20	23	2
	Total	35	90	125	15

3.5. Methods of Data Collection

One of the key feature of case study is it almost use all possible data collection techniques to make complete study of the unit covering all facets (Kothari, 2004). In this study, semi-structured interview, non-participant observation and collection secondary data were used. Having multiple alternatives of data collection facilitated triangulation of information from different sources.

Semi-structured interviews are characterized by creating an opportunity for the interviewer to decide the form and the order of the questions and semi-structured interviews allow more latitude

to probe beyond the answers facilitating a dialogue with the interviewee (Abdi,2012). In addition it gives room for side by side observation.

Guided observation helped to keep in mind the specific objectives of the study and mechanisms of recording. The main points were taken side to side to the observation session and then it was elaborated just after the end of the session by including my reflection. The observations were done in two coordination team meeting, five home visits with care and support providers and one shelter renovation.

The open-ended interview guide was prepared based on the research questions and that constituted of four major parts in addition to the background information. These were the current situation of elderly, Type of service, resource mobilized and future plan with recommendations.

The interview and observation sessions were conducted from April 2016 to March 2016 at the interviewees' homes and at a churchyard where there was no one around to interrupt. The length of the interviews ranged from 40 to 55 minutes, with an average of 47.5 minutes.

I contacted and introduced to all the participants through members of the coordination team. After brief introduction, I explained the purpose of the interview and ensured informal consent verbally. In Similar fashion, I contacted 17 of them and eliminated two of them because of their difficulties of enduring the session. Out of them nine were females and seven of them were widows. A pilot study was conducted on one participant and amendments have done. Secondary data from different documents and manifesto of the church were used to triangulate and strengthen the information's collected from the church leaders.

3.6. Data Collection Procedures

I first consult the idea of my research with Evangelical churches Fellowship of Ethiopia (ECFE) which is the umbrella of almost all local protestant churches in Ethiopia. The fellowship has

recommended me two local churches where older people care and support is actively implemented.

My next step was gathering updated and enough information regarding the current status of the two congregations by having face to face contact with leaders of the respective churches. Though both of them have active programme on older people care and support, SMKCC has entirely dependent on the internal capacity with no help from outside while the other one has been used externally fund in different occasions.

Then I formally submitted my support letter from AAU and explain about the objective of the research, tools used and the groups to be interviewed. After the formal permission is granted from the leaders and the rest process has been handed over the coordination team to arrange a programme with all key informants and beneficiaries.

The coordination team has invited me to participate in one of their every two week meeting and gave me a chance to understand the whole picture of the programme. Besides, they divided assignments among themselves on how and who will be helping me to get the selected beneficiaries both for interview and participate in the actual work for observation with in the frame work of one month time. The coordination team has also arranged me a programme to interview to church leaders and two out of the team. Accordingly, the whole process was very smooth and steady going.

After I have pre- tested the interview guideline and made some improvements, I have started the data collection.

In all cases I first started the session with some form of informal communication that can ease the tension and facilitate the interview. Then I started the interview by background information and pass to their bio-psychosocial/spiritual situation, the services they are provided with and

conclusions. They were encouraged and probed to give the whole picture of their life and confronted when contradictions appeared. I concluded the session by giving thanks and promised to visit them once in a while. In the case of key informants, the procedure was very formal, asking for explanation with similar contents as above. It had background information session at the beginning and conclusion part at the end. It was very smooth and facilitated data collection procedure.

3.7. Credibility of the Study

Credibility refers to methodological procedures, sources of data, and the linkage between the views of research participants and the researchers' interpretation (Samson, 2014). The credibility of this research was assured first, by designing appropriate research design, sampling technique and data collection tools. Second, carefully selecting research participants and using secondary data genuinely. The research also tried to capture all opinions, feelings, and recommendations of the participants and ordered them for better analysis and discussion.

3.8. Data Analysis

As a qualitatively designed research the data analysis process was an ongoing process throughout the data collection steps. Interview transcription was the first step as it simplifies analysis and eases understanding of the main points. All levels of coding had been important to interpret and elaborate the raw data towards building the case under the study therefore open coding used as first attempt to condense the data through the three categories of research participants such as beneficiary and key informants (leaders, coordination team) over all questions of the interview. In this first pass, more than 30 codes have assigned in such way that it can facilitate next steps of analysis, discussion and data interpretation. To mention some of them, perceived health,

occupation history, meal frequency, meal type, neighborhood support, economic support, health support, psychosocial support, life perception and others. The next step or the second pass was axial coding that helped to condense into long listed codes into 15 codes and assign along seven themes. For instance, family support, neighborhood support and friend support codes under social support theme. Lastly, four themes were selectively coded to enhance the discussion and interpretation process in more focused way so as to answer the research questions. These themes are beneficiary selection, comparison between previous and current situation, perceived health, and perceived support. The same steps were also used for key informants to form pertinent themes like background, perception about elderly, perception and experience on resource mobilization.

According to Kreuger and Neuman (2006), Successive approximation method of qualitative data analysis is helped a researcher to move from vague ideas and concrete details in the data toward a comprehensive analysis with generalization. This method has begun from assumptions and concepts and then probe the data with multiple iterations until reach some generalization.

3.9. Ethical Considerations

After I received approval of my thesis research proposal from my advisor and the School of Social Work at Addis Ababa University, I officially submitted the official letter from the School of Social Work that helped me to approach ECFE and SMKC.

Participants were informed about the purpose of the study, orientation about the general procedures and rules up to refuse answering some questions for their own reasons. Participants expressed their willingness to take part in the study and share their experience as beneficiary of the congregation. I obtained informed verbal consent from all the participants.

Participants were treated in an ethical manner; their dignity and autonomy were respected. The principle of confidentiality was maintained by altering identifying information about the participants, and using pseudonyms in the research report. The filled and completed interviews and field notes were stored properly to maintain their security and confidentiality.

3.10. Summary

This research accepted and adopted interpretive researcher's study that primarily explained meaningful social actions and the activity with purpose. Qualitative research design was employed to fully understand the experience of the congregation and to find out the meanings that are pertinent to research question and assumption frame works.

Descriptive case study was found to be the right qualitative research method to get the full picture of specific details of the situation under the study with purposive non-probability sampling method. Out of 125 beneficiaries, fifteen of them were interviewed besides two from church leaders and two from the coordination team were interviewed. As data collection method, Semi-structured interview, non-participant observation and collection secondary data were additionally used.

I contacted and introduced to all the participants through members of the coordination team. After brief introduction, I explained the purpose of the interview and ensured informal consent verbally as part of ethical consideration.

Chapter Four- Data Presentation

This part contains the findings of the interview that has been collected from archives, key informants, clients, and observation reports.

4.1. Organizational Structure and staffing of the Congregation

According to the organizational structure, the congregants are the most supreme body who have nominated and evaluated the church elders/leaders every year. The leaders are the overseer of the overall services of the congregation under different departments. This group also works with very close consultation from full time ministers who are graduates of Christian theology. Pastoral service/care is among the different departments of the church which focuses primarily on social aspect of the church service. The older people care and support is under pastoral care ministry and serves the holistic aspects of older people.

The church has seven full time ministers that are graduated from theology colleges in different levels (Masters, Bachelor and Diploma). These ministers have been appointed to consult the various departments under the church and five full time supportive workers like cashier, cleaner and guards. There are about 100 part-time workers who voluntarily participating across the departments. The coordination team of older people ministry is comprised of one full timer (who consults /oversees the service) and 16 part time volunteers.

4.2. Development activities and social Services

The church has involved in different development and social activities. These are

- Early childhood education or pre-formal education program for community in general and free education for poor families.
- Educational material support for nearby governmental elementary school,
- Home Care, medical support, tuition fees for People living with HIV/AIDS,
- Educational support for orphan and vulnerable children and vocational training and
- Older people care and support

4.3. Key Informants Interview of Church Leaders

4.3.1. Background Information of SMKC

The vision and mission of the church is adopted from the denominational thinking/outline of Meseret Kristos. In addition to Worship God in spirit and truth, strive for all rounded development is the visions of the church. And therefore, the church is continuously working in enabling and leading the congregation towards the vision. All rounded ministry or holistic ministry has also been included under the core values.

SMKC has established to take the above mentioned vision to the north part of Addis Ababa and work with believers (protestant community) of that was supposed to include many localities even some of them were not exactly situated in the north part of the city like ‘Asco’(found west of the city).

Historically, SMKC has two marked periods the first one is church during persecution time (1982-1991) during that time services are rendered underground and hence it was unable to participate in development and social activities.

The second period heralded with the fall down of ‘Derge’ regime (1991-now) and characterized by growth of the church in terms of number of members, branches and range of services.

Currently, SMKC is situated in Arada sub-city, ‘woreda’ -05, commonly named ‘Semen Hotel’ area and covers (provide service) to the areas around it. The church has subdivided the area into four zones for the purpose of management. The zones are found in the radius of few kilometers

from the church, these are ‘Semen Mezegaja’ zone found in the north part and covers primarily areas like ‘Kechene’, ‘Addisu Gebya’ and ‘Semen Mezegaja’ itself. The second zone is found in south part that is ‘Giyorgis’ includes villages like ‘Gedam sefer’, ‘Wube Berha’. The eastern zone is ‘Menen’ that include areas like ‘Afincho ber’, some part of ‘Shuro Meda’ and ‘Menen’ itself. The last zone is the western zone that is called ‘Yohannes’ Zone and includes areas like ‘Abakoran sefer’, ‘Ras desta’ and ‘Yohannes’ itself.

The church has now 1200 members and 98% of them came from the above mentioned areas. The rests are from different areas of the city and handfuls of them from abroad. Semen mezegaje zone is taken as the biggest zone in terms of numbers of members, which constituted more than half of the congregation (53%). The next one is ‘yohannes’ that is 26% ,then ‘Giorgis’ zone(12%) and the least one is ‘Menen’ zone constitutes only 9% of the entire congregation.

4.3.2. The Source of Fund and Relations with other agency

The social service of the church is completely relies on the contribution of the congregation in different forms such as tithe, gifts, and some revolving funds from ECCE center found in the compound. There are some members living outside Ethiopia who are committed themselves to continue helping the congregation. The cumulative annual budget of the church from these different sources is around three million birr.

The church has no relationship regarding social services with other religious organizations even with the denomination and only spiritual oriented communication with local protestant churches. There is no locally based union or forum to share experiences and lessons.

4.3.3. The church perspective towards Asset based community development

Both of The church leaders (involved in the interview) have appreciated the essence of ABCD as self-reliance, dignity, beauty and the right thing. It is expressed as mobilizing internal resource rather than waiting from external source. It is pointed out by one of the leaders as *“Self-help enables the right thing to reach the right person with full dignity.”* It saves high amount of resource that would be spent on administration because every cent will directly will reach the beneficiary as almost like free fall. One of the leaders reminded the finding of a research which was done by world vision Ethiopia some years back that exposes out of the hundred birr begged, only 20 birr will reach to the beneficiary/need.

ABCD prevents from false report that usually fabricated in order to secure funding and keep the donors happy. One of the church leader Exclaimed that *“Once we were able to get very small amount of money from local NGO but it had created severe headache through multiple do’s and do not’s and finally we chose to halt the partnership.”* However, ABCD demands strong commitment or work to mobilize these resources and in some instances. It is very difficult to tackle some problems using only internal resource especially when it is too expensive or the problem is too vast. It is noted that external support, if available, can be used as supplement the main effort of self-help.

Though the scope in terms of magnitude and diversity of the service is narrow, all of SMKC development and social initiations are relied on the internal capacity of the church. One of the leaders has stressed that these initiations should be supported by some forms of income generations like house rental and the church should think of better resource mobilization organization with full time, professional appointment.

4.3.4. Church Perspectives towards Older people

SMKC is one of the oldest congregations in Addis Ababa that has almost thirty years of fellowship in one way or another. The congregation therefore has a number of older people members whom contribution (in different ways) for church existence and later for growth couldn't be laid by in this period.

Some of these older people have been the biological and/or spiritual fathers of most of the active members of the congregation and even some of the leaders. That means understanding the situation of the older people has begun from inside, either from family or church. For instance, one of the informants reminds his experience that one of the church fathers of age seventy gradually decreases his participation and finally quitted from coming to church. When they diagnose the situation, they came up with shocking result that this father has urinary inconsistency (unable to control urine).

These and other similar experiences have led the church to understand the problems of this group from inside to the community at large. Some of the major problems mentioned by the leaders are economic problem, health problem and psychological problem that is manifested as irritability, grieving, rapid mood fluctuation, feeling of losers.

4.3.5. Opportunities of the church towards elderly care and support

SMKC strongly believes and committed to stand that older peoples are the crown of the congregation, they are the beauty of the church and they are source of blessing from God and they themselves are blessings. All older people in the community should be assisted because they are the fathers and mothers of each one of us.

Ethiopian people culture, of giving/helping each other, overhauls all other opportunities for older people care and support. One of the leaders started explanation by remarking “ *you know one of the reason of migration ,to Arab nations or other destinations through illegal and life threatening routes is to help the family, this is good indicator of giving and living for others.*” Even though this culture is highly manifested in the family level, it is also true for relatives in distant, neighborhoods, and for other needy Ethiopians.

SMKC is in continuous growing of members from 120 before twenty years to 500 after ten years and 1200 now. This growth will capacitate the church to participate and stretch for different humanitarian and development callings. This holds true for older people care and support effort. Moreover, as the number of young in the congregation is increasing (25%), their participation under different departments has now begun to show some promising future. This is also another good opportunity for older people care and support.

The number of educated congregants is also increasing from time to time with diverse profession; this enriches the effort of the church in different ways that ranges from originating, developing and articulating ideas to grass root delivery of services. For instance, there is health-professionals under older people care and support coordination team who delivery their service at home level.

The last opportunity is SMKC effort has now attracted attention across members of ECFE and some of them came to the church for experience sharing. This in short or long term might produce fruit of older people support in their locality.

4.3.6. Role of Church and Recommendation in improving the situation

One of the informants said the church has biblical obligation to reach for unreachable, to help the helpless and to visit those who have no or few visitors. The role begins from this underlying principle of Christianity. As part of the community and situated within the community, the church has responsibility to share burdens of the community rather than merely preaching the word of God. Holistic ministry is the current winner agenda in every aspect of church ministry.

The informants have forwarded their recommendation from two angles. The first one is internally the church should work in more organized way especially working tough on resource mobilization by designing different strategies so that the continuity of care could be achieved. The Second point raised in this regard is the church should ensure coordination of care with in the congregation and across different agencies.

4.4. Key Informants Interview of Coordination Team

4.4.1. Back ground information about the coordination team

The older people care and support programme is carried out by voluntary group of congregants; the name of the group is '*Yeshi Wubet*'. They consider themselves as coordinator of efforts that could be stretched out by any individual, group inside the church, and the church itself as institutions towards older people. The team has started work before five years by only five members. This coordination team has now 16 members who are also members of the church. They come together on voluntary basis from different areas, professional back ground and in fact from different age groups. They all are part time workers who devote themselves for the purpose. The coordination team is overseen and consulted by one fulltime minster who is assigned by the church. Moreover, the team has a coordinator and an accountant, has every two week regular

meeting when they exchange field reports, prepare plans and new information. The team delivers activity and financial report to the church every quarter and annual report to the congregation including the audit report. The team has divided itself into eight groups (by pairing) so that each pair has the responsibility to take care of around 15 beneficiaries in relation to their proximity to the clients.

Table 2: Shows the distribution of the members of the coordination team

Age	No.	Profession	No.	Sex	No.
<18	0	Sociology	1	Female	9
18-34	3	Health professional	3	Male	7
35-50	9	Businessman/women	5		
>50	4	Accountant	1		
		Others	6		
Total	16		16		16

4.4.2. Beneficiaries Information

There are 125 beneficiaries under the SMKC programme for older people. Out of this, 83 (66.4%) are females and 42 males (33.6%). Religion wise, 70 of them are protestant, 55 orthodox. Fifty Six (44.8%) of the clients are widowed (male /female), 27 are married and 17 divorced. There is one blind client.

Table 3: Characteristics of Clients across different categories

Zones	No.	Religion	No.	Marital status	No.	Sex	No.
Semen-Mezegaja	23	Protestant	70	Widow	56	Female	83
Yohannes	37	Orthodox	55	Married	27	Male	42
Giyorgis	42			Divorce	17		
Menen	23			Others	15		
	125	Total	125		125		125

4.4.3. Source of budget

The team has two sources of fund the first one is allocated from the church and the second one is through fund raising. The church has allocated 300,000 Birr/ year (10%) that covers the monthly allowance of 50 beneficiaries which is just collected from routine church activity. The second fund is mobilized through different strategies and effort of the coordination team .The common strategies of collection are arranging special programme for the for both congregants living in Ethiopia and outside Ethiopia to provide gifts ,Tendering of sacred materials like bible, preparation of T-shirts, scarf, stickers and brochures. This category has covered the rest all costs of the programme including economic support for 10 clients, medical coverage, Food supplies and others. Though the amount is quite fluctuating, the team usually manages to raise around 100,000 Birr/year.

4.4.4. Admission criteria and type of services

The admission of beneficiaries to the programme begins when the church has got first line information from any of the members of the church. Most of the time, members detect this during their routine social life with in the neighborhood community. Then the coordination team will arrange a visit for preliminary interview and will have subsequent follow up before making a decision. The willingness of the individual is also another key precondition that follows appropriate orientation about where the support comes and how it is provided. Generally, the programme gives priority to females, widows, those who have no/low family support, and have dependents especially children.

Types of services provided are:-

Economic support is primarily implies of monthly allowance that some of the beneficiaries (48%) have been paid that is about 500 Eth Birr.

The health support includes covering the medical fee and facilitating free medical service in some occasions, home level medical checkup and care. Psychosocial/spiritual counseling is another routine service that has been done during all visits. During the visit, the beneficiaries are supplied with some food stuffs like pasta, Mokoroni, and food oil and clothes.

Renovation of shelter when there is serious concern that affects the normal life of the client and predisposes them for different problems like health problem, security problem and major discomfort. These primarily are damages to the roof and sidewalls due to longevity (age related problems) and drainage problem.

The coordination team has been used different strategies to dispose these services such as regular home visit (every two week for non-mobile older people and every month for mobile ones), Peer programmes that facilitates opportunity for the stronger older people to visit the weaker ones, Elderly day is celebrated every quarter in that occasion the beneficiaries and other invited guests have gathering and enjoy the day with different educational and recreational programmes like drama, word of God, festivals of song and at the end there will be gift programme, meal ceremony and blessing from the elders. The coordination team has a regular meeting that is held every two week and discuss on different agendas in addition to constant topics such as post-visit reports and pre-visit planning.

The coordination team has currently built ,with awareness and permission of the church, new relationship (in the history of the service) with one center for older people, named 'sew le sew',

and able to handed over one beneficiary to the center. The two bodies have agreed to help each other in the future.

4.4.5. Challenges and successes

The major challenge in the service is budget shortage that is due to first and for most; the magnitude of the problem is continuously increasing and complicated. Second; there is lack of enough time and opportunity facilitated by church to discuss, orient and convince the larger congregation about the programme and elderly situation. Hence, it results low participation of the members and low and inconsistent financial contribution. One of the respondents said *“5000 birr is the biggest money donated by an individual, I have ever remembered in the history of the service”*.

Another big challenge is low motivation of members in general and professionals in particular to involve in the programme, this is evidenced by the proportion professionals in the current coordination team is only 28%.The coordinator startling that *“now days many people especially the educated ones are not interested at serving the community, they just want to be served and return to their routine life.”*

The last challenge mentioned by the coordination team representative is lack of awareness about the situation of older people by many peoples inside the congregation.

Some of the successes mentioned by the key informants are improved quality of life, couple of them are prevented from going to the streets for begging and some of them have got to live additional years.

4.4.6. Recommendation

As described by the informants, the future plan of the team is primarily on resource mobilization (monetary, material, volunteers) by designing different strategies like to advocate using spiritual channels, they also plan to initiate and strengthen different partnerships within the denomination and outside environment. Another plan, to enhance the quality and quantity of the programme for example they are planned to increase the monthly subsistence allowance of and the like.

The key informants from the coordination team have recommended that:-

- Much more concerted effort is needed to reach all older people at risk.
- The church and the congregation at large should devote their time, energy and money to this noble cause.
- Experience sharing and trainings should be facilitated for members of the team.

4.4.7. Observation of Coordination Team Meeting

The first meeting that I was participated was held inside the church compound starting at 6:00pm in the night by ten members. The coordinator has opened the meeting by listing the Agendas of the day. These were:-

- Report of the home visit,
- Report of the fund raising status,
- About the new partnership with ‘Sewlesew’ older people center.
- Announcements

Home visit

Each couple, home visit is done in pair, has presented the home visit report that includes current situation of the elderly, the problems observed (new and persistent) and complained by the elderly, solutions sought. Then each report was followed by a brief discussion and solution directions for some unresolved issues among the reports. The coordinator was finally read 'not done' visits (due to different reasons) and preplanning for those visits.

Fund Raising

The team has been in the process of preparation of fund raising so The coordinator explained the status of each one of materials which have to be ready for the programme/tendering. These are T-shirts, Stickers, brochures, traditional clothes and spiritual books. Accordingly, the members gave their comments on the status and discuss about the day of the programme.

New partnership with 'Sewlesew' elderly center

The coordinator again reminded about the center and their relationship status that they have managed to hand over one elderly to the center. Now, the center has been demanding their volunteer support through psychosocial/spiritual counseling. Thus, the team discussed on the issue and finally decided to visit the center every quarterly.

After different short announcements, the meeting Adjourned at 7:30 in the night.

My Reflection

I have observed that the meeting was started on time and 8 out of 10 came on time. The meeting had a chair person who is coordinator of the team, secretary and minute book. The meeting was

participatory, no dominancy, experience sharing and problem solving. The members were ready to take responsibility with commitment.

There was one case, elderly case, for discussion from the visiting team. That elderly is living with one of his children, who is a teenager. The big problem here is the housing condition. In all visits, it is found to be very disordered, unclean, and suffocated. The main reason for this chaos is the behavior of the child who is in a bad mood. After brief discussion on the issue, they came to the agreement that Two female volunteers to visit them every week, to wash their clothes and to see things closely for better decision in the near future.

The fund raising issue was observed to be very critical and each member has assigned to distribute various amounts of the materials during the programme and outside the programme. They have not shown a sign of running away from responsibility that means they clearly understand and committed for the purpose to solve the problems by their own.

Partnership is a key aspect of resource exchange that the team has been successfully built and committed to work together for benefit of the target groups. The team member's commitment to meet after long work hours of the day and devote their time of rest, their time for the family and social life is by far the single most important component of ABCD.

4.5. Respondents Interview

4.5.1. Beneficiary Selection

All of the respondents have become part of the programme directly or indirectly through members of the church and these members have known them either through neighborhood relationship or from some person in neighborhood. One of the respondents (003) reminded that

“It is like two years when a person whom I know in neighborhood for long years, came to my house and discussed about the deteriorating situation of my life after I have quitted my work. Then he promised me to find way. In couple of days, he came again with two persons and discussed about my situation. Then they asked me my willingness to receive support from the church. Through time I learned that my neighbor who linked me with this programme is one of the minsters in the church. ” Another respondent (007) *“My relative who is member of the church has invited me to participate in the ceremony prepared for elderly and during that occasion I have registered for the programme.”* Nine (60%) of respondents have received support from the organization for maximum of two to three years, three of them for one and The rest three respondents have also received various durations below one year and above six month.

4.5.2. Previous versus current situation

The male older respondents were mainly involved in different types of construction works, military and small business. The women involved as house maid, involving in petty trades, spinning cotton, selling cereal, vegetables, and firewood and small jobs like cleaning, housekeeping in different private houses and institutions. They all claimed that the wages were very small like 500 birr/month that they could not accumulate or have any form property.

The female respondents (001) said that *“I was involved in long hours working in private households without adequate rest.”* Respondent 003 said that he was a known house builder in the town that he even built churches and residences of some significant persons.

After they became the part of the programme, the least income of respondents is 500 Eth. birr and the rest have got more than that. This is because, some of them have pension fees, some of them are still trying to involve in some minor works like spinning cotton, *netela mekochet*”, in petty trades like selling *‘injera’*(Traditional food prepared by teff) and some of them have family

support. One of the respondents (007) forwards her comment about the subsistence allowance. She said that, in the beginning I was empty hand without a single coin and I exposed to severe famine. But when I join to this organization, I get allowance to my survival. Now, I am saved from famine death. All respondents have never been involved in credit service, income generating activities and vocational skill training but one. When one of the respondents (014) asked about credit service, replied as *“Who will borrow money for the person like me, I am not working, I do not have strength to run here and there to pay back.”* Most of the respondents have positive attitude towards income generations and support themselves but as one of the elderly (007) said *“It would be good to work and earn some money so that we could take care of ourselves.”* and added *“I have been given once a chance to participate in ‘Injera’ business by the church, they were bought me electric bakery, installing appropriate electric power and ‘teff’ for the first time but the business has failed in short time due to failed to compete the market”*. All of the respondents have regular visit from the church team and they all said that the discussion cover areas such as spiritual, social life, health, and other needs

All of the respondents have replied that they are provided with necessary clothes and garment like ‘netela’ (single layered garment), ‘kaport’. All of those respondents, who live together with other family members, do not have any preplanned service intended to the family members. Before encompassed in this programme, the respondents eat once per day, twice/day, or three times/ day. The type of the meal could be anything that can bring them out of hunger and for survival, in this case the staple food ,”teff injera’,rarely to get. So they used to eat burned cereals like ‘kolo’.

After the programme, they are able to eat twice or three times/day and they are now able to get the staple food ,’Injera’ and ‘Wot’(The fluid part of Ethiopian staple food).Yet for most of

respondents it is very difficult to get a variety of choice of food on their table ,particularly meat, milk products and fruits. One of the respondents (007) exclaimed that *”due to the programme I am able to prepare ‘Injera’ in my own house since the church provides me electric bakery “mitad” and so for the first time after long years the smell of fresh Injera (the smell that perceived during baking) come to my home and the neighbors also get surprised”*. Eighty percent of the respondents are living in government owned rental houses ‘Kebele’ house with minimum rent and all of them are found in poor condition, crowded environment, far below standard and have maximum of two rooms. They get the house before decade. As one respondent (011) said, *“I thank God because he has provides me Kebele house with low price. Now, I am free from any pressure and I have freedom to live with high satisfaction.”* Three of respondents have renovated their house in different times. The innovations include leaks from roof, repairing cracked wall, un-functional hinges and keys. One respondent have witnessed (002) the major renovation that covers the back and side walls with plastering with, and changing the whole roof.

Observation Report on Shelter Renovation

The coordination team arranged a programme to me to observe one shelter renovation programme. On the first day of the programme, there was brief assessment on the situation of the house and also talking with the owner of the house, a female, widowed elderly living alone in the house. It is a ‘kebele’ residence and made up of wood and mud. This one room house is found in one compound with other similar six houses by sharing their side walls on with the other. However, this particular house is situated at one of edges of the row of houses and this position has exposed it for drainage problem. The elderly explained her difficulties as *“It took only few days since the drainage had gradually washed all the mud from the wall.”* The woman were tried to cover it by some plastic sheets but it did not work. *“Now it allows entry of wind,*

coldness to the house and even rain drops to inside of the house". This makes the life of the elderly very difficult, uncomfortable and suffers from muscle pain and repeated respiratory infections.

The coordination has planned to change two of the corrugated steels of the roof of the house so that the drainage system will be corrected and restoring the wall with new mud. In this particular day, they made agreement with one skilled person to do the job and the mud was prepared.

The next day, the coordination team has met early in the morning around the village and two of them went to buy necessary materials for roof renovation such as corrugated steel and around 11:00AM the work started with assistance of the members of the team and it was accomplished successfully at 2:00PM. Then the elderly expressed their feeling by giving thanks and blessing to the congregation and coordination team members and finally *said "may God give you someone who takes care of you during your old age"*.

Reflection

There are three important points that I have been stricken, these are commitment of the team, value for money and self-satisfaction of the team. The commitment is expressed in terms of timing or their punctuality especially during their early morning appointments, devoting their rest time for the purpose and with no sign of fatigue. The members were very sensitive on each expense and therefore they assess different shops more than ten before they decided to buy one. Their patience on negotiation to save few birrs is good indicators of concepts of value for money. Through the process and at the end of the program all of them were happy as if this was done to one of their families.

As a comment it would be possible to get skillful person as carpenter or mud working from the congregation if appropriate announcements made. This could save some amount of money and encourage volunteerism.

Almost all of the respondents (fourteen out of fifteen) are passing their time on bed, in the house doing minor activities or visiting the nearest neighbors. Some of them have been visited regularly by neighbors or relatives especially during coffee ceremonies and other especial occasions, Two of them have very few or no visitors for long periods sometimes until are visited by the coordination team. One of the respondents (002) said *“I am busy throughout the day; I take care of my grandchildren, wash their clothes, cook foods and pray after finish the work”*. Seventy three percent of respondents have claimed as being happy and thankful. Majority of them give the prior credit to church programme by comparing their today’s life with some years before. They do it the comparison in terms of being visited regularly and secured the basic necessities. Similarly, Most of the respondents (66.6%) feel as respected citizens for some of them it is expressed via the social support they are getting, for others the church support.

4.5.3. Perceived Health of the Respondents

All of the respondents have benefited from various health care packages of the programme and they are able to have medical checkup every one month at normal condition. These routinely checkups include blood pressure, sugar and Body mass index (BMI). Moreover, other checkups are included whenever necessary based the condition of the person. Two of the respondents have said that they have got especial eye checkup and treatment.

There is no respondent who is found in good health, Most of them are living with on and off feeling of illness. Major complains are back pain, muscle ache, fatigue, different eye disorders, and depression , the underlying factors which have been repeatedly mentioned are the first one is

there past burdensome, restless work history, the second one is their age and the last one is unmet needs through the ongoing programme.

Three respondents are under serious medical condition that needs attention. Including one psychiatric problem, One Diabetic (DM) and the last one is serious eye problem. Two of the respondents claimed that their problem is overlooked by the visitors from the church whereas one of the respondents doesn't even know the health care packages of the programme.

4.5.4. Respondents Support

Neighborhoods support is commonest type of support the respondents ever get, followed by friend support and have got family support. The type of neighborhood support ranges from simple service as messenger, preparing coffee, bed making and having chat with to assisting in paying rents, giving credits, and cover the payment some utilities like water and electricity. One of the elderly (001) said *“Most of the neighbors have only little to support their life therefore they can only able to support for one or two days.”* Nevertheless of this, three respondents from protestant religion complain about the stigma they have been facing from the neighbors. Most of respondent's friends, who are currently supporting them, are also neighbors or neighborhood based friendship, few of the friends are from religious institutions through long term process of worshipping together and only one friendship that endures since adulthood.

Family support includes either from nuclear family or extended family or from both. Out of the six respondents who are getting family support, two of them get it from their nuclear family, four of them from the extended family. The rest respondents are either do not have siblings or their siblings are not in good economic position to support them or they have very weak ties with the family due to geographical distance.

The respondents who have participated in 'Iddir' (Traditional local associations primarily for burials) is founded on neighborhood or church basis. Two of the respondents used to participate for quite long period but they do not participate any longer due to different reasons the one is due to stigma, the other one is lack of money for periodical contribution. They all responded that the role of 'Iddir' as restricted to level of facilitating burial ceremonies. One of the respondents (003) was even astonished and smiled as if it was a silly question and he said "*What do you expect from 'iddir', it is only for funeral.*" The other respondents said "*Local 'Iddirs' need not only the money contribution very seriously but also need participation; I could not do this that is why I discontinued*".

4.5.5. Respondents Recommendations about Church's Role

In general, all of the respondents are thankful and happy by the church initiation. 87% of them have stressed/appreciated that caring for older people should be the priority of faith based organizations and it is one way of worshipping God. One of the respondents (003) explains the role as "*They should treat us like kids, we need soft treatment, we need to be listened and provided with ample time. We need somebody who carries us whenever we are irritable and furious. This can be best addressed by the church only.*"

Sixty six percent of respondents have commented in frequency of visit that it should be more frequent (maximum of two week) than it is now (once in month).The couple of the reasons they have forwarded are to get more frequent time for discussion and chatting, to get more frequent medical checkup. One of respondents (001) added "*Isolation and passing the whole day alone for being old alone is very painful experience.*"

Two respondents have believed that the church can do more than it is doing now particularly, the monthly allowance should be increased. Another two respondents have noted that church support

should also include or consider other dependent members of the family. It can be through either income generating activity, or skill training or facilitating job opportunity.

Most of the respondents do not have any especial plan regarding their futurity. They always need giving thanks and worshipping God in the rest of their life, and healthy life up to death. Only one respondent (002) have said *“I have two grandchildren living with me, I am the one who monitors their education, I want to see them joining university before I die”*. Another one (007) mentioned *“I have dreamed to see my child(male), who is now living with me, and graduated from ‘Entoto’ technic school, having a Job and leading his own life”*.

4.5.6. Observation Report on Home Visit

The coordination team has arranged to me to accompany the visiting team on five households. In this report, I tried to consolidate the observation of all visits over three categories The Overall procedures and packages of visit, housing condition and personal condition.

The visiting couples had pre-visit brief praying and discussion about the previous conditions of the elderly and prepared for possible challenges and issues (meeting around nearby to visited house).

Soon after getting in the home, the team has prayed together with the elderly (if they are volunteer) and long-time duration has been provided to the elderly so that they can explain their situation, vent out their feelings, and encouraged to mentions their expectations .Then, the team has reflected back based on the explanation and tried to classify the issues as psychological, spiritual, biological and social. Most of the issues were resolved through to and fro discussions. Other conditions were treated either by solve the problem or at least discuss the solution at spot or take report for further consultation and discussion during general team meeting. I have

observed that the team was indirectly checked up the housing situation (Orderliness, Hygiene), personal hygiene and superficial health condition of the client.

The housing condition is an important input to see the current status of both the elderly and programme since it contributes for bio-psychosocial/spiritual wellbeing. The housing condition was observed through five elements. The first one was the general status of the house; in this case all of the five houses are 'kebele' residential and found in large compounds together with other similar houses. All but one was observed to be in good form with intact walls, roofs, doors and windows. Whereas, one of the visited house was in bad condition where some part of its walls from the back side was obviously started to collapse. The second element was number of rooms, three of them had two rooms (used either for bed room or kitchen), and two of them were one room houses. Regarding air ventilation, the third element, during the visit time, one of the houses was much suffocated that it needed some work of ventilation before attending the programme. The rest houses had good ventilation whether they are one room or two. The fourth point was sanitation, all of them were in a good status and the last element was orderliness that is good indicator of frequent follow up, one of the household was disarranged and materials were scattered here and there. The rest were orderly.

Regarding the personal condition, General condition of the person, strength to mobile and host, and hygienic condition of the person were used to observe the elderly. Four out of the five houses were found to be well looking, active, hygienic and energetic enough to host the visiting team according to the culture of Ethiopia. However, one of them was in bed and unhealthy physical condition and poor hygienic condition.

As a reflection, the pre-visit preparation plan was better to prepared based on the prior visits report for each household and better to prepare post visit report in both oral and written form.

Finally, the coordination team would better to closely follow the situation of one of the elderly whom condition was not good.

Chapter Five- Discussion

As it can be seen in the organizational structure of the church, elderly care and support is found under the pastoral care programme of the church. This enables the church management committee to closely follow the planning, the implementation and future direction of the department. In addition, the church has assigned one person to guide and consult the coordination team and facilitate conducive environment for the team including allocating significant proportion of budget.

Some of the categories of beneficiaries which have been given priority by the coordination team are supported by research that is done in Ethiopia. Likewise, the programme includes more females (83%) The research also shows, first, share of female elderly (4.7%) in urban setting is modestly higher than male counterpart (4.3%). Second, Female older persons are more susceptible to health problems and disability (5.3% to 4.7%).The third , Female elderly are in economic disadvantaged position in urban setting than male's in regard of economic productivity (27% to 57.2%) and in regard of employment (81.4% to 86.1%)(Yvonne & Victoria, 1997).

The Programme also considers more widows (56%); this is also supported by the same research that 52.7% of elderly women in urban context are widows, followed by 25.6% married.

As well documented in studies, the church leaders have listed the problems of older persons as health problem, economic problem, shelter problem, food problem and psychological problem

(Abdi, 2012; HAI, 2011; MOLSA,2006). As mentioned by key informants, they are first come to see the general situation of older people from inside perspective when absenteeism from church increases among some significant church elderly members. On the other hand, the church leaders and coordination team members have described older persons literally as crown of the community, blessing for the land, and the like. These perceptions strengthen and motivate the congregation to commit themselves for the cause.

The coordination team has been committed for the last five years in volunteer basis. They have been screening the beneficiaries across the years with the criteria that have not been written down rather through informal contacts from neighborhood and members of the church. However, the team have given priority for those elderly found in the catchment area of the church who are poorest of the poor, women, widows, have no support from siblings and willingness.

The services provided are meant to solve the potential and actual problems of the group and more importantly, they are holistic and bio-psychosocial/spiritual in the form of package. This is again in agreement with the NASW guiding principles (NASW, 2009). The economic support is enabling them to eat three times per day, to cover costs some minor utilities like electric,water,'Idir' contribution, and others. As MOLSA (2006) recommended, the health care programme of the congregation has two components, the prevention part which is done via regular checkups and counseling. The second part is the curative parts which is done by covering the medical costs and encourage them to get early diagnosis and treatment.

The psychosocial/spiritual counseling is the key activity with multiple advantages. The session, primarily gives opportunity for the elderly to speak, to vent their feeling, history, experience and their problems. Secondly, the session encourages the elderly to see life positively, to upgrade their self-esteem and to feel as they are respected citizens. Thirdly, it is an opportunity to have

collective plan and decisions about different life situations. In general, the happiness of all respondents could be the result of all these efforts.

The essence of ABCD is well taken by the leaders of the church and members of the coordination team. They describe it as self-help, self-reliance; acknowledge our potentials and culture of giving and others. This is again put in the mission statement of the church from the beginning of the church establishment and also all programme cost of this congregation is covered from internal. They have more 100 volunteers who are serving in different ministries and among this elderly support is one of them and it has 16 volunteers. This act of volunteerism is the pivotal part the overall programme and these few volunteers have managed to mobilize resources to support and impact the life of 125 older persons. The coordination team has planned to recruit more volunteers, more finance and initiated a relationship with a center for elderly. The team has been using the rooms of the church as office and the hall of the church for meeting and celebrations. As Susan and Hilary (2002) explains the steps of ABCD ,the coordination team has been working on discovering untapped human potentials, expanding asset to surrounding community and initiated working across the boundary (initiations of partnerships).

As mentioned by the coordination team key informants that in spite the organizational structure of the church that favors elderly care and stepping stone laid by visionary church leaders , the actual participation of the leaders is being faded out and influencing the programme negatively especially the resource mobilization process.

The admission criteria to the programme are too informal; too vague that it might excludes some of the right targets to the programme. This may be holding true for religion wise that no Muslim beneficiary is included in the programme and there is hardly participation of disabilities in the

programme. The coordination team should see the health care system so closely that all of the respondents are not feeling well and few of the respondents are in need of medical attention.

The programme should work to realize the role factor, the activity factor, the continuity factor and exchange factors which are the basics of aging theory through motivate the beneficiaries to participate in income generating activities, social responsibilities, and sharing experiences (Kinsella & Phillips, 2005). A number of community based schemes for poor older people have shown that increasing access to credit, reinforcing existing capability can reduce some of the barriers (HAI, 2011).

First of all respondents are happy on their life grateful to God and the church and the majority respondents have improved life condition in terms of food, shelter, clothes, health and sanitation. This is in turn will definitely have a positive impact on activity and role to be played by the elderly in the neighborhoods, community and nationwide and it also indirectly and gradually to play dual role on one hand to participate in development, policy, and strategy issues of the nation and on the other hand they can support themselves as it is recommended by MIPPA and national action plan (MOLSA, 2006; UN, 2002). This elderly care emphasizes on the empowerment of the group as senior and most experienced citizen

In the future, the coordination team has planned to focus in mobilizing more resource in the form of money, material and more importantly volunteerism. They also plan to reach more elderly with diverse religious category and improve the coordination of care. They also recommend the concerted effort to mitigate the problem that laying a head.

To summarize, the coordination team is a group of sixteen members of the congregation, who are voluntarily gathered part timers. As John Mcknight speaks on the opening remark of “from client

to citizen forum” (2009) these people are called. They have calling. And together they call upon themselves. The team is semi-autonomous and has a vision of caring for older people.

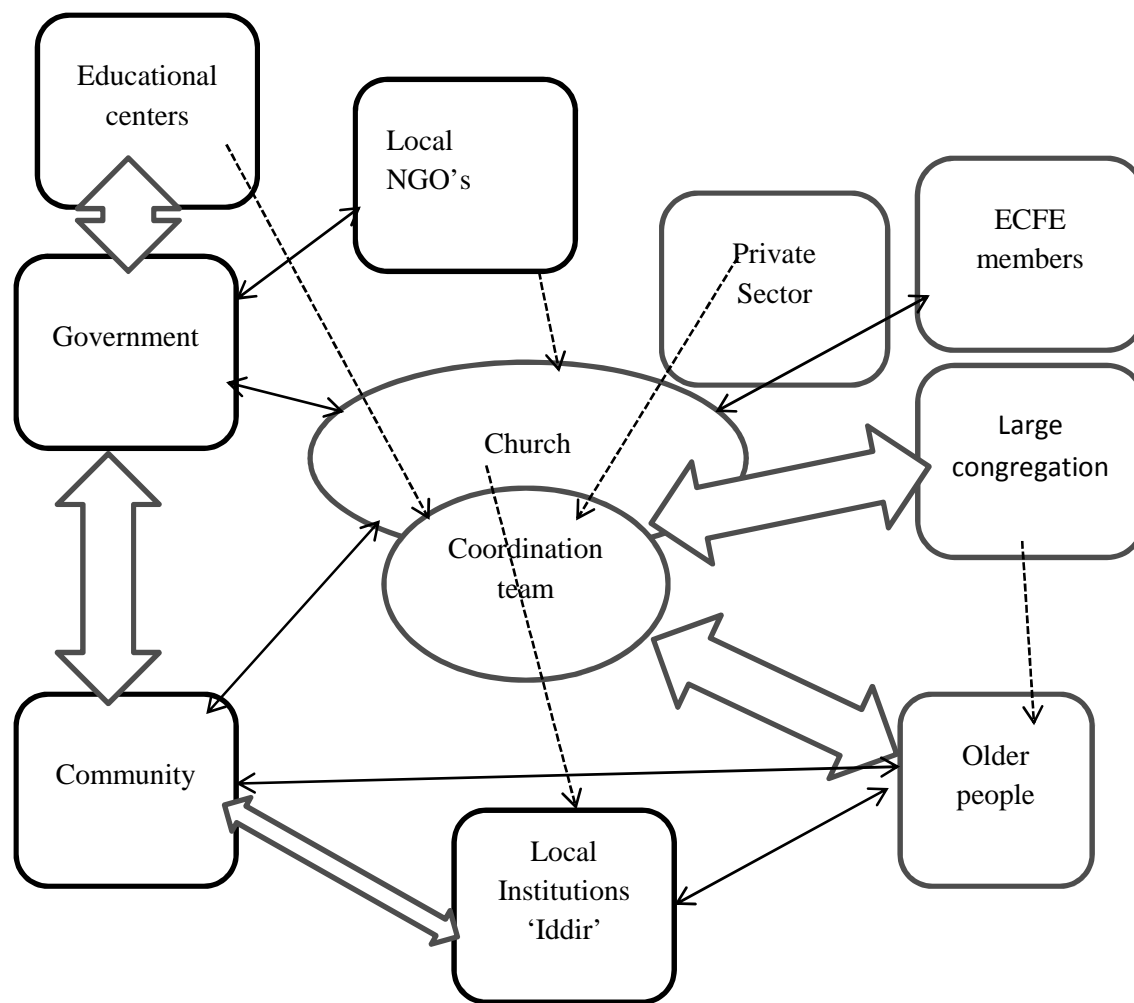
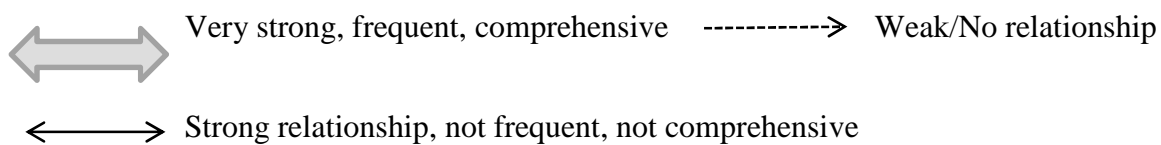


Fig-Analytical Model of SMKC Elderly care and support

Key



The relation of the team with the church as institution is very critical. It should be kept going positively and supportive that favors older people, the purpose. The team shall influence the church to actually integrate the programme as mainstream programme so that the church will have better budget allocation, resource mobilization manuals, standards for older people care and support, periodical assessment guidelines on the situation of older people in their locality.

The team till now has a positive relation with the larger congregation throughout the service years through different programmes. Yet, this relation should be strengthened in recruiting more volunteers, diverse professions and other financial and material resources. Involving the congregation could be a possible stepping stone towards building a relation to the community at large.

Another important relation that should be formed is with local institutions 'Iddirs' and 'mahbers' the one which is very weak in this case. Those local institutions are the nearest possible institutions that can be easily accessed by older people. The private sector also another worth partner to work together as showcase there is only one private clinic that has been willing and treating the some of the clients under the church.

The formal communication with government stakeholders and other local NGO's (There is one initiation) should be mediated through the church and the team take care of and strengthen that bilateral relation. As ECFE member, the congregation should strive to build strong relationship and imparting the vision.

All this relation should be orchestrated in good harmony so that the older people can get the full package of continuum and continuity of care on time.

The coordination team as nucleus of all this should implement mechanisms to increase and update awareness about the general situation of older people in the country and more specifically their locality to the church leaders, to the large congregation and to other members of ECFE. And on the same terms the present commitments towards self-reliance and self-support should be revitalized among all church members and leaders to facilitate more resource mobilization and more engagement.

Chapter six- Conclusion and Recommendations

6.1. Conclusion

According to CSA (2008), the absolute number of older people in Ethiopia is 3,568,800 and in Addis Ababa the proportion of older persons out of below 15 children is 21.2%. The quality of life of older people in Ethiopia is very poor along the indexes, and women and disables are more affected.

Migration, urbanization, looking for family support, and medical attention are the major pulling factors that would bring older people to the town in the next few years. Poverty, food insecurity, health problems and negative stereotypes are the major problems that elderly faces.

Christian Social Ministry is holistic service focusing social, physical, emotional, mental, spiritual and related needs of human beings and local churches have an inescapable responsibility before God to love and help all people who resides in neighborhoods and ABCD is the right model that is congruent with core values of Christianity and practice. In recent years, interest in both the actual and potential community-building contributions of local congregations has been intensified.

SMKC older persons support programme started five years back and expanded gradually to address the needs of 125 elderly from different background, gender, geographic locations (under the catchment) and religion. The backbone of the programme is called coordination team that has comprised of 16 volunteer, devoted members. The team has been mobilizing resources and tended to provide holistic service to the clients.

According to the objective of the study to describe the experience of the congregation, the study revealed that the programme is based on the right understanding of the plight of elderly by the church leaders and programme coordinators. This is evidenced by the proportion of the type clients included in the programme and the holistic nature of the service. The programme is purely using the internal capacity of the congregants and

The study has identified that the care and support programme is inclined to humanitarian aspect of aging and not in line with role, activity and continuity theories of aging. This evidenced by the clients are not actively participating on income generating activities, social responsibilities and none of them are using saving and credit schemes. The programme also has loose relationship with relevant stakeholder's particularly local associations like 'iddirs'.

The major challenge of the programme is budget shortage due to low contribution from the church members and lack of enough opportunity to mobilize the resource. And therefore, the future, top priority plan of the team is to work more on resource mobilization by designing different strategies. Finally, the coordination team has called for concerted efforts.

6.2. Recommendations

6.2.1. Implications

It is repeatedly noted that the situation of older people is poorly known and heterogeneous. Therefore, this research only highlights about the problems of older persons in urban context, however additional researches should be carried out in investigating the situation in more depth, width and in different settings. The study also indicated that awareness about the situation; accessibility and recognizing ability are important factors for involvement in elderly issues where as there would be more factors to influence the reality and it also needs further researches. This should be replicated in different faith communities to see and measure their involvement towards elderly care and support.

Another important finding of this research that triggers for additional investigation is the extent of involvement of local institutions like 'Iddir' and Mahber's on elderly support and factors associated with it. Finally, this research recommends for study on knowledge, attitude and practice gap of congregation leaders about elderly situation through quantitative technique to fully and objectively understand the weak point of the response across different congregations. Social work as profession and academic discipline give priority to vulnerable and oppressed groups of the society. Different researches evidenced that older persons are among the disadvantaged groups due to health related problems, negative stereotypes and social exclusions. Particularly in developing world, majority of them are living in poverty and food insecurity and the situation is worse on women and disable older persons. Therefore, this study has implication both on social work education and social work practice.

IFSW policy statement adopts MIPAA that recommends the expansion of gerontological education and training programmes to create trained human resource to provide quality service to

older adults. The findings of this study imply that social work educational institutions should facilitate educational opportunity and revise their curriculum to develop and promote gerontology social work to train their students in order to fill the knowledge; skill gap existed in the community.

Social work institutions should encourage and capacitate their students to involve in gerontology researches that can extend from defining the situation to formulating different strategies and challenging existing policies. The social work institutions can use the studied congregation for field practice particularly the students can learn the practical aspects of bio-psychosocial/spiritual model and volunteerism.

According to the study, the congregation has not linked the theories of aging with practical aspects of care and support programme. Hence, the schools of social work can provide academic support for the programme through different modalities like field practicum.

Based on the findings of the study, social workers who are engaged in government, nongovernment or other settings can provide practical and professional suggestions and interventions so that the congregation can serve at greater depth and higher intensity. \

NASW (2010) gives attention to the roles of social workers in providing support to family caregivers, promoting elders wellbeing and their contribution to society. So this study will help those social workers in practice setting to see the alternative, potential and far-reached strategies develop activities in providing care and support for the crisis that lie ahead.

Social workers also use the findings of the research to identify the point of action in the course of the programme like providing trainings for care givers and coordinators, providing counseling for elders, encouraging family and community care givers. Based on the finding of this research

social workers may advocate on the role of local institution 'Iddir' that should go beyond arranging some burials.

The national action plan has indicated care provided at the community level also helps almost as equal as care that is being given at a family. The document also added that it is important and beneficial to train and deploy trained care providers and promote community based care delivery in organized and regular manner. Both family and community care are categorized in the informal sectors where a vast majority of older persons are taken care of. The finding of this research will inform the policy makers to consider congregations of different faiths as another long standing and potential sources of community care and should be elaborated in the document in such way that how this sect of community work in coordination with the government and among themselves, how effective capacity building system can be installed and the like.

Mainstreaming is a methodology for ensuring that issues of ageing (and indeed, age) and older persons are brought into the "mainstream" of the policy making process rather than simply being treated as an add-on. Ageing and older persons should no longer be treated as merely the concern of the Social Ministry, but should be a concern of most other ministries and incorporated into their activities (UN, 2008). The policy makers should reconsider the issue of older persons from this angle.

Another policy issue that is lightened by this particular research is the issue social welfare or security. Only half a million (nearly 14%) were pensioners out of the total 3.6 million older persons during the 2007 population and housing census (MOLSA, 2012). That means majority of Ethiopian elders do not have included in any type of welfare system of the nation. Accordingly, this paper calls for policy advocacy from all stake holders.

In general, older people situation requires concerted efforts from NGOs, FBOs, and others especially FBOs who are not currently involved in older people care and support should take the leading initiative in the issue. In the studied congregation, the coordination team for older people care and support, sixteen people, has been assumed and shouldered the full responsibility of the programme therefore this team should work strongly and persistently on influencing the church management and the congregation in general to the direction of this vision. It is only then they can have more opportunities to clearly convey their message and imparted it to the multitude. The coordination team should give due emphasis for all types assets particularly in bridging the social capital of the beneficiaries working with the families, neighborhood community, local community, local associations like 'iddirs', faith based congregations and other non-governmental organizations.

It should also be strengthened, widen the web of networks towards the members of ECFE, centers for older people, government and others in recruiting more volunteers from diverse knowledge base and age group.

The programme should gradually shift its direction from a mere charity and humanitarian aspect of aging and towards empowering, from provisions to income generation.

The church and the team should advocate against the long standing working principles of local institutions 'iddirs' to serve its members not only during burials and the like but it must include giving support during 'normal' life circumstances.

The programme should reconsider some services such as food supply because most of the clients are still challenged by food security and getting appropriate nutrition. The service is better to treat the dependents/family members together with the main clients as part of the programme to establish sustainable and long term care through the family itself. The psychosocial/spiritual

home level counseling sessions should advance to be more scientific from assessment to evaluation. Finally,

The team should get basic trainings on older persons unique needs and response, domestic resource mobilization and community asset mapping, constituency building, networking, and on other related topics.

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Annex I Verbal Consent Format for Research Participants

Interview identification number [____]

INTRODUCTION:

My name is Zebib Nesru from graduate school of social work at Addis Ababa University; I am currently collecting data regarding experience of congregation towards older people care and support: Case study of Semen Meseret Kirstos Congregation, to understand the experience of that particular congregation and factors associated with it.

As part of my assessment, I am talking to clients of the congregation, and local church leaders. I would use the information for fulfill my thesis requirement and to present information to help those concerned bodies to plan activities that will address the identified needs of older people.

Confidentiality and consent: I may ask some personal questions that some people find difficult to answer. Your answers are completely confidential. Your name will not be written on this form and will ever be used in connection with any of the information you tell me. You don't have to answer any question that you don't want to answer, and you may end this interview at any time you want. However, your honest answer to these questions will help me better understand the present situation of older people, faith based organizations control, care and support. I would greatly appreciate your help in responding to this study. The interview will take maximum 1 hour. Would you be willing to participate?

Signature if willing _____

(Respondents have given certifying that informs consent verbally)

Name of Interviewer _____

Date of Interview: [____] ____] 2016]

Annex II Interview Guideline for Key Informants

Key informants of the church are the current leaders of the actively participate in different church ministries.

I. Background Information of the Church

- 1.1 When was your church established?
- 1.2. Why you established your church?
- 1.3. What kind of development activities does your church involved now?
- 1.4. What type of services does your church provided to members and local communities?
- 1.5. What seems your church relationship with other churches? (International and local churches)
- 1.6. How many members do you have?
- 1.6. What is the contribution of members to the church and local communities?
- 1.7. Where is the catchment area?
- 1.7. What is your funding base? Is there any local resources? Please describe it

II. Church Perception and Role on older people

- 2.1. What do you understand the situation of older people in your locality?
- 2.2. What is the current perspective of church toward older people?
- 2.3. What is your church role played in older people care and support?
- 2.4. What do you know the challenges of older people in your locality?
- 2.5. What do you know about the opportunities for older people care and support?
- 2.6. What important factors do lead you to older people care?
- 2.7. What Recommendation do you have?

III. Church perspective about ABCD

- 3.1. How much do you know about asset based community development?
- 3.2. What is your perception about the weakness and strength of ABCD?
- 3.3. What are the efforts/experiences of the church in line with ABCD?

----- Thank you -----

Annex III Interview Guide line for coordination team

I. Back ground information about older people care and support

- 1.1. When is the programme started? How is the programme started?
- 1.2. What is organization and staffing of the coordination team?
- 1.3. How many older people found under your care?
- 1.4. Category by sex, religion, marital status
- 1.3. What criteria do you set to select beneficiary?
- 1.4. What type of care do you provide for the beneficiaries?

II. Resource mobilization

- 2.1. What mechanism do you use to mobilize resources?
- 2.2. How much resource do you mobilize per year?
- 2.3. What relationship do you have with other agents?

III. Provision of Church Services to Beneficiaries

- 3.1. What is your church participation in providing health services to older people?
- 3.2. What does your medical service cover?
- 3.3. What type of services does the team provide?
- 3.4. What type of services does the team provide for dependents?
- 3.5. What type of economic support does the church give for older people?
- 3.6. What is the role of team in building community support for older people?
- 3.7. How does psychosocial/spiritual counseling provided to the older people?
- 3.8. How does the church give spiritual service to older people and including their families?

IV. Church's Work plan

- 4.1. What is the future plan of the team on the services provided for older people?
- 4.2. What kind of strategy does the church use to scale up ABCD approach for other community issues in the future?
- 4.3. What is the team plan in mobilizing the community?
- 4.4. What are the team recommendations to older people care and support?

----- **Thank you** -----

Annex IV Interview Guideline for Beneficiaries

The study will cover 15 respondents will be picked up out of a total of 125 beneficiaries. The selection will be used to identify respondents from the selected Kebeles then making up a total of 15. All of the beneficiaries will be those for whom the program is designed and currently are receiving services from ongoing SMKC.

I. Background Information

- 1.1. Sex Male_____ Female_____
- 1.2. Age in year _____
- 1.3. Place of birth: region _____ Zone_____ Woreda _____ Kebele
- 1.4. Marital status: Married (in relationship) _____Single____ Separated_____ Divorce_____ Widow_____
- 1.5. Religion: Orthodox_____ Muslim____ Catholic____ Protestant_____ Others_____
- 1.6. Educational attainment: Illiterate_____ Read and write_____ Primary level_____ Secondary level_____ Tertiary Level____
- 1.7. Number of children alive Female_____ Male_____
- 1.8. Number of dependents Female_____ Male_____
- 1.9. Are you dependent? If yes, to whom you are dependent?

II. Socio-economic Situation

- 2.1. What was your occupation before you become the client of this organization?
- 2.2. What was your source of monthly income? How much did you get per month?
- 2.7. Did you get support from your close relatives? If yes, what type of support is it?
- 2.7.1. Have you received any Kind of support from your neighborhoods? If yes, please mention
- 2.7.2. Did you get support from your friends? If yes, what type of support is it?
- 2.8. What kind of assistance did you get from the organization? If yes, please describe
- 2.9. What was the relationship with your community after you sick by the mentioned disease? Please give detail information on the situation.
- 2.10. Did you participate in local social activities like *Iddir*? If no, why?
- 2.11. Have you received any form of assistance from social institutions such as *Iddir*?
If yes, when did you receive? Please mention the kind and amount of assistance
- 2.12. Do you have your own house? If no, where did you live? Are you dependent?
- 2.13. Did you get food assistance from the organization? If yes please describe it
- 2.14. How many times a day did you eat?
- 2.15. What is your daily common meal?
- 2.17. Have you been adequately access to your basic needs (food, clothes, and shelter)?
- 2.18. Are you interested to work on income generating scheme to increase your income?

III. Health/Biological Situation

- 3.1. What general health condition do you perceive?
- 3.2. Do you have health problem? If yes, what type of health problem do you have?
- 3.3. What types of medical treatment have you received for your sickness?
- 3.4. What type of health do you get from the congregation?

IV. Psychological and Spiritual Situation

- 4.1. How is life in this age, how do you explain it?
- 4.2. How do you cope with the problem you face?
- 4.3. How do you spend time?
- 4.4. Do you feel that you are being treated as a respected senior citizen?
- 4.5. How do you see life after death?

V. Access to Organizational Support

- 3.1. When did you become the organization client?
- 3.2. How did you become the organization client?

- 3.3. How long have been assisted by the organization?
- 3.4. What types of services did you get from the organization?
- 3.5. Does the organization support your families? If yes, in what way?
- 3.6. Have you received food supply from the organization?
- 3.7. Are there any recreational services provided by the organization?
- 3.8. Are you interested to take skill training? If yes, what kind of training do you like?
- 3.9. What is the support of the organization to promote your income?
- 3.10. Does the organization give you allowance per month? If yes, how much
- 3.11. Have you access to credit support of the organization? If yes, please explain
- 3.12. What is your comment to ward services which you receive from the organization?
- 3.13. What is your recommendation towards effort on older people care and support through ?
- 3.14. What is your plan regarding to your family, income, organizational support and the like?

-----**Thank You**-----

Annex V Guideline for observer participation

I. Guideline For Coordination Team Meeting

1. What is the perception and understanding of the team members about older people situation in their locality?
2. How is the commitment of the members for the programme?
3. What group dynamics look like?
4. What are the priorities of the team in the process of care and support?
5. How ABCD do manifested during the meeting session?

II. Guideline for Home Visit

1. What the preparations do look like before a visit?
2. What are the steps followed during the session?
3. How the session does look like (The dynamics)?

4. How the problems of the beneficiary do identified?
5. What are the steps to conclude the session?
6. What are the post-visit procedures?
7. How is the condition of the person in terms of general appearance, strength to host and hygienic conditions?
8. How is the condition of the house in terms of sanitation, ventilation and orderliness?