ADDIS ABABA UNIVERSITY
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DEPARTMENT OF SOCIAL ANTHROPOLOGY

M.A Thesis

On

The Social and Economic Conditions of the Older People in Addis Ababa: The Case of a Charity Association for the Destitute and Abandoned People

By: Elizabeth Ayalew (GSE/1268/06)

Advisor: Guday Emirie (PhD, Associate Prof.)

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Declaration

I, the undersigned, declare that this thesis is my original work and has not been presented for degree in other university and that all sources of materials used for the thesis have been duly acknowledged.

Name:

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Signature:

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Date:

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Place:

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Letter of Approval

This is to certify that the MA Thesis written by Elizabeth Ayalew on “The Social and Economic Conditions of the Older People in Addis Ababa: The Case of a Charity Association for the Destitute and Abandoned People” is recommended by her advisor for defense.

Name: Guday Emirie (PhD, Associate Professor)

 Signature:

Date: 15 June 2019

Place: Addis Ababa University

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This is to certify that the Thesis prepared by Elizabeth Ayalew Woreta entitled The Social and Economic Conditions of the Older People in Addis Ababa: The Case of a Charity Association for the Destitute and Abandoned People, submitted in partial fulfilment of the requirement for the degree of Master of Arts in Social Anthropology comply with the regulation of the University and meets the accepted standards with respect to originality and quality.

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Glossary of Local Terms

Derg	A committee of military officers which ruled the country from 1974 - 1991
Equb	A type of saving or revolving fund arranged by members of a community
Iddir	A traditional community-based insurance scheme in which a household head contributes a pre-determined amount of money to the membership mainly in order to be insulated from cash shortfalls in the event of death of a specified member of his/her family or him/herself.
Mahber	A religious based association and also having traditional coffee together.
Woreda	A District
Kefle Ketema	A Sub-city consisting of several Woredas

Acronyms and Abbreviations

CSA	Central Statistics Agency
CADAP	Charity Association for Destitute and Abandoned People
DAG	Development Assistance Group
E.C	Ethiopian Calendar
FDRE	Federal Democratic Republic of Ethiopia
HIV	Human Immune Deficiency Virus
HAI	Help Age International
KICCE	Kality Institution Care Centre for the Older
MoLSA	Ministry of Labor and Social Affairs
MIPAA	Madrid International Plan of Action
NPOAOP	National Plan of Action on Older Persons
UN	United Nations
UNFPA	United Nations Population Fund
WHO	World Health Organisation
SSA	Sub-Saharan Africa

Abstract

The main objective of this study is to investigate the past and current socio-economic condition of the older people living in a Charity Association for the Destitute and Abandoned People (CADAP) in Addis Ababa. To achieve, this objective, the study employed both primary and secondary data collection methods. The primary data was collected through a combination of qualitative data collection methods involving in-depth interviews with CADAP beneficiaries, key informant interviews, and personal observations. The secondary data was collected through a systematic review of relevant documents and related literature. Both the primary and secondary data were thematically organized and analysed through triangulation. The findings of the study revealed that lack of social security, death of family members and the ward during the Derg regime left the older people abandoned either on the street or to the church surroundings. The failure of family and community support system in which the older people relied on is one of the major reasons for the existing situation of the older people. The older people living in CADAP received many benefits which they lacked when they were on the street. Finally, the study concludes by forwarding some recommendations.

Keywords: Institutional care and support, socio-economic and health status, living conditions

Chapter One

Introduction

1.1Background of the Study

The proportion of older persons is growing at a faster rate than the general population due to improved public health services around the world, which results in significant growth of life expectancy at birth as cited in (Yalemsht, Mekonnen, 2013). Worldwide, there were 901 million people age 60 years and over in 2015, as increase of 48 percent over the 607 million older persons globally in 2000. By 2030, the number of people in the world aged 60 years or over is projected to grow by 56%, to 1.4 billion, and by 2050 the global population of older person is projected to be more than double its size in 2015, nearly reaching 2.1 billion. (World Population Ageing Report 2015:9)

The world population ageing is due to improved public health service in both rich and poor countries, which results in-significant growth of life expectancy at birth. In 1950, there were 205 million persons age 60 years in the world. By 2012, the number of older persons increased to almost 810 million. It is projected to reach 1 billion in less than ten years and double by 2050, reaching 2 billion. UNFPA and HAI (2012:13).

According to the Ethiopia housing and population census report, the proportion of population aged 60 years and above in1984 as the estimated 3.4 present remained constant at estimated 3.2 present both in 1994 and 2007 (CSA, 2007). This showed that there was no significant change in the population of older people between 1984, 1994 and 2007 census.

According to Help Age International (HAI, 2011:6-7) research indicates that majority of Ethiopia's population lives in rural areas, but migration to urban areas for work, family support and medical care bring people to the city centres. Regardless of the location, Ethiopia's older persons are vulnerable to poverty, food insecurity, limited access to social and health services, and limited options for livelihoods diversification and security.

Ethiopia older people play a key role in contributing to the social and economic fabric of the family and often unable to hold security as a result unreliable source of income. Then economic pressures changing social life mean that many families and relatives are both unable and unwilling to provide care and support to older and the cases of abuse (physical, social,

and economic) by family members are increasing HAI, 2011:14. Also the impact of HIV pandemic combined with acute economic stress has resulted in changed family structures across Ethiopia. Also added Help Age International (HAI, 2011:14), Poverty in older age often reflects poorer economic status earlier in life and has the potential to be transmitted to the next generations, if effective interventions are not applied.

As cited by Development Assistance Group Ethiopia (DAGE, 2013:1), the older people in Ethiopia face multiple problems of vulnerability and social exclusion. It is believed that older people receive supports from families and communities, but the support mechanisms have declined largely due to widespread poverty. The absolute number of the older has been increasing. Hence, aging and the situations of the older people have become issues that need more attention today than even before. Though the problems of older people are divers and complex, there are few activities under taken by stakeholders to solve the issues of older people. Care and Support Association is one of the providers of help which is to be carried out by the government, various humanitarian associations, local and international NGOs and individuals. Therefore, this study focuses on a Charity Association for Destitute and Abandoned People (CADAP) that provides care and support to solve the socio-economic situation of the older people.

The need and problem of the older vary significantly according to their age, socio-economic status, health, living status and other background characteristics.

1.2 Statement of the Problem

Older people undergo a number of social, economic and political problems. Some of the major ones include diseases, psychological disorder, frail status and exclusion from their contribution in the society, poverty and poor access to basic needs (Zastrow, 1996, Getachew, 2007, cited in Hanna, 2015).

Most of the developed countries, only few developing countries have social security or pension schemes for the older (HAI, 2013).

In Ethiopia, older people are traditionally supported by the extended family system, (MoLSA, 2006). However, due to rapid growth of cities and the emergence of complexities associated with social, economic and cultural change, the family in Ethiopia is changing. Although family ties are still vital in rural Ethiopia, industrialization, migration, education and

modernization are playing roles in transforming the structure of the extended family system into nuclear families. The extended family, which is gradually changing to the nuclear one, is losing its strength to support vulnerable group of the society.

A number of researchers conducted studies about the older. Among these studies, Zastrow (1996) shows that the older face a number of personal problems which include high rates of physical illness, emotional difficulties, poverty, malnutrition, lack of access to transportation, a low-social status, and inadequate housing. Kifle (2002) gave attention to old age and social change in rural areas. The study was carried out in Amhara region in a place called Ensaro. The study by Kifle describes the life of older persons in the context of local, social, cultural and economic frameworks. This study was conducted through a qualitative method. Fasil (2010) studies the effects of institutional care on the life of older people and the findings of the study are presented in a way to describe the social, psychological, spiritual, economic, health and service aspects of life in institutional care centre. In Ethiopia, like in other developing countries, the problem of the older is the most prevalent and widespread phenomenon. However, it is assumed that older people in Ethiopia are confronted with a number of problems. The most important causes of these problems are poverty and economic crises, poor health, lack of social security, and HIV/AIDS. For many years in the past, most problems of older persons were addressed by families and communities through traditional support mechanism. But what is happening to older persons when industrialization, migration and modernization play a major role to influence the extended family system and the traditional communities and bring about a new dimension? (Assefa, 2010).

Setegn (2010) explores the community-based care system of the Awramba community for older persons through a qualitative research method. The finding of the study revealed that older persons in Awramba were receiving a wide range of services from the community. Moreover, Samson (2014) in his research entitled, “A Phenomenological Study of the Lived Experiences of Older Abused” tries to indicate the psychological, financial, and physical abuse and desertion at the hands of caregivers, spouses, children, grandchildren, housemaids, and employees. Eskedar (2015) shows the effects of institutional care on the life of the older. The psychological and health condition of care recipients is also looked at in Mekedonia Humanitarian Association. Getinet (2015) studies on aging and retirement among Ethiopian

older adjustment, challenges and policy implications. The main finding of the study showed that the majority of the older were in difficulty adjusting to postretirement situations they were facing economic, social and psychological problem.

As shown above, a number of researches have been done in the past few years regarding older and all these researchers examined the social, economic and cultural aspects of their subject. Even though a number of researchers conducted studies on the older, they did not clearly show the recent cause and consequences of the problems of older people in recent years due to the fact that most of the researches have been done a couple of years back. Even though the recent researches discussed about the older in different ways which means they did not fully show the existing societal and government participation in the well-being of the older which is considered as a gap that this study tries to fill. Hopefully, this study provides additional views on the existing information concerning the socio-economic background of older people and their current status and also the care givers treatment towards older such as respect, kindness, equal treatment to all beneficiaries. This study was conducted in a Charity Association for the Destitute and Abandoned People (CADAP) run by a founder of the Association.

In general, older people lack care and support provision by first their own family members and secondly by the government as a social security scheme. In Ethiopia there are few institutes or organizations /associations including the association selected for this study established to provide care and support to the older although their capacity of receiving all needy people in the Addis Ababa city is limited due to shortage of capital to run the associations. As a result, they put in place some rules and procedures how to accept the needy and poor older people and provide them the basic care and support service.

1.3 Objectives of the Study

The overall objective of this study is to investigate the past and current socio-economic conditions of the older people living in a Charity Association for the Destitute and Abandoned People (CADAP) in Addis Ababa. This study is specifically aimed at:

- Assessing the association’s economic support in terms of the association’s objectives.
- Exploring the social interaction among the older themselves and care takers.

- Understanding the living conditions of the older who joined the CADAP and their health condition.
- Exploring the effects of association's care on improving the life of the older persons as compared to their previous life, and
- Identifying the causes of the problem that forced the older to seek assistance from the association.

1.4 Research Questions

- What are the major causes that forced the older to live in the association (CADAP)?
- What are the supports the older receive from the association?
- What are the association structures and care giving systems of the care centres?
- What are the admission criteria to the association care & support centre?
- What would be the effects of the association care in the social and economic conditions of the older as compared to their previous lives?
- What are the health care service provisions?

1.5 Research Methods

1.5.1 Research Approach

Qualitative method is the main technique used in this research. Thus, ethnographic concepts are given emphasis in this research while collecting the data in which ethical consideration is mandatory. Triangulation of data which is gathered from the informants is one of the most key issues in this study. This study used a qualitative approach since its principle is appropriate for describing and interpreting the lived experiences of the older. Lived experiences are the subject of qualitative research methods (Polkinghorne, 2005). Qualitative research is interpretive in nature (Stake, 2010) and follows a holistic approach to understand the issue in detail (Yin, 2011).

The focus of qualitative research is on investigating personal experiences and their meanings in their natural and context-specific settings (Creswell, 2007; Kalof, Dan- & Dietz, 2008). Knowledge is located in the meaning; people make of it and can be acquired through communication about their meaning. A close relationship with research participants will bring

achievement for qualitative research (Creswell, 2003:173). Qualitative research is a means for exploring and understanding the meaning individuals or groups attribute to a social human problem.

1.5.2 Methods of Data Collection

In this research data collection process primary sources of data are collected through personal observations in-depth interviews, key-informant interviews and individual case study were employed to obtain direct information from the respondents in the association.

Personal observation

To capture information and visualize the overall conditions in the association and also to see how the employees interact with the older people frequent visits were made to the association. Before the actual data collection process started, Frequent visit was made to the association and got chance to see the beneficiaries' physical appearance, living condition, facilities – women and men shower and rest rooms, dining place, kitchen, laundry facilities, the care givers day to day activities and responsibilities, etc. These are the things observed during the frequent visit of the association. The study also captured detail information related to health, physical appearance- respondents' gesture, emotion, and different experiences during interview which have added value for triangulation and ensure data credibility.

Key informant interview

Seven key informant interviews were conducted with the beneficiaries; four with male and three with female participants while eight interviews were conducted with employees of the association as they have rich experiences in working with the older people (see Annex 5). One important interview was conducted with the government official from MoLSA. The key informants were selected based on the respondents close relationship with the older people, knowledge of aging issues, problem associated with the older, important information on care and support service issue in the association and their roles in the association and years of experience were the main focus of the interview. (See Annex 3 & 4)

In-depth interview

In-depth interview is one methods of acquiring data in which people express their own individual views, experiences and personal feelings. The study used face to face interview with the study participants throughout the year of 2018 and employed unstructured (open ended questions). The interview guides were prepared in English (See Annex 2) and translated into Amharic for conducting the interview. Each interview has taken from 45 to 50 minutes; of course, each discussion depended on the respondent's detail explanation of their story before and after they started living in the association.

Through in-depth interview, the economic background, health care facilities, quality of services being offered by the association were discussed in detailed manner and liberally and smoothly with the respondents.

Case study

This study used case study method to explore the socio-economic background and current status of older persons in the care center. Five case study participants were selected based on life history of study participants that it was believed it gives a clearer idea for readers to understand the reason why the older people mostly face such problems and it was tried to include cases from both sexes. These case studies helped me to understand study participants in better ways. Thus, the goal of these case studies is to gather in-depth information from the beneficiaries.

1.5.3 Study Participants' Selection Criteria and Sampling Technique

For this study, participants were drawn from the registration book of the association in consultation with the care givers. To find out the elder's background history, the registration books were reviewed. Age limit and period of staying or residing in the association (that is a minimum of a year) have been taken in consideration in selecting the older respondents. Therefore, older who is age 60 and above and participant who has been living with the association a minimum of a year was selected for this study.

The study used purposive sampling technique to select study participants from among those who reside in the association who are 60 years and above. The study used this sampling method on purpose to get study participants who can provide me the required information

based on their communication skill or to avoid those who could not clearly express themselves and tell their story background due to age or medical condition. It is believed that these problems would limit their capability to participate in the discussion. Therefore, to obtain detailed information from the older people who are permanently resided in the association I selected my respondents among them.

1.5.4 Data organization and Analysis

The data analysis and interpretation were carried out by the researcher and the findings were thematically organized. As a qualitatively organized research design, the data analysis process is an ongoing process throughout the data collection steps. To achieve the general and specific objectives of the study, a qualitative analysis was employed by using recorded information and transcribed the information verbatim and translated the major findings from Amharic to English language. The major findings were categories based on the questions designed and analyzed the information which is gathered from the respondents.

1.5.5 Ethical Considerations

Before starting the data collection process, an official letter has been provided by the Addis Ababa University – Department of Social Anthropology to the researcher. Then the researcher after obtaining the official letter has started the data collection in the association. (See Annex 1)

The consent statement which has the study objectives in detail and it was intended to assure the respondents that the information they agreed to provide to the study will be kept confidential. The consent statement was read out to the respondents who cannot read and write, and they gave their consents orally to be interviewed.

Finally, the researcher is obliged to keep the information confidential that is acquired from the respondents and will use the information only for the targeted purpose. The interviews were conducted at the convenience time and date of the respondents as well as the care givers.

1.5.6 Scope and Limitations of the study

The scope of this study is limited to the issue of the older people aged 60 and above related with the social and economic condition in CADAP, Addis Ababa. The small sample size may

create potential limitation of the outcome of the study. The sample of the study does not full represent all Ethiopian older people.

The study faced some problems like getting a compressive data and literature about the situation of the older people in Ethiopia and it was also difficult to collect data because most of the respondents are not comfortable and tired of discussing their past since they did not consider that telling their life story is not that important for the study.

1.5.7 Significance of the Study

The purpose of the study is to fill the knowledge gaps, to identify the social and economy condition of the older people in the association and to create awareness among the society about the condition of the older and to provide support for older people who live in the association. It also paves the way for further research in this area.

The importance of this study on elder people is to find ways to make social environments conducive for older people and create devising mechanisms to make use of these human resources. In addition, these were provided information on the socio-economic challenges facing the older people. The outcome of the study may also be used for policy consideration and informing the development of accurate socio-economic intervention for the older people. It also helps to understand the causes of such problematic way of life at older age.

1.5.8 Operational Definitions

There are some operational definitions of key terms used in the study:

Abandoned people – shall mean aging and vulnerable people who often are in the absence of no one to take care of them and left without care taker. They are often sick and frail, as well as homeless. Such people are neglected from society because of the above problem.

Authorized Person/ Staff - shall mean any care and support services staff that is responsible for giving service.

Chronic Debilitating Diseases - shall mean those diseases that significantly interfere with the activities of daily living of beneficiaries. While disorders of any organ system can hinder daily living to some extent, diseases that significantly hamper the capacity for physical

activity tend to be most debilitating. To cure such diseases CADAP will work in cooperation with Government referral Hospitals.

CADAP - means a Charity Association for the Destitute and Abandoned People.

Older People - shall mean aging beneficiary of CADAP. Shall sets out principles and guidelines for a key area of activities within CADAP. It removes any questions about lack of transparency, and UN equal treatment, UN fairness. Hence policy is biding statement on everyone in the CADAP and failure to do so could result in disciplinary action for staff of CADAP.

Destitute people - shall mean people who do or do not have a family and have meager income required for their subsistence.

Long-term care - shall mean care that supports patients with chronic impairment for an indefinite period of time; this could be provided in medical facilities of CADAP.

Nursing Home Care - shall mean a CADAP facility at which primary health and other care services that focuses on the alleviation of terminally ill patients are taken care of. These symptoms can either be physical, emotional, spiritual or social in nature.

Nutritional therapy - shall mean treating illness of beneficiaries of CADAP that is alleviating symptoms through dietary changes (food) by using vitamin and mineral pills.

Person - shall mean any beneficiary/physical person/ accepted for care and support services provided by CADAP.

Palliative Care - shall mean alleviating pain and symptoms of disease on improving overall quality of life for patients facing serious illness in CADAP. Emphasis is placed on intensive communication, pain and symptom management, and coordination of care. Palliative care can be provided by a team of professionals such as health professionals working together with the primary doctor or general practitioner in CADAP.

Procedures - describe the steps for carrying out the guideline in a policy of CADAP. They often include a requirement to complete standard forms to gather data on beneficiaries for action to be taken by CADAP authorities.

Terminal illness - shall mean an active and malignant disease that cannot be cured or adequately treated and that is reasonably expected to result in the death of the patient. This

term is more commonly used for progressive diseases such as cancer or advanced heart disease than for trauma. A patient who has such an illness may be referred to as a terminal patient or terminally ill. To cure such diseases CADAP will work in cooperation with Government referral Hospitals.

Source: From the document of Charity Association for the Destitute and Abandoned People (CADAP, 2018).

Chapter Two

Review of Related Literature and Document

2.1 Conceptual and Theoretical Frameworks

2.1.1 The Concept of "Older"

Different meanings have been given for the term "older" person in different countries and most of the time associated with functional, chronological and retirement age (MoLSA, 2006). In addition, Help Age International in (HAI, 2001) Publication described gray hair, failing eyesight, physical deterioration, and inability to produce and becoming a grandparent as older in relation to individual physical appearance. People who are 60 years of age and beyond that are regarded as the older person by the UN definition. In the same way the Ethiopian government has also accepted the definition since the country retirement age coincides with the definition (MoLSA, 2006) and other related office (Inter-Generational Challenges in Ethiopia 2010:42).

In addition, according to the World Health Organization (WHO, 2004:35) 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." The changes, that the World Health Organization listed include "…physiological, psychological and social that are progressive, decremented and irreversible, of structural and functional body organs." (2004:35-36, in HAI, 2013:5).

Furthermore, defining aging is universal and takes many dimensions. Literature on aging shows that old age has never been defined simply as passing of a certain birthday. There are multiform of defining old age to differentiate old age from youthful years. In Ottaway, (2004) indicated that functional, social and chronological criteria are among the criteria beside the chronological age criteria. In (Ottaway, 2004) identified, it is a category created by functional, cultural, as well as chronological. Thus old age and older are social constructions which are determined by cultural customs and practices. For this in (Bonder, 2009) strengthened this idea and specified that social, historical and cultural factor have their own influence on ageing.

2.1.2 Theoretical Framework

Theories on older people presented by different scholars are subscribing to different paradigms. Among the theories; Modernization, Social exchange theory, and Disengagement theories are applied to the older people in this study. These theories are briefly discussed as follows:

Social Exchange Theory

Many theories tried to explain about human interaction and social exchange theory is one of them that also give attention to older people in which it explains the withdrawal of older people from social interaction and their reason. The theory has root in micro-economics in which it gives emphasis on social interaction and assumes people seek to maximize their reward and minimize their costs from social interaction between individuals (Marshall, 1996). According to social exchange theorists, the interaction between the aged and the community decline since other people has fewer resources (lower income, poor health, and less education) to bring to the exchange (Bengt and Dowd, 1981:30). Social exchange theory mainly argued the existence of inequality in resources and individuals always focused on benefits in any exchange. Therefore, the most efficient elder people who have extremely higher resources stay in the exchange with younger people (Bengt, Parrott, and Burgess, 1997, Quad Agno: 1999:31-32).

The interaction of older people with others will be affected by the declining of resources of older. ‘‘This is because as elder people confront with the cost of increasing dependency, their friends, and relatives experience the growing burden of support. Hence, the aged began to disengaged so as to balance the exchange equation remaining activity social interaction will be then a constant struggle for an older person with few resources’’(Dowd, 1975 :30).

In this study, the social exchange theory is used to analyze the data gathered on the older people in the association regarding social issues.

Modernization Theory

In 1972, sociologists Lowell Holmes and Donald Cowgill in their work entitled ‘‘Aging and Modernization’’ have advanced modernization theory which is one of the macro-theories of aging in the field of social gerontologists (Quadagno, 1999:32-33). ‘’Modernization theorists

hypothesized that since older people have not always been visible actors in the "modernization" process, they are exposed to tremendous socio-economic problems in modern times. And modernization is often seen as the cause of their vulnerability as a group'' (HAI, 1999:5).

Rapid urbanization caused social and geographical mobility at high level and also changes in the family social structure and the traditional support system of older people will be undermined which is the feature of modernization process (Moody, 1998:72, HAI, 1999:5). Individual autonomy come out as a main value in the younger generation to secure their family life and started to felt the necessity to work in factories or offices so that they could get financial and social dependency. Then older people remain alone without support due to the turning away of extended family ties to different and new life style (Quadasno, 1999:33).

As per modernization theory, extended family economic basis of home production is removed and destroyed by industrialization. The extended family was replaced by the nuclear family household due to the fact that the family members had no longer worked together in farming and some household works. Older parents were left in the rural areas while younger people moved to cities to work in the factories which speeded up the process of urbanization (Cowgill, 1974).

Kifele, in 2002:10, ''modernization and its associated features are inversely related to the status and treatment of the older. As industrialization progresses, the family ceases to function as a basic economic unit and the skill of the older becomes obsolete'' (Atchley, 1991:47). The kinship tie and Older people source of support decreases while the younger people leave home to the urban cities (Fry, 1980:219-220; Perlmutter and Hall, 1992:472-474; Henslin, 1995:614).

Proponents of modernization theory argue that modernization and its outcomes negatively affect the status and treatment of the older; hence the status of older people declines as society modernizes (Morgan and Kunkel 2011). Effects of modernization such as urbanization and migration would break up kinship ties and disintegrate families (Mengesha 2002). Ethiopia as one of the developing countries is experiencing high rate of urbanization and population movement both within and outside the country. Abdi, (2012:12-13)

In this study, the modernization theory is applicable in analyzing the change in the family structure from the extended to the nuclear one which is one of the factors that forced the older to live a destitute way of life.

Disengagement theory

The theory of disengagement theory was first developed by Cumming and Henry and was later modified by another scholar. The theory states that retirement or a gradual withdrawal from social role and a decreed involvement with others is typical of other older people. Consequently, the theory argues that at the time of their demise, society will not suffer from any breakdown as the young would fill the social roles (Cumming and Henry, 1961:14, Richarge et al 1961; Madox 1966, Havigrust and Tobin, 1968, Streib and Schnider,1971:87, Vatuk, 1980:137, Atchely,1991: 294. However, research has shown that people in traditional societies do not withdrawal (Perlmutter and Hall, 192:40). Aging from this theoretical perspective naturally brings with it a growing sense of incapacity, loneliness, loss of role and increased dependency. Also, the position of the older people as a non-productive and costly burden on society is easily assimilated as the cultural norms and becomes implicit in political and economic argument.

The disengagement theory can be used in this study to analyze some of the factors affecting the life of the older people in the CADAP.

2.2 Review of Related Empirical Study

2.2.1 General Situation of the Older in Ethiopia

According to the National Plan of Action on Older Persons (NPOAOP, 1998 - 2007 E.C), in Ethiopia about 44% of the populations are living under the line of poverty which manifested the position of the country as one of the poorest countries in the world. The country faced different obstacles such as protracted war, diseases, recurrent drought and absence of good governance are critical. Thus, these problems have tremendous impact on the culture of intergenerational solidarity and mutual support that has been existing for a long period of time and now increases the vulnerability of the society in general and older people in particular.

The achievement and contribution of older persons in our society, family, community, and religion, *Idir*, *Iqub* and *Mahiber* is evidence, that they owe a lot to their country, history and culture. Considering the enormous contributions of the older people, the society has a longstanding culture to give due consideration to our senior citizens and protect their rights.

“Poverty becomes more acute among older persons because once they are exposed to it, is much more difficult for them to come out of it. Health problems, lack of balanced diet, shelter, unsuitable residential areas, absence of family and community support, absence of social welfare coverage, limited social security service, absence of education and training opportunities, limited employment and income generating opportunities are some of the factors among others, contributing to the poverty of older persons. In addition, the prevalence of HIV/AIDS in the country is further complicating the problems of older persons (NPOAOP, 1998 – 2007 E.C).

Older persons are being left helpless and without support because of the death of their off springs caused by HIV/AIDS. They are exposed to poverty as they spent their limited asset and income to take care and cover the expenses of their children infected by the virus as well as their grandchildren. Despite their being old, they are also shouldering the responsibility of bringing up their grandchildren in the country who lost their parents due to HIV/AIDS. However, due to the absence of networking and inability to streamline the activities of the concerned bodies in conducting in depth study and designing and implementing programs and projects and due to absence of monitoring and evaluation systems and lack of implementation capacity, it has been difficult to improve the lives of the older to a significantly better level “National Plan of Action on Older Persons (NPOAOP, 1998 - 2007 E.C:3 & 4)

In Ethiopia intergenerational and extended family support are considered as the main form of social security to older people. Modernization and the emergence of socio-economic and cultural complexity have extremely strained the extended family support in cities, however, such support mechanism still exist in the rural part of the country. Many urban families became weak and unable to support their older since there is inflation in the commodities and progressive rise in the standard of living, unemployment, income insecurity and increased poverty. (MoLSA, 2007:100-102, in Solomon 2008:39).

An old person in most countries of Africa including Ethiopia is considered as one who is a knowledgeable informant about history, traditional customs, and culture (Soga, 2009). The older in the Ethiopian context have been icons for patriotism, reservoir of heritages of useful cultural values for the next generation, agents for solving problems and reconciliation of conflicts between and among individuals and ethnic groups (MoLSA, 1999).

The accumulated knowledge and experiences through their long life, older persons can maintain the continuity of traditions and cultures of the society. In addition, they can also contribute a lot to the development of their country. For these reasons, the older in Ethiopia are treated with respect and love. In time of need, they get strong support and assistance from their family and community. However, when families or communities themselves face problems; it is difficult for older persons to get the usual support and assistance (MoLSA, 2007:3). Similarly, older persons in Ethiopia remain economically productive as long as they are physically and mentally able and as long as household requirements demand their contribution Help Age International (HAI & Cordaid, 2011:9). Nowadays, older people are encountered with various problems due to limited government social welfare schemes and the weakening of family and community support. Thus, it is common to see the older who have the knowledge and skill to help not only themselves but others facing serious problems and resorting to begging and sleeping on street.

In Ethiopia, older people make up a relatively small portion (2.8%) of the total population, and traditionally their main source of support has been the household and family, supplemented in many cases by other informal mechanisms, such as kinship networks and mutual aid societies Ministry of Labor and Social Affairs, (MOLSA, 2007:4).

Kifle, (2002:124), identified that a community focuses on the functional attributes that a person is identified as old or not based on his/her performances. For example, if a person carries out normal routines especially in agricultural activities, a person is not considered as old.

2.2.2 Ageing and Culture

“The differing perceptions about old age might be attributed to the differences in social and cultural contexts. Culture-based conceptions reveal different explanations about the aging and old age. The collectivist culture in most Asian and other developing countries favors old age and cultivates positive aspects of the elder people while the western culture in developed countries is to the opposite may be due to the expansion of urbanization and industrialization demanding labor force. In Asian and African countries, for example, older people are given prestige for they are considered the source of knowledge and store of cultural heritage” in (Getinet, 2015:18). Palmore, (1999) stated that in the western culture, aging is seen in line with productivity and therefore old age is perceived as dependency and burden to the productive society; so older people may be viewed as worn out, obsolete, or discarded as opposed to the beliefs about the "young" as vigorous, active, beautiful or handsome and healthy (Palmore, 1999). All these differences in conceptions and understanding of old age emanate from the cultural variations.

Furthermore, the older is culturally constructed as unproductive and over consumptive collective resources. Social identity and policy decisions are highly impacted by culturally and socially constructed stereotypes. Thus, older become highly central in social and political discourse surrounding health care and the division of resources. Moreover, older are unproductive ‘burden’, consuming social resources at the expense of the mass which is considered as social and economically dependent on others is a negative cultural value and cultural ideology (Laura, 2017).

2.2.3 Ageing and Health Problems

According to (WHO), Physical, mental and social wellbeing of a person should be taken in to account in relation to health because health is not only the absence of illness according to WHO. Without any discrimination or segregation based on age, gender or race; it is stated that all human beings have the right to get health services and facilities. To utilize their potential and effectively play their social role, older people should benefit from the available health services, but the reality is opposite and do not benefit from the available health services. Thus, it is better to find solution to provide the necessary services for older people to their special health problem National plan of Action on Older Persons (NPAOP1998-2007:13 E.C).

2.2.4 Policy Approach

The constitution of Ethiopia states in Article 41, Economic and Social Rights, “the State shall, within available means, allocate resources to provide rehabilitation and assistance to the physically and mentally disabled, the aged, and to children who are left without parents or guardian. However, we see many older people live in and outside of Orthodox Church area in Addis Ababa to collect alms from worshippers and by passers for their food and drinks; these older people are who do not have any children, relatives and those abandoned by their own children due to chronic poverty.

To solve the problems of older people, many policies and plan of actions are designed both at international and national level. Solomon in 2008, ‘‘the most widely known and increasingly adopted plan of action in the world is the Madrid International Plan of Action Aging (MIPAA. 2002). This international plan of Action specifies that people everywhere should be able to age with security and dignity and continue to participate in their societies as citizens with full rights’’ (Solomon, 2008)

2.2.5 Ageing Related to Humanitarian Aspects

According to Robert Butler, (1969) ‘Older’ is systematic stereotyping and discrimination against people because they are old. The most broadly used definition of ageism is “prejudice and discrimination against older people based on the belief that aging makes people less intelligent and productive” (Ferraro, 1992:296).

The UN General Assembly, (UN, 2003) in its various resolutions stated that ‘‘all the necessary efforts should be made to protect fundamental human rights without discrimination and partiality. Based on these resolutions, there are now many decisions, principles, directives and conventions adopted with a view to enable different section of the society to proper attention according to their problems and interests.

As mentioned in (UN, 2003), many countries including Ethiopia exercise the UN principles for older persons ‘independence, participation, care, self-fulfilment and dignity. Creating favourable conditions for older people is important which makes them lead a dignified life with rights protected and their basic needs fulfilled. Therefore, by doing this, they will be able

to participate in the economic, social, cultural, civil and political affairs of their country. Nevertheless, due to several reasons such things cannot be happened equally in every society. The older peoples' rights and necessities are fulfilled in developed countries due to their capacity and development while developing countries cannot provide adequate services due to poverty and backwardness National Plan of Action on Older Person (NPAOP, 1998-2007:13) E.C.

2.2.6 Social Role of Older People

According to the study conducted, in one of African countries, by Help Age International, (HAI,1999) Tanzania, older people carry out traditional functions such as setting disputes between people, and teaching young people the ways of the past, for example, about inheritance, role of traditional healers and birth attendants in their society (HAI,1999). This is also supported by Holmes (1983), who conducted a research among the older of Kimiko's of North America. The research finding revealed that the older members of the society are consulted by the family member about choice of marriage partners, division of material wealth, and settlement of the family disputes. Teaching children is also seen as an appropriate and others valuable function of the older. Grandparents teach children about rituals, taboos and other ancient lore/tradition. Moreover, the older play an important role in educating children and even adults in economic skill.

Religious activities also tend to provide useful roles for older persons during their retirement years. Old people assume leadership roles in religious activities that they may have been deprived of in work activities at their retirement (Cox, 1988, Moberg and Taves, 1965 and Hurlock, 1980). Moreover, religious leaders as a rule are not required to retire and may serve until their death and their age experiences and wisdom are valuable assets in their leadership roles (Cox, 1988).

"Social and demographic changes throughout Africa show a weakening of family and community networks, resulting in a reduction in informal support from family and friends to allow older people to remain at home. The government of Ethiopia and experts in the fields of aging has realized that institutional care is primary types of service and it should be encouraged" (MoLSA, 2007, as cited in Tewodros, 2015)

According to (Cox, 1998), Older people find less social pressure placed on them for the roles performance and they can choose among avidity of roles. However, the roles available for the aged to choose among are not highly valued in western societies and do not bring high status (Cox, 1998). The society confers status based on production and achievement (Holmes, 1983). Most of the roles whether leisure, recreational, valued less than the roles assumed by the adult and middle-aged groups in the western population (Cox, 1988). Therefore, aging can bring a withdrawal of roles and status upon forced retirement as in the US and others industrial nations. However, it should be noted that many activities do not decline with age (Hess and Markson 1980), and older, of course, know well their own strengths in use and involved in whatever their environment offers or makes possible. Taking part is appropriate both for older and for their relationship to the community therefore, emphasizing what people can do rather than what they cannot do opportunity for older citizens to participate in the mainstream of community life and contribute within their individual potentials (Johnson, 1964).

Samson, (2014:22-23) stated that the older people have many roles in the family and the community at large. The *Madrid International Plan of Action on Aging* recognized the skills, experience and wisdom of older for promoting development United Nations Department of Economic and Social Affairs, 2011. Older can engage in productive work in the social, cultural, economic, and political arenas (UN, 2002). They are heads of the family and the community, guardians of ancestral values, diviners, traditional healers, midwives, and repositories of society's treasures, history, customs, folklores, cultural values, indigenous technologies, and wisdom.

In Ethiopia older are arbitrators, guardians of their grandchildren, heads and advisors of the family and community, and they are familiar with indigenous knowledge, and the history and culture of the country (MoLSA, 2006).

2.2.7 Social Exclusion

Social exclusion among older people seem to acknowledge that social exclusion among older people often occurs as a result of loss of independence – including pension wealth, public transport and housing, prompting the need for state intervention. However, one of the main difficulties around applying the social exclusion concept to older people in any

straightforward sense concerns the centrality of labor market participation (current and previous) as an indicator of exclusion. Retirement from work is a normal event or process for people in later life and not an indication of social exclusion – although retirement may have an exclusionary impact among some older people. Furthermore, the experience of retirement may be largely shaped by earlier experiences of labor market participation, making the process of understanding the dynamics of social exclusion among older people additionally complex (Dylan Kneale, 2012)

According to Phillipson and Scharf (2004), the main causes of social exclusion for older people are: firstly, age-related characteristics, that is, things that are more likely to occur on later life, such as disability, low income and widowhood. Secondly, cumulative disadvantage, that is, where cohorts become more unequal over time due to, for instance, the impact of labor market experiences on pension outcomes. Thirdly, community characteristics; older people are more vulnerable to things like population turnover, economic decline and crime, in their local areas. The final component in explaining social exclusion among older people related to the experience of age-based discrimination.

Barnes et al (2006) point out that age is correlated with greater risk of social exclusion for a number of reasons. For example, as a result of their age, older people are less likely to live with a partner, more likely to be widowed and likely to live alone or with fewer people than average, making them particularly vulnerable to exclusion from social relationships, but also more vulnerable to exclusion from civic and cultural activities. (2012: 6-7).

Social exclusion is commonly used to refer to the process that leads to a breakdown of the relationship between society and the individual (Room, 1998). It is a dynamic process, which prevents access to different elements of the social, economic, political or cultural components of everyday life and is usually contrasted with static concepts of poverty (Walker and Walker, 1997).

Ethiopia culturally rich country, social life or social inclusion is very important and benefits the individuals by increasing self-confidence, promote encouragement and help to lead healthy life. On the contrary, Social execution potentially to separate the older from their society, which as an impact of poor housing, low income, ill health and personal insecurity (Maltby,1997). However, studies in developing countries revealed that the informal network

of the families and community members buffers the older from social exclusion. But social inferiority, isolation, physical weakness and vulnerability make older people to social dysfunctional as cited in Yalemshet Mekonnen (2013:12).

2.2.8 Institution Based Older Care

Institutional care includes long-term care services that are supplied or available 24 hours a day in the institutions that also serve as places of residency for those receiving care. Therefore, 'institutional care' stands for institutions and living arrangements where care and accommodation are provided jointly to a group of people residing in the same premises, or sharing common living areas, even if they have separate rooms. A large patient group is older people receiving long –term care. (Abot-Okelo, Milka, 2014, Otaniemi).

Usually the person or her/his family experiences their need to receive their care in the institution. The decision on long-term institutional care is usually the responsibility of a local working group, which normally includes at least a health visitor and/or home helper, the doctor responsible for long-term care in the municipality, and the social worker for Older people's welfare. A psychologist and physiotherapist, for example, can also take part in the working group. Living in a health care institution seems to be associated with an increased prevalence of loneliness when compared to those living in the community (Jylhä 2004, Parkkila et al.2000).

In addition, the government to support the older people has introduced different community service programs in many parts of the world and their families bearing in mind the peculiarity of their environment.

Long-term care can be provided through in-home service and day care center. The form of care provided can range from assistance in dressing, bathing to sophisticated medical life support system (Gelfand, 1984, as cited in Eskedair, 2015:34).

Regarding the institutional base care centres in the Ethiopian context, the establishment of welfare agency goes as far back as in 1920s, according to (Abay, 2011), a welfare agency established in Debre Libanos Monastery in 1921 by RasTeferi Mekonnen. The late Empress Menen has also established a welfare agency in Harar, Dessie, Gonder and Jimma, in 1931 to educate orphans (Children of the poor) and to establish home centres for the ages and the

destitute. A Haile Selassie I Welfare Trust Foundation was established to look after the social welfare services of the time. Currently, the government of Ethiopia provides institutional care for older persons in three homes for the aged. These are Beteselam, Abrha Bahata and Kaliti Institutional Care Centre for the Older (KlCCE). Beteselehome is located at Debrelibanos, which is about 110km north of Addis Ababa. It provides shelter, food, clothes, medical service and recreational facilities for older persons (MoLSA, 2007). Abrha Bahata is located in the city of Harar and is rendering services for older persons and Kality Institutional Care Centre for the Older (KICCE) is the third governmental institution care centre which is found in Addis Ababa at a special place called Kality.

Traditional healers may be an important additional source of care. Informal care includes care provided by nuclear and extended family members, neighbors, friends, and independent volunteers, as well as organized volunteer work through organizations such as religious groups World Health Origination (WHO, 2002, as cited in Segniwork, 2014:28).

According to Help Age International (HAI, 2010), there are three types of older people:

---- **Home-Based Older People**: refers to the population of the older people who live in a house hold (with home to sleep) in Addis Ababa.

---- **Homeless Older people:** refers to the older people who usually sleep in religious place (Church, Mosque) and streets in Addis Ababa.

----- **Institution-Based Older people:** refers to the older people living in the institution that provide care and support to the older in Addis Ababa.

2.2.9 The Establishment and Trajectories of CADAP

The establishment of CADAP is directly associated with the founder of the association critical health condition about 21 years ago. The founder was born in a place called Deberetabor in south Gondar in Amhara region and came to Addis in search of a job and then got a job as a security guard and tailor. While he was leading his life in Addis Ababa, suddenly he got sick and no one was living with him at that time to support him to recover from his illness due to that his illness had become very serious and could not recover soon.

According to his testimony, the only thing he had to do was praying to God to give him back his good health which he believed that God had cured him in return he promised to God he

would help or support the destitute and the poor like him. Subsequently, in 1997 CADAP *(Charity Association for Destitute and Abandoned People)* was formally established by the founder as a community-based charity association working with local communities, local organizations (engaged in the same charity work) and government offices. The founder started the association with two young boys aged 15 years at that time who provided support to him in a rented house in a place close to '*shiro-meda'* on the way to *Entoto-Kidanemihret* Church. These boys at their young age met him at the church and they agreed to support him.

2.2.10 Objective of the Association

The general objective is to address the need of those weak, abandoned, poor and sick older people, in terms of providing their basic needs – food, shelter & clothes and medical care services.

Hence, the major target groups of CADAP are often referred to the institute from such religious institutions, local government offices like MOLSA and sometimes from the police and other charity organizations. These people are referred to CADAP most of the time, for any form of assistance including provision of their day to day basic needs and sheltering. Thus, CADAP has endeavoured in giving a tailored service focusing basically on abandoned elder people and other sick individuals, giving them all-round services in the institutional care services, in pursuit of providing them with their basic needs, medical and psychosocial care, so that the older would lead dignified life until their life ends.

2.2.11 Institutional Operation

The institution has operational manual that deals with policies, principles and procedures of core operations of the association that working on the destitute, older and abandoned people who fulfils or meets the established criteria with the objective of providing care and support services such as shelter, food, clothes, laundry and cleaning services, medical care – infection prevention and others. Standard system and procedures are required to attain organizational goal and objectives that really fulfil the basic needs of the deprived people to provide care and support.

The Addis Ababa City Administration has provided 2,924 square meter plot of land for the institution with free of lease charge through Ministry of Labour and Affairs. A four-story

building with many facilities and it has a capacity to serve 250 to 300 destitute and older people completed and inaugurated in 2016. In this building care and support centres, medical centres, and meeting hall facilities are available. Anyone can observe that the construction of this building considered the older people to go from one floor to another. The older people could take either stairs or ramp way to go to upstairs and downstairs. Based on the information provided during the interview, the institute has a plan to expand the service in different parts of the country in the future.

The Institution is a well-organized that prepared its own operational manual in order to address a lot of issues in the future. Therefore, the operational manual is prepared to meet the following targets:

- To address the present and future operational needs of CADAP;
- With intent to be used as a brief directive and reference for the smooth running of operations of CADAP that are providing:
    - care and support services (shelter, food, clothes, laundry and cleaning services) which requires close follow-up of sheltered individuals in terms of providing daily meals, hygienic materials, cleaning of shelter homes;
    - nursing service (infection or other disease prevention services);
    - sanitation and waste management;
    - continuous counselling and consultation of beneficiaries;
    - psycho-social support through strengthening organizational system; and
    - Funeral services and others.

2.2.12 Organization & Management

Any association has its own organization and management system and CADAP has 10 employees in the management office, (10) care takers, (4) cooks, (3) nurses, (8) janitors and (6) guards. The association total has 41 staff that is currently on duty. CADAP operates in line with the rules and regulations of registered Ethiopian Charities and its association bylaws, which according its organizational structure is linked to the prior established organizational hierarchy, as per its bylaws signed, in which case the general assembly remains to be the higher responsible body, and elected board of directors participate in major decision making

processes with regard to the operation of CADAP and in a way control as well as make sure that the operational activity of CADAP goes as per the objective of the association and agreed upon documents of the association and the project.

CADAP promotes participatory leadership among the different units in its project, to benefit out of its internal potential and capacity. It continually assesses its operation in relation to the need and /or adjustment of the existing organizational structure regarding maintaining smooth functioning of sections as one system units.

In general, the management consists of basically the chief executive, head of administration and finance, and project head/coordinator, who give collective decision and notify the board of directors. The management maintains periodic progress review meeting with board of directors, for directives and other. The following diagram shows the organizational structure of CADAP, presenting the major operational sections and units, as well as hierarchical posts.

Chapter Three

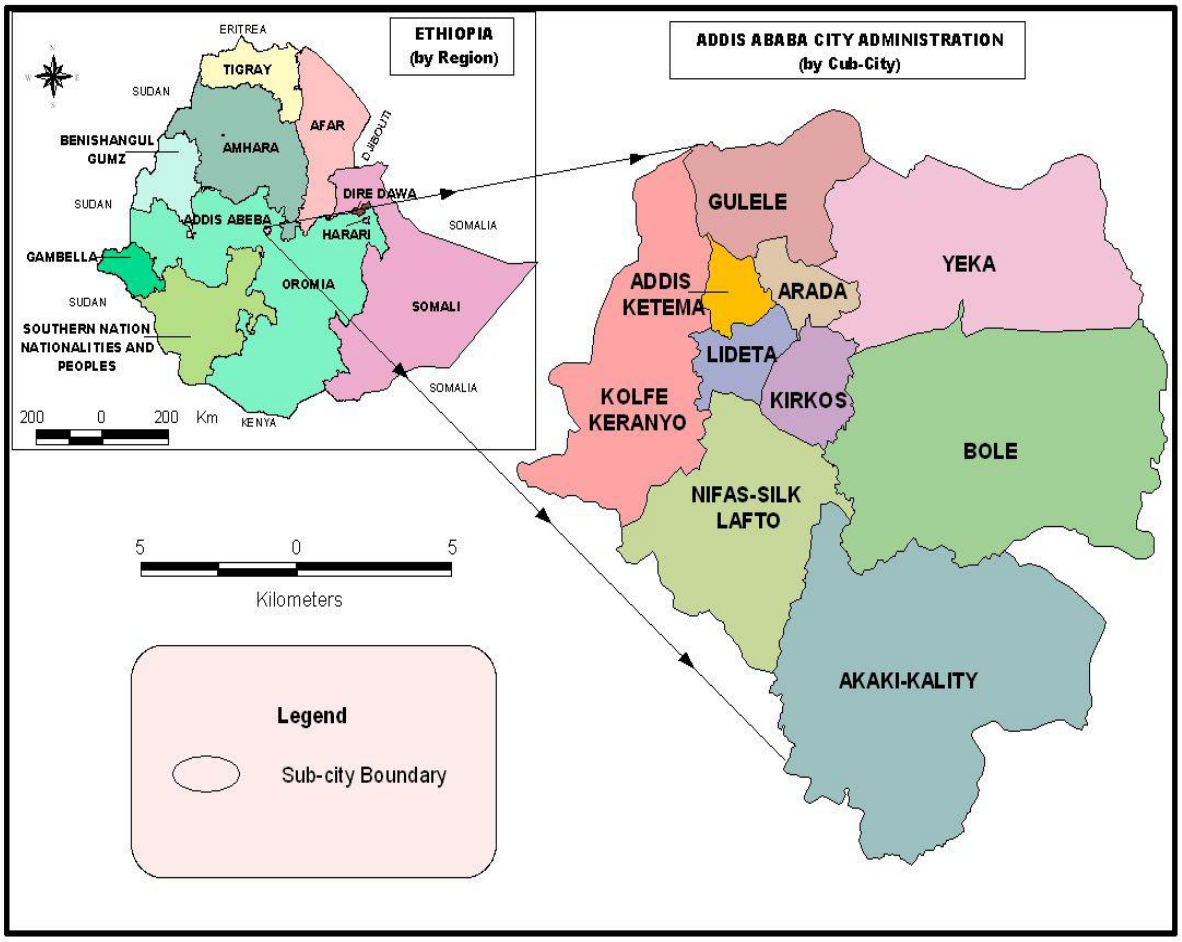
Description of the study Area and the Association

3.1 Description of the Study Area

This study was conducted in Addis Ababa, capital seat of the government of the Federal Democratic Republic of Ethiopia. Addis Ababa was established in 1886; it is one of the oldest and largest cities in Africa and is also situated at the highest average attitude of 2,400 meters (UN-Habitat, 2007, cited in Ermyas, 2016). The total area of the city is about 527sq.km2. It is geographical located in the centre of Ethiopia and more endowed with social and economic infrastructure than the majority of the country (UN - Habitat, 2007, cited in Ermyas, 2016). This has caused it to become a melting pot of hundreds of people, coming from different ethnic groups from all corners of the country in search of better employment opportunities and services. This high rate of rural urban migration accounts for about 40% of growth, making Addis Ababa in to one of the fastest growing cities in Africa. In 1994, the total population was 2, 112, 737, and from 2007 it was estimated to be 4 million (UN-Habitat, 2007, cited in Ermyas, 2016).

The city serves as the social, economic and political centre of the country. It is also the diplomatic centre of Africa, hosting the African Union and other international organization (Uli, 2008; UN - Habitat, 2008, cited in Ermyas, 2016). Administratively Addis Ababa is a chartered city having three layers of government: city government, sub-city administration, and *Wored* (district) administration. According to CSA (2007:7), Addis Ababa has 10 Sub – cities (1), AKaki Kaliti (2), Nefas Silk-Lafto (3), Kolfe Keranyo (4), Gulele (5), Lideta (6), Kirkos (7), Arada (8), Addis Ketema (9), Yeka (10), Bole (See the location map).

Figure 1: Location Map of Addis Ababa and the Sub-cities



Source: Central Statistics Authority, Map of Ethiopia, Addis Ababa and Its Sub-Cities (CSA, 2007)

The study was specifically at the older people a Charity Association for the Destitute and Abandoned people (CADAP), which is in Addis Ababa city. Based on CSA (2007) census the number of older people in Addis Ababa is 39.423; 68; 483 male and 70,940 females (CSA, 2011), Bureau of Finance and Economic Development, (2013).

The Charity Association for Destitute and Abandoned People (CADAP), which is an indigenous association, is known as *'Yewedekuten Ansu Yemotuten Kiberu Yekomuten AstemeruMigbare SenayYenedeyanMerjaMahiber'*. This charity center started the service in 1997 around Entoto Hamere Noh Kidanemihret Monastery in the Eastern outskirt of Addis Ababa and then through time the association expanded its service and opened another branch in 2016 years near to Eyesus Church (close to French Embassy) which is in the northern outskirt of the city. During my investigation to select the institution that delivers institutional

care and support service to the older in Addis Ababa, I went to MoLSA to get the list of the institutes/organizations registered by the ministry office and I was recommended CADAP since it has been delivering care and support service to the older people for more than two decades. Thus, as mentioned above, the association has two older care and support centers one is located in Gulele sub-city *Wereda* 01, *Kebele* 03 particularly at the juncture of Shiro-meda and around Entoto Hamere Noh Kidane Mihret Monastery and another in which my study rests up on is located near to Eyesus Church.

The association is providing care and support for vulnerable, destitute older people who have no any family, relative, support and those who are poor for real and living on the street. Those who are not able to move by themselves due to their illness and impairment are also among the people who are supported by the association. The association takes care of the older people and provides them shelter, food, clothing and medical care, irrespective of their sex, age and religion. It also facilitates dignified funeral services for those beneficiaries who passed away after joining the association due to chronic illness and deprivation.

3.1.1 Socio-Demographic Characteristics of the Older People

The total numbers of destitute persons or beneficiaries reside in the association are 110 although older people targeted for the study age range 60 and above are about 62. The number of older people in the association varies from time to time due to some people leave while some come in to the association to live, of course, few of them died. The following table shows the number of older during the time of data collection in 2018.

Table 1: Age Distribution of the Older People by Sex

S.no	**Age category**	**Female**	**Male**	**Total**
1.	60 – 69	7	5	12
2.	70 – 79	5	15	20
3.	80 – 89	11	11	22
4.	90 – 99	3	3	6
5.	100 and above	2	---	2
			Total	62

Source: Administration data from the association's archive/document

The above table shows the general pattern described above for the age 60 and above. The number of older males is proportionally more than the number of older females between the age of 70 -79.

Table 2: Profile of the Older People by Sex and Marital Status

S.no	Marital Status	Sex		
		Female	**Male**	**Total**
1.	Never married	6	11	17
2.	Married	20	20	40
3.	Divorced	1	1	2
4.	Widowed	---	---	---
5.	No Data	2	2	4

Source: Administration data from the association's archive/document

The distribution of older people according to their marital status overall 20 female and 20 males are married, 6 females and 11 males are never married, 1 male and 1 female are divorced and no information on the remaining older people.

Table 3: Distribution of the Older People by level of Education

Level of Education	Female	Male	Total
Adult education	1	2	3
Priest	-	2	2
Deacon	-	1	1
Elementary	-	2	2
Secondary	-	2	2
High School	-	1	1
University	-	1	1
No education	-	-	50
		Total	62

Source: Administration data from the association's archive/document

Almost three fourth of the older people have no education at all. Few male respondents have completed elementary, secondary school and one person has a university degree while only one female had joined adult education program. No-education is high that reflects the lack of education opportunities to the older people in their schooling age.

Table 4: Profile of the Older People by Sex and Religion

S.no	Religion	Sex		Total
		Female	Male	
1.	Orthodox	24	30	54
2.	Muslim	1	1	2
3.	Catholic	1	--	1
4.	Protestant	--	--	--
5.	No data	2	3	5

Source: Administration data from the association's archive/document

The above table shows religious affiliation of the older people. Regarding their religion status, the above table shows that majority of the older people belong to Orthodox Christian religion which constitute 70% of the study group, Muslims are only two, Catholic is one female and there is no protestant religion follower.

Table 5: Profile of the Older People by Sex and Ethnicity

S.no	Ethnic group	Sex		Total
		Female	Male	
1.	Amhara	19	17	36
2.	Oromo	6	8	14
3.	Tigrai	3	2	5
4.	SNNPR	--	7	7

Source: Administration data from the association's archive/document

Regarding ethnicity, 36 of the older belong to Amhara ethnic group (19 Female and 17 Male), 14 of them are Ormo (6 Female and 8 Male), 5 older are from Tigrai (3 Female and 2 Male) and 7 Male older are from SNNPR- Dorze, Welayta, Gamogofa and Gurage.

Table 6: Source of Income of Older People prior joining the association:

S.no	Source of Income	Female	Male	Total
1.	Begging	13	19	32
2.	Domestic helper	3	-	3
3.	Support from people	2	4	2
4.	Weaving	1	-	1
5.	Business	-	1	1
6.	Painting	-	1	1
7.	Making Enjera	1	-	1
8.	Farming	2	1	3
9.	Pension	-	1	1
10.	Private work	-	1	1
11.	Daily Laborer	1	3	4
12.	Watchman/Guard	-	1	1
13.	No data	4	5	9

Source: Administration data from the association's archive/document

The older had been engaged in different economic sectors to earn their living. The income source shows in the table above that the older used to earn insufficient income that did not allow them to save some money for the future.

Chapter Four

4.1 Types of Services provided by the Association

Based on the information obtained through discussions, observations and interviews from residents and the administration officers, institutionalized older at CADAP receive the following services regularly. The mainly provision of care and support services include meals are provided four times in a day, shelter/bed rooms and clothes for the beneficiaries. The CADAP has laundry machine and cleaning facility and bed sheets and clothes are being washed and are changed every other day and their personal hygiene is checked by their care givers and those who cannot maintain their personal hygiene – giving bath is being handled by the care givers. The care givers also responsibly follow up patients who have medicine for different ailments to take in time, feeding them, taking them to toilets, making their beds and massaging their body. Among the beneficiaries, there are some older who have difficulty in moving easily due to disease as well as age, incapacitated and totally unconscious as a result they are totally dependent all the time on the care givers. These older even could not take care of their personal hygiene and could not go to toilet and taking bath.

The care givers have a lot of responsibilities; if a beneficiary dies, they prepare their funeral service. There are two types of care givers – volunteers who had been beneficiaries of the association at some point in the past, but they are only few and employed care givers.

In addition, the association provides recreational facility like Television; each bed room has a television set. There is a big dining place which is being used for dining and relaxation – a priest is invited every day to do a small pray with the beneficiaries and educate them religion staffs. Now a day, it has become common that people organize different events in the association such as wedding ceremony, birthday and death anniversary and so on; one way to make them feel that they are respectful citizens and make them happy by participating in the events which aims as a psychological support and another way is to let the association gain money through renting the hall.

In addition, the community participation by providing free food, free labor – washing utensils, bathing and feeding the beneficiaries those incapacitated have brought the attention of other community members to visit older and make them feel they are not neglected and feel

dignified and socially important when visited by the society specially during holidays the older think a sense of importance and belongingness with the society because these older were once participated in different socio economic development of the country.

The services provided in the association are also found to be like the priority concern of older people in Addis Ababa. According to the findings of Help Age International (HAI 2010) the study conducted on vulnerability and living conditions of older people in Addis Ababa reported that food, shelter, health, clothing and psychological support are among the priority concerns of Older people in Addis Ababa. Therefore, these evidences from the literature indicate that the basic services provisions of the association are matching with the needs of older peoples suffering from street life.

4.2 Changes in the Way of Life in the Association

According to a key informant in the association, beneficiary's life in the association is much better than their previous way of life in terms of health service – having diagnosed and get medicine, shelter condition – having own bed and neat bed clothes, food provisions – getting four meals compare to their previous life when they lacked food to eat, clothing and so on.

As it was reported, there are some beneficiaries who were found totally not conscious on the street after the association was informed by phone and brought them to the association and provided medical care service to them today some are living in the association while others are independent and even some who are capable to do work left the association and start working to look after themselves and started new life.

Some needed other person's support in many aspects and they get good attention here and are happy this time. They are provided better medical attention, food is not an issue any more for beneficiaries unlike their previous way of life, cloth and shelter are also well provided by the association for them. In addition, love is the main thing for human beings in this world and as per informants, beneficiaries are much happier when they see they are loved by others rather than food and shelter. Thus, key informants confirmed that they are in a good situation in the CADAP when it is compared to their previous way of life.

In addition, based on the data collected from the beneficiaries' personal interviews, majority of the older confessed life in the association is enjoyable, satisfied and very grateful for the

services the care and support they receive and staying in the association make them feel much secured and safe. Some report that once they are accepted by the association there is no need to worry about the life such as the food they eat, the clothes they wear because now the association is there to take their worries away.

4.3 Economic Problems

According to the study respondents' economic problems made their life difficult. In the lack of social welfare services and adequate income, shortage of resources, older suffered from the high cost of living condition. The economic problems forced the potential (financial and material resources) sources of support to older people. Economic problems untied the social bond among family members, relatives, friends, neighbors and the community at large that led to lack of mutual concern.

The respondent said Economic problems lack of government support and relative do not concern about older people. Especially these days children do not look after own parents we have not chosen to come and live in this association. The respondents said they are facing different kind of problems in later life like physical, health and decrease socio-economic status.

The study participants said they did not have income they used to give service at the church free of charge. Some used to depend on the family or relative, and no pension as a result they did not lead normal life.

4.4 Living in and Departing from the Association

Living - Since the older came from different area and used to live in different environment or had different background, it was observed during the study process few of them have shown ill feeling towards others this may be because of their age. It was reported by the volunteer care givers and few respondents; the older sometimes quarrel each other with no significant reasons but the care givers always play a mediators role.

Some who are allowed to go to Church would like to go to near Orthodox Church, Saint Michael Church – local name Ras Kassa Sefer, and Eyesus Church and spend much of their

time worshiping to God while some would like to stay in the association chatting with other beneficiaries. They are friends and live together in a peaceful situation.

It was mentioned and observed that some of them who can walk, they move around with the support of their cane in the compound while few of them who cannot move they do not leave their room and stay in their bed and watch television. There is only one person who makes a handicraft door mats as a hobby.

Some women who are strong enough provide support like helping the cooks in the kitchen – peeling onion and vegetables, preparing red pepper and etc. Unlike the Ethiopian tradition, there is no coffee ceremony every day in the association except making coffee is only scheduled to take place on big Holidays such as Easter, Christmas and New Year.

The association meal times are scheduled as follows – breakfast is between 8am to 9am, lunch starts at 1pm, mini dinner is at 4pm and dinner starts at 6pm. The association provides same type of foods for all but for those who are under medical treatment are being served their choice of food.

The administrator at the association explains the reason for the beneficiaries leaving the association in the following way.

Departure from the association: the association gathered majority of the beneficiaries who used to beg and live on the street and church yard as the community report to the association on the phone or in person the situation of the needy or destitute one. These older after they stayed and treated well got back their good health they would like to go to the church yard again and ask for alms.

There are few older who left their home due to disagreement with their own family and found in the street by the association, these older went back to their family after the family searched for them and found them in the association.

Some would like to go back to the country side or their native places where they came from and the association allows them to leave if leaving the association is their interest although there are some who left the association two or three times and came back and started staying in the association. It is obvious these older have had strong family connection - their own

family –siblings, children, husband and wife and social interaction with relatives and neighbours so once they started living in the association they missed all these things and start asking the association to release them after they got relief from their problems.

According to the information, trying to hold them back to stay in the association when they want to leave would create problem and disturb the environment in the association, so they are discharged from the association.

4.5 Health Problem and Health Services

Around the world, in low income and poor resource countries, access to health services is often limited. Health workers may have little tanning in how to deal the issues common in older age, dementia or frailty, and opportunities for the older diagnosis and management of conditions, such as, high blood pressure (a key risk factor for the biggest killer of older people-heart diseases and stroke) may be missed. World Health Organization (WHO, 2015:4-5)

Poor health does not have to be dominant and limiting features of older populations. Most of the health problems of older people are the result of chronic diseases. Many of these can be prevented or delayed by getting health care services. Age is one of the main factors to contribute to poor health especially to those poor and destitute people. These older lack good nutrition foods which would make them strong and enable them to fight back any diseases caused by malnutrition.

Build stable health care is a basic issue of older people everywhere; the increasing number of older people is appeared by different health problem that need long term support system.

Concerning the health service facility to the beneficiaries in the association, there is a medium level clinic located at the ground floor in the building. The clinic offers different treatments. The health services are provided by two volunteer doctors (they are working for government hospital) who visit the association two times per week; Saturday and Sunday and also the association has hired full time qualified four Nurses whose works are involved dressing the wound, taking patients those who have chronic disease to the government hospital – Zewditu, Minilik, Tikur Anbessa and Yekatit 12 Hospitals. Staff members said that the older people do not remember taking their medicine in time thus the Nurses are making sure that the patients take the medicine properly.

This study has found out health problem is one of the main challenges in the association and the care giver said majority of the older people have poor health condition and some of them are age related health problem.

He addresses World Health Assembly, the former general secretary of the United Nation (WHO, 2001); Kofi Annan said, “The biggest enemy of health in developing world is poverty”. At a global level, there is stark relationship between poverty and poor health.

The administration data shows the numbers of health problems the beneficiaries affected by are listed below:

Table: 7 Profile of the Older People by Current Health Situation

S.no	Types of Disease	Number of Persons
1.	Hypertension	8
2.	Eye Problem	7
3.	Cannot see and hear	4
4.	Asthmatic	1
5.	Leg and eyes Problems	2
6.	Internal sickness	2
7.	Mentally ill	4
8.	Nerve disease	3
9.	Mentally sick and cannot see	2
10.	Cannot walk	4
11.	Internal sickness and cannot hear	2
12.	Cannot see and walk	3
13.	Cannot hear	4
14.	Barely see	1
15.	Arthritis	2
16.	HIV/AID	1
17.	Blind	1
18.	Kidney Problem	1
19.	Urinary tracts	5
20.	Diabetic	4

Source: Administration data from the association’s archive/document

Older people in the association have a lot of health and physical problems as seen below in the table: -

Table: 8 Older People Health Problems

Health Problem

S.no	Types of illness	Number of Persons affected
1.	Hypertension	8
2.	Asthma	1
3.	Internal sickness	2
4.	Urinary tracts	5
5.	Kidney Problem	1
6.	Diabetic	4

Source: Administration data from the association's archive/document

The type of health problems the study has found among older people are obtained from administration data in the association are 20 types; 8 persons have suffered by hypertension, 2 persons internal sickness, one-person Asthma, Urinary tracts problem 5 persons, Kidney problem 1 person and Diabetic 4 persons.

Table: 9 Older people Physical Problems

S.no	Types	No of Persons
1.	Nerve disease	3
2.	Eyes problems	7
3.	Cannot see and hear	4
4.	Leg and eyes problems	2
5.	Mentally ill	4
6.	Cannot walk	4
7.	Mentally sick and cannot see	2
8.	Internal sickness and can't hear	2
9.	Cannot see and walk	3
10.	Cannot hear	4
11.	Barely see/ partial blindness	1
12.	Arthritis	2
14.	HIV	1
15.	Blind	1

Source: Administration data from the association's archive/document

Physical health problem increased dependency burden on the care giver, then the numbers of 40 Physical problems older people as follows, 3 persons have nerve diseases, 7 persons have eyes problem and 4 persons got two types of physical problem (Cannot see and hear), the other 2 also have Leg and eyes problem and so on.

4.6 Caregivers Experience

Although they have not received intensive training on how to provide care and support to the older, the care givers do provide well services to the beneficiaries with the common-sense skill. Once an NGO called pro-pride visited the association and demonstrated to the care givers how to change diaper, clean the wound – at the back and private place of the patients, how to feed the beneficiaries who cannot able to eat, etc. It is said that an operational manual is being in the process of preparation by a professional writer.

Volunteer respondents are very much happy and willing to work in the association and support older people. Most of the respondents associated their care and support work with religion and hope to get their price from God. They believe that older people's blessing is a payment for them and really precious than the cash payment which give them great satisfaction.

Service providers should receive training to enhance their interactions with the older care recipients and enrich their knowledge and skill and to qualify them to recognize the compressive bio-psycho-social needs of the Older adults within the context of their living environment to be able to provide individualized care packages (Black, 2008). Special attention should be given to front-line hands on care workers such as home care workers who compose the backbone of formal community care. Anthropological note book, (2014:30)

4.7 Capacity of the Association and Networking

Youth in the community are voluntarily participating in the care and support activity which is considered as one of the strong pillars of the association which strengthen the capacity of the association. In addition, the association gets food stuffs – grains including Teff, Wheat, Sugar, Salt, Flour, Oil etc and ready-to-eat or prepared food from the community members as one major source of support for the Older.

There are people who contribute some amount of money per month. The association is also supported by the community non-food items which are very important to do their humanitarian activity such as adult diaper, wiper, detergent, clothes, shoes, wheelchairs, Cane, and financial support by the time they visit the association for the older people. The association has also kept boxes at the Church to collect money from churchgoers.

As per respondents, the capacity should be evaluated on the outcome of the service provided by the association, and for most of the informants the residence has the capacity to continue as an association for a better life in the future to the older people.

The association is trying to work with other associations that are working on care and support service to the older among these are Tesfa Older Development Association, Enredada Older Association, Mirkuz Older Association, People to People Development Association.

4.8 Roles of the Government

Ministry of Labour and Social Affairs (MOLSA): a respondent from this office stated that the government has no direct involvement in the care and support activities of the older people rather it provides support to the associations and institutes that involve in care and support service. For example; this office wrote a support letter to Addis Ababa Municipality office to acquire land free of lease for the association and the association obtained land and built a four-story building, it also provided supporting letters for the association to permit them to organize funding raising activities to collect money. The government consider such association as one of the public wings of the government since they support the government in solving one of the social problems. This Agency plays a coordination role. However, the government does not support such association in terms of finance. MOLSA is working on a project to build the first model older centre in the country, in Addis Ababa. It aims at giving a holistic service where different facilities are provided.

4.9 Acceptance Criteria of Beneficiaries

The acceptance of beneficiaries is based on the association specified criteria which are stated below:

- Person must be 55 years and plus

- Person who are very poor or destitute – do not have any type of assets / money
- Person who do not have pension to support itself
- Person who lives on the street – destitute and abandoned and very sick
- Person who does not have children/ relatives that might help him/her
- Person who is stated or approved in official letter as needy or destitute by different stakeholders; institutes work very closely with the association on care and support

Stakeholders that work with the association in care and support are listed below:

- Local administration office – Kebeles, and Sub-cities
- Ministry of Labour and Social Affairs (MOLSA) – Government Office
- Community-based Associations - I*ddirs*
- Religion Institute – Orthodox Churches
- Sometimes Individuals report to the association if the person is destitute and need care and support very desperately

Majority of stakeholders participate in the selection process of target beneficiaries and in the referral system.

The association works with its stakeholders in the acceptance process of beneficiaries thus the association makes sure persons who need care and support are benefited from such humanitarian service. The acceptance capacity of the association since its establishment has been increased as this is due to the construction of the new building located in Yeka sub-city.

Age, health problem and lack of someone to look after the older are the main reasons or causes they need the care and support service at the association. These people in the past they were young, energetic and very strong and had done different things in their life time. Women beneficiaries were responsible to look after their children who currently abandoned them due to poverty and lack of employment and few of women beneficiaries their children died who would have supported them. During my visit at the association for my study, one of the things that caught my attention was among the beneficiaries there are well known people; a writer, a lawyer and university lecturer. I was interested in interviewing these people, but their health situation could not allow them to participate in my study.

The main objective of the association to establish the care and support service is to bring the destitute and abandoned poor people to the association and let them stay if they live. There are two groups of destitute and homeless people live in the association; those who were found on the street very sick and destitute, but they are not aged while others are elder age 60 and above and found in the same situation. The first group leave the association after they get the necessary services and get cured from disease affected them. The criteria for acceptance for both groups are the same.

According to the information obtained from the key informant, since started the association about 700 people left the association after they have become strong enough to work and now almost all are on their own to earn their livelihood. In addition, there are some homeless and people with different types of disabilities who come and eat lunch at the association on every day basis.

Regarding the older Abandoned and sick people, the welfare program focuses on the older people who are abandoned and sick or disabled. This group is people with no family to take care of them and literarily is also homeless. It is assumed that this group of people earn their livelihood through begging either by sitting in the side of the street, church yard surroundings or around holy water treatment areas. These people are highly in problem in terms of food and medical care and experiencing continuous sickness for long period of time.

Beneficiaries are expected to be an age of 55 or more in this category and able to have a written support letter from either the Church or Iddir that testify that they have no one to look after them and do not have home to live in. They must accept the rules and regulations of the association before accepted in the support program. Thus, the support letter received from the referring agent is to be attached to the beneficiary case file which has details of the beneficiary's personal history.

One of the objectives of the welfare program of the association is to fulfil the basic needs of these target groups, which is shelter. Thus, by doing this, care providers believed to make medical care accessible for those older people.

4.10 Views of Beneficiaries on the Association

Beneficiaries have come from different places with different social background; they reflect diversified perception about the association. One of the respondents said that he joined the association because he used to live in a bad condition and he is very grateful for the service he receives from the association.

Another informant has complained about the existence of discrimination by care givers in the association. He judged that caregivers do not listen to him when he asks for something. Regarding these issues, care givers on their side said that sometimes it is difficult to fulfil all the needs of beneficiaries at the ground level. For instance; one of the complained issues of beneficiaries is the prohibition to go to church to satisfy their spiritual life. However, all care givers/staffs who participated in the study pointed out that some of the beneficiaries may disappear if they let them go out of the association and this will in return cause problem for the association as they are registered as beneficiaries of the association. Another reason, some of the beneficiaries had been addicted to alcohol and the association fear that if they are out of the association compound they would drink alcohol and disturb other beneficiaries and also alcohol is bad for their health.

Regarding the social interaction among the older people, majority of them respect each other and are kind to one another. This may be because of their experience in their social life in the past which need another research to figure it out. Women beneficiaries have women friends to interact with and chat and the same for men beneficiaries. However, there are few who think that some of the beneficiaries do not like them and due to such thing, they prefer to sit alone or say nothing to anyone.

According to Rowe and Khan 1998, the most important aspects of individual's age and wellness related to their ability to develop and maintain strong relationship and social support systems. It is also important to mention that loosens or social interaction is considered a major health risk factor (Unger, McAVay, Bruce, et,al (1999, as cited Yalemshet Mekonen,2013:11)

4.11 Financial and Manpower Capacity of CADAP

Finance and man power are the main engine of the implementation of project. The manpower or human resources component includes those technical direct project workers, program support staffs, general service staffs and health professionals.

4.12 Future Plan of the Association

As mentioned by the founder of the association, the future of the association is to construct another building in the compound adjacent to the existing building. The new building will serve as a business center to generate sustainable income for the association and opening the nursing college is also mentioned in the association future as a way of income generating mechanism and clinical service etc. for the beneficiaries as well as for the community who lives around the institute.

4.13 Documentation of the beneficiaries' Personal History

The association has registration file box that contains each individual personal history. The personal registration process starts during admission to the institute. The file gets removed from the shelf, if the beneficiary either died or left the association.

The list of personal history and demography characteristics registered includes; Full Name, Sex, Age, Educational status, Marital status, Health Status, Ethnicity, Religion status, Place of birth, number of children, date of arriving in Addis Ababa, and so forth.

4.14 Reasons for Institutionalization

There are so many reasons for the older to be institutionalized in this center. Both beneficiaries and key informants mentioned various reasons related to social institution break ups and absence of community informal help, as pushing factors for the older to live in and cared in the institutions. Respondents mentioned various reasons to drive the older and choose institutional life. The following are the main reasons mentioned by association resident the older for their institutionalization; insufficient and no pension, worried about being a burden to children, fed-up of street life, inability to pay monthly house rent, poverty, conflict with

families and relatives, illness, death of family - children, divorce, absence of caring family or relative, conflict with own children because of religion differences, childless.

4.15 Problem of the Institutionalized Older

During interviewing the beneficiaries of the association, few older mentioned that they are not comfortable with living in the institute because they are not allowed to go to church and worship at the church as a result of this restriction, if they do not go to church participate in the worship of God or practice their religion; they feel that they would lose their Christianity and they believe that they would go to hell. Some beneficiaries commented that the foods are not tasty while other said the food is very good. Those who claimed the food is not good because the cooks are told to put no or less salt when they make food to those who suffer from hypertension disease. Some did not comment on the taste of the food but they said they do not bother for anything because they are aged, desperate and waiting for their death, so they eat any kind of food they are served to as long as it does not make them sick. Some said old age itself fluctuates your moods and can make you pissed off with little thing.

4.16 Challenges Working on the Older People

According to key informants who are care givers/staff members in the institution, older people have a complicated behaviour due to many reasons. Since they are old and have passed through different lifecycle their interest is different and behaves differently and acts like small children. Despite these behaviour and interest, the care givers put their efforts to make the older happy. Clothing, food and mental problem are the main issues raised by caregivers and staff members as source of problems.

Again, they are not happy with the food because some of the beneficiaries like to put salt in their food but restricted due to their health situation. The association tries its best to make them happy and their foods get cooked based on their interest if the budget allows the association to cook different kind of foods. They always want to do what they are not supposed to do.

As a mandate, during the acceptance of the older, the first action the association takes are that a new comer should take bath, if she/he is capable to do by itself otherwise the care givers

give bath to those who cannot and then they would be given new clothes. The old clothes they had with them during acceptance will be thrown away thinking that the old clothes might have filthy. One of the things the older are not happy about is they would like to wear the same or their own clothes whenever they have bath but since it is very difficult for the institute to identify which cloth is whose, they just give them any clothes which are clean and available at that time. In my second visit to the association, things have been improved regarding the beneficiary's clothes arrangement. Now their own clothes are kept separately on the rack as a result each one of them get their own clothes when they have to change their clothes after taking bath on average in two days period.

In order to run and manage shelter home for the older and sick is often quite expensive and requires close follow-up that includes provision of daily meals and hygienic materials – gloves, antiseptic substance, adult diaper, wet tissues, medical care, periodic counselling and so forth. To do this, it requires sufficient budget, materials and manpower.

The other major challenge is still the repetitive request for the service of association by individuals coming from different corners of the town and through various referral systems, which is beyond the capacity and limited resource of the association. However, as the association has already built its new institutional care facility, it is expected that the association would be able to expand its services in a comprehensive manner, in which case it is deemed that quality care and support shall be rendered to the needy and target groups, during this project period.

4.17 Profiles of Selected Beneficiaries for the study

The demographic characteristics of the beneficiaries targeted for the study in a Charity Association for the Destitute and Abandoned People are as follows. The names written in the table are not the real name of the respondents to keep the respondents name confidential.

Table 10: Study Respondents Profile

S.no	Name	Sex	Age	Education Status
1.	Ato Gezahagn Melaku	M	85	Deacon
2.	W/ro Aynalem Belay	F	75	No Education
3.	Ato Birhane Tessema	M	75	No Education
4.	Ato Amanuel G/egziabher	M	70	Basic Education
5.	W/ro Mulu Tsegay	F	75	No Education
6.	W/ro Atsede Eliyas	F	82	No Education
7.	Ato Tilahun Teka	M	83	6^{th} grade

Source: Administration data from the association's archive/document

The following data collected as case studies from five study participants. They are two females and three male respondents. Three of the participants are in the same age group while two of them are age 80 plus. They had different background history prior joining the association such as one was in military force, another was serving at different Church, another was a housewife and etc. The statements below are written as they stated their life history during the interview.

Ato Gezahagn Melaku is the first case study participant:

> *"He is one of my respondents and is a beneficiary in the association. He was born in Tigray region, a place called Enderta. Regarding his age, he could not tell his exact age, but he said he was a three years old boy during the second Italian invasion of Ethiopia. This makes him 85 years old person by now. He was grown up in a place called Samre where he attended church education and reached to the level of Deacon in the Ethiopian Orthodox Church (EOC). He had a wife and three children. However, he found out that his wife had an affair with another person and decided to divorce her. After friends and families around them had tried their best to bring them together through mediation but he forgives and reconcile with his wife and they lived together for some time, but the marriage did not work out finally they got divorced. Among the three children he got from his wife, one of them was a civil servant in the government office and regarding the other one, as a father, he wanted his son to be independent*

and gave his son birr 9000 he saved for so many years to go to South Africa thinking that he would look after him when he is old. After his son reached to South Africa, he contacted his father and asked him additional money which he sent him 1500 birr again. After some time, the father heard that his son made it to Europe, but he never contacted his father. As to the third one - his daughter, he said he does not know any details about her except that he heard she was living in the rural area. He claimed that his daughter never looked for him. After serving as a Deacon in Debre Mariam Church, he went to Humera to work on a Sesame farm and was hired as agriculture labourer to remove or pluck weeds. However, due to his illness he stayed in Humera for two years and returned to Mekele at the time of the overthrow of the Hailesilasies's government. Then in 1974 EC after Derge seized the power, he went to Afar to work in a Tendaho farm (cotton plantation) as a guard for the farm with 70 birr monthly salary. He said that the salary was very much sufficient leading a middle-class life standard at that time. He worked there for long period of time and got a job in Addis Ababa head office with the same status starting from 1991 till the fall of Derge regime. It was here in Addis he married with his second wife with whom he did not get a child. He seemed not interested to discuss about his second marriage but told me that he divorced with his wife again. The company he was working with was dissolved by the current government and he became one of the workers who lost his job without any pension arrangement. One day when he was crossing the road, he was hit by a car and admitted to the hospital for head surgery unfortunately the driver of the car that hit him escaped from the area, so he ended up covering all the costs for the surgery. Ato Gezahagn used to live in a house that used to cost him 30 birr per a month but unable to pay the house rent he started living in a very small container house in the company for a long period of time since he had no place to live that was his option. As he put it, life became too hard and very difficult after the company was dissolved. He was earning birr 2,200 birr while working for the company but then, life became unpredictable for him. Sometimes the days gone by without food as he puts it surviving in life were a serious problem".

W/ro Aynalem Belay is the second case study participant:

> *"She was born in Assela, her parents are from Oromo and Amhara ethnic groups. Her mother used to live in Sidama which was previously called Sidamo. Aynalem was born in Assela by the time her mother was pregnant and went to Assela from Sidama to visit her relatives who lived in Bokoji, in Oromiya region. She said she does not know her exact birth date, but she tried to associate her birth date with an event when Italian envisioned Ethiopia. She said she was born 10 years after the Italian invasion, which makes her 75 years old. She said her mother left her with a relative to stay for few days, but she never came back to her. She had 6 siblings but unfortunately all of them passed away. Four of them passed away when they were at their teenage and the two boys were killed by the Derge regime. She has never been married rather she spent all her life serving at the Ethiopian Orthodox Church (EOC). She served at different Churches throughout her life. She had never been involved in any common social activities like Iddir, Ekub, and Mahiber. Regarding her life, it started in Mitak Amanuel Church where she stayed for two months and then went to Zikuala Abbo where she stayed and served there for five years. Then finally, she started to serve in Silassie Monastery which is located in Entoto in 1976 EC. She has never been paid while she was working in the churches and monasteries. She believes that she gets her payment from God in one way or another and did not seek any penny from the religion institutions she served for many years. She joined the association four years ago through formal procedure which is the official letter was written from the local administration (Kebele and Woreda) to the institution as evidence that she had no one to look after her".*

Ato Birhane Tessema is the third case study participant:

> *"He is one of the beneficiaries in the association and was a respondent for the study and has been lived in the association for about a year. He said he is 75 years old. He was born in Wollo, a place called Ambasel nearby to ''Hayik''. He was born to a farmer family and had six siblings; two sisters and three brothers. He left his birth place and went to Dessie in 1951 EC since he was not in a good relationship with one of his relatives. Birhane was serving as a soldier for 35 years. First, he joined the 36-*

legion located in Addis Ababa a place called ‘‘Alga Werash Gibi’’ around 6 kilo. He involved in the Ethio-Somali war, especially in Hargesa and Berbera where the Ethiopian soldiers won the war with victory, as he put it. After he left the military, he was employed as a security guard in the Central Awash Agricultural development enterprise with a salary of birr 120. He worked in the enterprise for a long period of time and then moved to Addis Ababa where he was employed as a security guard, this time for a resident house but unfortunately, he learnt that he was infected with Hepatitis. He was diagnosed by Dr.Solomon at Yekatit 12 Hospital who visits the association twice per week as a volunteer health service provider and he recommended him to the association and was accepted as a beneficiary since then. Regarding his pension income, the government was unwilling to pay him and those with him in the military force. He said life in the association is good since he has no other option to lead his life in a way he wanted, and he is also grateful for the services the association offers to him and other beneficiaries”.

Ato Tilahun Teka is the fourth case study participant:

“He was born in Merabet in Northern Shewa in 1927 EC. As he mentioned, he was from a poor family who had small farming or agriculture land with no Oxen to cultivate the farm land. So, they had to borrow an Ox from other households which is called “Megazo” or sharecropped. His father died when he was a child and his childhood life was very difficult. As his father died when he was very a young boy, his mum could not raise him by herself as a result he was given to a close relative to raise him. He said he was very young thus he could not recall the time when he moved to Addis Ababa. He said after moved to Addis Ababa, he joined boarding School and studied up to grade six. However, he could not pursue his education due to that the Haileselase government stopped the financial support to the boarding School. He had never been married and no children. He had no any health issue except little problem on his leg when he came to the association but now he cannot walk and currently he is bed ridden. He appreciates his current situation in the institution especially when he compared it with his previous way of life. He used to live with one of his relatives who gave him a shelter (a small room) to live and used to earn some money by begging.

Unfortunately, his relative quarreled with him over money and asked him to leave his house as a result he ended up living on the street – near to Silase Church located in Entoto – Gusqom Mary Church. It is the Church priest who recommended him in a letter to the association to accept him. Regarding work, he had no serious work in his life that helped him to support himself but once he mentioned working as youth association leader in Merabete town but left the place to Addis Ababa when EPRDF controlled the area for fearing they would harm him, and he considered his way of past life with no working habit as a reason for his existing situation".

Wro. Mulu Tsegaye is the fifth case study participant:

"She was born in a place called Lasta lalibela in Amhara region. She was married to a farmer and used to live with him unfortunately she did not have any children by him. She was a house wife; no education and her life were depended on her husband. Her husband and she used to live a happy and peaceful life for some years. One day, they had disagreement and she quarreled with her husband and left him without taking any assets. Finally, she came to Addis Ababa and lived with her relative for sometimes. After staying for sometimes then she decided to take a household maid job and was hired as a domestic helper in some one's household and then she became sick and had to leave the maid job. She said her health condition is much better now as she mentioned she goes to Church to receive spiritual service in the nearby church and she drinks a holy water and wash her body with it that she claimed cured her from her illness. She said she is happy with the care and support service the association provides to her; food, clothes, and shelter".

Chapter Five

Summary and Conclusion

5.1 Summary of Major Findings

The research was undertaken with the objective of studying the social and economic conditions of the older people living in a Charity Association for the Destitute and Abandoned People (CADAP). This study is based on the both primary and secondary data sources. The primary data was collected from CADAP beneficiaries, key informants from the association, and key informants from the Ministry of Labor and Social Affairs (MoLSA). The secondary data was collected through review of related literature and documents.

The findings of the study revealed that lack of social security, death of family members and the war during the *Derg* regime left the older abandoned either on the street or to the church surroundings. The failure of family and community support system in which the older relied on is one of the major reasons for the existing situation of the older. Again, the income insecurity nature of the country as it faces recurrent drought, shortage of income exacerbated the marginalization of the older among the community. Lack of personal saving at younger and adult age is also one of the reasons for the older for being in such difficulty situation though we can understand that it is difficult to save money at their working age as the earnings were not enough to cover the household expenses, let alone save some money for the old age. Their level of education is also poor and contributed to their existing situation. Some have either Church education or elementary level education as a result they could not have the chance to join either the government sector that could have at least some kind of pension or private sector job opportunity. Even for those who used to work in the government Offices and in the Military, the social security could not protect families against the lack of income and uplifting the older from poverty.

The arrangement of work in the country has also affected women who mostly used to work at household level to care for their families by put them aside from social security benefits and access to pensions. Thus, their responsibility in the family during their life affected them in the accumulation of wealth and resource at old age. Most of the older lack their own houses and that makes the problem worse for them. Either they used to live with their relatives who

later forced them to go out of the house or they used to live in rental house and unfortunately unable to pay the rent and finally find them on the street. Due to these reasons the older people lack sustainable income to meet their basic needs for their daily life.

The older people in the association got many benefits in which they lacked when they were on the street. Primarily, they got shelter in which they couldn't imagine while they were on the street, and health care, clothing and food are among the benefits they are receiving in the association. Their personal hygiene is also one of the focuses among many issues in which their bed shit and clothes washed timely. Regarding the health care, a clinic is recently opened in the compound of the association specifically for the older people. Previously, the older people used to get the medical care in other clinics. However, there are volunteer doctors who used to come to the association by a schedule.

The founder of the association (CADAP) himself was in such critical problems and it was from such experience he started up the project with a good will and became successful in accomplishing his dream. The CADAP has several supporters who assisted the association in kind and/or in cash. Besides, it is in the future of the association to create a sustainable income for the destitute and abandoned older people so that it could deliver its services without any constraint. In addition, to strengthen its tie with the society and other stakeholders the association works together with different government and non-government offices, which will help CADAP to increase its services.

Regarding the willingness of the staffs, it is obvious in the way of their work and participation in the care and support services that they are highly motivated. CADAP has several volunteers ranging from labor work to professional activities with different qualification which is considered as the main pillar of the association.

Beneficiaries of the association have different perception about CADAP. Some of them accepted the provision of the association as a blessed gift from God, whereas some are uncomfortable with the service for various reasons. Some considered the association as a prison for the fact that they are not permitted to go out of the compound. In the CADAP side, it is said that there are incidents of disappearance of beneficiaries when they are permitted to go out of the association compound for different purpose like going to Church.

One of the strengths of the association is that it has a website and social media page that can help the association to make the large community in the country or outside of the country aware of the association's Care and Support service provision to older and destitute and promote and enhance awareness for the CADAP programs among the community. And, it also shares knowledge and experiences to other associations and institutions working in Care and Support service area by exploring the website the association created.

5.2 Conclusion

The theory of cumulative disadvantage analyzed the stratification system among the aged. This theory explained the cumulative process of inequality that unfolds over the life course. It explained how inequalities developed and affects way and quality of life of individuals and societies. The main premises of the theory are that even if people move ups and downs in their life course, those who started with a better asset or resource have more opportunities to end up with a better life at old age (Jill.Q 1999:346). The nature of life course in Ethiopia associated with its population's Economic and Social status. Majority of the Ethiopian population's livelihood is based on Agriculture with traditional way of farming activity that contributed to its insufficient income. Thus, for those people who came out of such family became difficult to accumulate wealth and resources that could help them at the later age.

The applicability of modernization theory is confirmed in the face of employers in the modernized and industrializing societies prefer younger workers with new occupational skills to older people and this forced the older to be out of the employment market that led them to face shortage of finance, prestige, and honor which really is a result of the exclusion of the older from labor market participation and which definitely have impact on the Social and Economic status of the older people.

Critical gerontology theory considered how political and economic structures challenge and support an individual's agency over their lifespan. The Ethiopian political situation in the past had impacted some soldiers' life that fought during the *Derg* regime in a negative way, simply because they are considered as an enemy by the existing government. In addition, those who retired earlier have received small amount of money as pension that could not let them lead their life properly.

Tayler, Peplau & Sears (2006) explained that social exchange theorists believe that people interact with those whom they believe the rewards outweigh the costs of the relationship.

Thus, the older people may no longer have the same economic importance when getting older but might have acquire other non-materialistic resources or assets such as wisdom, love and time for service. However, as our society has become modernized through time, these assets have been disregarded by a culture that now gives attention for the importance of efficiency and productivity. Thus, again this affected and excluded the older people from the social and economic arena.

Engaging in work which are out of the civil service system during working age is a common phenomenon in the Ethiopian society that does not assure pension entitlement for the society. Currently, things are different after the introduction of the new policy on the pension system but in the past, if one did not work in the government sector he/she would not be entitled for the pension scheme. Therefore, the lack of the older people is the absence of strong social security system which is pension.

5.3 Recommendations

The Older people and the society need to accept being an 'older' as a normal part of life, especially young generation need to respect the Older people. The government needs to advocate about the older people's rights. The public awareness about the rights of the older people is also important. In addition, creating awareness and social networks to make the society know about the older peoples' situation and the problem they face regarding the food, clothes, shelters and health service provisions is necessary.

The government must establish a volunteer network to do some volunteer works in the area of alleviating older peoples' problem of depression, loneliness and anxiety. The government can encourage the people through mass media to visit the institutional based older people so that people can spend one/two hours per week with the older and help them lessen their depression, loneliness and forget their problems.

Finally, the older peoples' issues are the responsibility of the government in general and the Ministry of Labor and Social Affairs (MoLSA) in particular. The whole society is also responsible for responding to call for supporting the needy older people. MoLSA must collaborate with other stakeholders to address the problems of the older people. The government must continue recognizing the annual celebration of the older people festivity and encourage all media networks to broadcast the event.

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ANNEXES

ANNEX.1 Consent Form: -

Good Moring /Good afternoon, my name is Elizabeth Ayalew, I am a post-graduate student of Social Anthropology at Addis Ababa University and I am doing a study on the Social and Economic Condition of the Older People in A Charity Association for the Destitute and Abandoned (CADAP). You are selected as a study participant because you are staying in the Association for one year and above. I will be asking you some questions about your life and experience in the Charity Association for the Destitute and Abandoned People.

The interview should take less than an hour and your responses are very important for the study so please be free to give me your honest responses to be kept confidential and secure. I will use tape record to record our conversation. I will use only for the study purpose and will delete the conversation after the completion of the study.

I thank you in advance for your time.

ADDIS ABABA UNIVERSITY SCHOOL OF SOCIAL SCIENCE
DEPARTMENT OF SOCIAL ANTROPOLOGY
In-depth Interview for Care Recipients

ANNEX.1. Individual Interview for institutionalized older
Back ground Information
Guiding Questions

A. Introduction and Demographic section		
		Please introduce yourself Age Sex Place of birth Religion Ethnicity Education back ground Years of registration at CADAP Marital status before joining CADAP
B. Living conditions before joining CADAP		
	1	What are the factors that induced you to join CADAP?
	2	Before you started living in the institute (CADAP), where or whom did you live with?
	3	What is main and major reason for joining CADAP?
	4	How did you get referred to CADAP? How did the institute accept you to live here?
	5	In your former residence place, was there any social organization (Iddir, Mahiber, Equb) you participated in? If yes, what was your role in the social organization?
	6	What kind of benefits or services, did you get from the social organizations/ institutions?
	7	What was your source of income before you joined CADAP? Was it sufficient for your living or sustain your live?
	8	What was your family situation before you joined CADAP? If you were living alone, what your life looked like in the past?
C. Living conditions after joining CADAP		
	1	How long have you been living in CADAP?
	2	How do you describe your current life style in CADAP as compared to your previous life (in terms of social, economy, and health)?
	3	What are the benefits you are getting by staying in the institute?
	4	Is there a health check-up service in the institute? If yes, how often?
	5	Have you been at a religion places for worship since you joined the institute?
	6	What changes or improvements have you experienced since you started living in the institutions?
	7	What do you miss by moving to the institute (social, and economic)?

	8	Are you happy to stay in this institution? Explain
	9	What do you feel about being institutional care recipient?
	10	How do you explain your social interaction within institution? With the staffs? With community- people like you?
	11	What do you recommend improving the social and economic condition of the elder persons in the institutions?

ANNEX.2 guiding question for Interview with Key informants (Care givers and Administrator)

ADDIS ABABA UNIVERSITY SCHOOL OF SOCIAL SCIENCE
DEPARTMENT OF SOCIAL ANTROPOLOGY
***(In-depth Interview for* Key informants (Care Givers and Administrator)**

Guiding Questions

a. Introduction and Demographic information		
		Please introduce yourself Age Sex Educational background Profession Work experience Position in the institution
b. Institutional profile of CADAP		
	1	When was CADAP established? Why? How? Where? Does the institute have branches in Addis Ababa or outside?
	2	What is the source of finance of the institute?
	3	What is the vision, and mission of CADAP?
	4	What does the Organizational structure look like?
	5	How many staffs does the institute have? Tell me the staffs' profile? • Sex combination • Educational status • Work experience • Positions
	6	How many older persons enrolled at the start? Current number of care recipients?
	7	How do you select the beneficiaries? What are the details criteria to accept the beneficiaries in the institution?
	8	For how long the support will continue?

C. Capacity and working procedures of CADAP		

1	What is the age range of care recipients?
2	In general, what is the health status of the elder persons?
3	Have any of your care givers received any training on care giving? If yes, who delivered the training? What is the training about?
4	What is the accepting capacity of CADAP? Is there a maximum number of acceptances of elder people?
5	In general, what do you think of older people?
6	What does the community do to older people currently? How do you describe the young generation perception towards older people?
7	What is the care and support service the community offers to older people?
8	How is the extent and frequency of the care and support services to be made for the older?
9	How do you feel about working with older people and helping aged peoples?
10	Do you think you will stay longer and help older peoples further? Why?
11	Is there any experience of recording the social histories or past histories of your clients, what does the list include?
12	Are there any older discharged from the institute for whatsoever reason in the past two years?
13	How do you think will the services of the institute change the situation of older?
14	What are the regular services provided? Please, List them out
15	Are there any arrangements for the clients to visit religious places of their choice?
16	What is the income source of the institution?
17	What efforts are there to create socialization groups within the admitted older
18	Are there any nutritional arrangements in your food provision?
19	What external interventions do you have to help the older of the institution? Or are there any governmental and NGO providing care to the older in your institution?
20	What problems do you face in the service provision?
21	What is your general view about older person?
D. Opinion of the staff on the service	
1	What do you feel about your work? Whom do you often work with?
2	What kind of training do you get to improve your services?
3	What are the challenges you encountered helping older persons?
E. Service quality	
1	What kinds of services are given to care receipts?
2	To what extent do you think the services provided by the institution are changing the live of care recipients?
3	How do the care recipients interact socially? Among themselves, with the outside environment?
4	How do the elder persons get medical services?
5	What needs to be done to improve the service provision?

ADDIS ABABA UNIVERSITY SCHOOL OF SOCIAL SCIENCE
DEPARTMENT OF SOCIAL ANTROPOLOGY
(In-depth Interview for Key Informants (Ministry of Labour and Social Affairs)

ANNEX.3 Guiding question for Interview with Key informants (Ministry of Labor and Social Affairs)

A. Introduction

Please introduce yourself.
- Your name
- Educational background
- Profession
- Work experience
- Position in the institution

B. Guiding Questions

1	Do you think the government policy have changed the life of older people?
2	You are an expert in this area, how do you see the problem of older people in Ethiopia? What do you suggest solving this problem? Over all what is your recommendation
3	What is your opinion on the service delivered to the elder people by CADAP?

Thank you!

ANNEX: 5 Key informants' profile

S.n	Name	Sex	Age	Education level	Responsibility in the ins.	Years working for the ins.	Date of interview	Place of interview	Remark
1	Sintayehu Abeje	M	51	8th	Head of the institute or Founder	20	01/09/2017	CADAP Office	The interview conducted in two session b/c he was very busy to give interview in one sitting
2	Kassahun Kebede	M	35	8th	Care giver/ Co-founder	20	15/09/2017	CADAP Office	The interview conducted in two session b/c he was very busy to give interview in one sitting
3	Tsehaye Melku	F	25	8th	Multi tasks (Care giver, Kitchen, etc)	4	19/09/2017	CADAP Office	The interview conducted in two sessions b/c she was very busy to give interview in one sitting
4	Terngo Tefera	F	55	Basic education	Care giver	12	04/09/2017	CADAP Office	The interview conducted in two session b/c she was very busy to give interview in one sitting
5	Tigist Birhanu	F	24	Degree in Acc.	Accountant	3 &½	04/9/2017	CADAP Office	----
6	Negussie Habtamu	M	35	Diploma	Care giver/ Co-founder	20	16/9/2017	CADAP Office	----
7	Aynalem Haile	F	49	Diploma in Acc.	Manager	18	17/9/2017	CADAP Office	----
8	Desalegn Yetayew	M	28	2nd grade	Care giver	5	19/10/2017	CADAP Office	The interview conducted in two session b/c the 1st interview was not clear as there was some noise when they did some maintenance work
9	Kebede Zewdie	M	48	University	Directorate	_	_	MOLSA Office	-

ANNEX: 6 - Photo taken during the data collection:

Interviews being conducted with beneficiary: Photo taken by Abiy Samuel

Interviews being conducted with beneficiaries: Photo taken by Abiy Samuel – Nov. 2018

Award received by the association for good performance during the celebration of 26th older people annual conference


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Photos taken during the 26th years of the older people annual anniversary celebration at millennium hall – Photos taken by Elizabeth

Beneficiaries of Charity Association for the Destitute and Abandoned People (CADAP)

S.no	Name	Age	Sex	Place of birth	Religion	Education	Marital status	No. Children	Ethnicity	Health situation	Place of residence before joining the Association	Livelihood situation or Income source before joining the Association	Date of joining the Association - GC	Remark
1	Tilahun Admassu	97	M	Wollo/Amhara Region	Orthodox	Priest	No data	No data	Amhara	Cannot see and hear	On the street - Near to Tekelehaimanot Church	Begging	September 14th, 2006	
2	Deme Wakijira	75	M	Addis Ababa	Orthodox	Adult Edu.	Married	No data	Oromo	Asthmatic	Akaki Kilinto	There is no Income	August 12/2008	
3	Tadese Abebe	89	M	Meta Robe	Orthodox	Adult Edu.	Married	1	Oromo	Eye problem	Kality Total	Begging	January 27/2005	NOT ALIVE
4	Tesefye Kiros	70	M	Tigray	Orthodox	Deacon	Married	3	Tigray	Older/weak	Dependent	Begging	August 22/2007	3 ARE ALIVE
5	Zeuedetu Yelema	87	F	Wollo/Amhara Region	Orthodox	No data	Married	No data	Amhara	Older	Dependent	Helping	Pagume /2007	
6	Muluegeta Adu	70	M	Sodo	Orthodox	No data	Married	No data	Oromo	Weak	Dependent	Begging	August 21, 2007	
7	Aba Beruke Hayelu	75	M	Tigray	Orthodox	Priest	Married	2	Tigray	Older/weak	Close to Church	Begging	Meskerem12/2005	NOT ALIVE
8	Deno Mussa	70	M	Gurage	Muslim	No data	Married	1	Gurage	Older	Dependent	Begging	Meskerem21/2009	Died/Divorced
9	Amarech Hayle	69	F	No data	Orthodox	No data	Married	No data	Oromo	Older	Dependent	No Income	Hamele2/2008	
10	Bogalech H/Mekahle	75	F	Anekober	Orthodox	No data	Married	No data	Amhara	Older/Weak	Dependent	Daily Labourer	Hamele28/2008	

11	Tesefye Beyena	75	M	Selale	Orthodox	No data	Widowed	2	Oromo	Eyes and legs pro.	Dependent	Begging	Hamele29/2008	Died
12	Ereta Balecha	80	M	Legedade	Orthodox	No data	N0 data	2	Oromo	Older/weak	Dependent	Begging	Hamele/2008	
13	Mameta Gezeue	90	F	Harar	Orthodox	No data	Married	No data	Amhara	Older/can't walk	Dependent	House maid	Meza13/2008	
14	Emaueye Feseay G/Mesekele	90	F	Tigray	Orthodox	No data	Married	No data	Tigray	Older	Kidane mihret Church	Begging	Meskerem10/2007	
15	Bezunesh Fetensa	70	F	Telalo	Orthodox	No data	Unmarried	No data	Oromo	Internal Disease	Around Church	Begging	Seneye29/2005	
16	Adere Gebera	85	M	No data	Orthodox	No data	Unmarried	3	Oromo	Mentally ill	On the street		Hamele23/2008	3
17	Abyench G/kereseto se	65	F	Shewa	Orthodox	No data	Married	6	Amhara	Internal Disease	Kidane mihret Church	Begging	Tekemet30/2008	6
18	Kalelech Gushu	100	F	Gonder	Orthodox	No data	Married	1	Amhara	Stress	Dependent	people help	Genebout12/2008	1 Died
19	Assefa Essetu	75	M	Meta rube	Orthodox	No data	Married	1	welayta	Can't see	Debube	Begging	Hamele13/2008	
20	T/Mekale Abebe	79	M	Bulega	Orthodox	Accountig Dep.	Unmarried	No data	Amhara	Paralyze/Can't walk	Dependent	Begging	Meyeza12/2008	
21	Tesuma Tadessa	75	M	Welayta	Orthodox	No data	Unmarried	No data	welayta	Mental and Can't see	On the street	Begging	2007 EC	
22	T/zedeke	80	M	Wollo/Amhara Region	Orthodox	7th Grade	Unmarried	No data	Amhara	Disabled Can't woke	Close to Church	Begging	2006E.C	
23	Tesefyae G/kedane	76	M	Gomogofa	Orthodox	No data	Married	1	Doreza	Nerve	Dependent	Weaving	2006E.C	
24	Tegestue Gelaue	77	M	Wollo/Amhara Region	Orthodox	No data	Married	No data	Amhara	Internal Disease and Can't hear	Dependent	Daily Labourer	2001 E.C	

25	Mamo Bogale	80	M	Merabata	Orthodox	No data	Unmarried	No data	Amhara	Can' t see and woke	On the street	Begging	2008 E.C	
26	Kebabush Alemu	60	F	Elibabure	Orthodox	Adult Edu.	Unmarried	No data	Amhara	weak and Mentally ill	Dependent	Begging	Tekemet9/2009	
27	Yetemege Mola	62	F	Wollo/Amhara Region	Orthodox	10th Grade	Unmarried	No data	Amhara	Can't see	House maid	Hose maid	Yekatete12/2008	
28	Mogese Keberaty	70	M	Lasta	Orthodox	No data	Unmarried	4	Amhara	Internal Disease	Dependent	Daily Labourer	Tekemet13/2006	2ARE DIED
29	Emuye Egegyeu	73	F	Harar	Orthodox	No data	Married	5	Amhara	Paralyze/Can't walk	Monastery		Tekemet 15/2002	4ARE DIED
30	Tegue Shefaue	80	F	Dera	Orthodox	No data	Married	1	Oromo	Can't walk	Dependent	Begging	Neyase 28/2006	
31	Assfau Hayle	87	M	Wollo/Amhara Region	Orthodox	No data	Married	No data	Amhara	Older and weak	Dependent		Meyeza 3/2008	
32	Zedalemareyam Degena	80	F	Wollo/Amhara Region	Orthodox	No data	Married	1	Amhara	Weak	Around Church	Begging	Tere 10/2008	DIED
33	Derege Abeba	75	M	Gurage	Orthodox	4th Grade	Married	No data	Gurage	Older	Ogadene	Pension	Edare 2 /2009	
34	Zeyeneba Meamude	80	F	Weleso	Chtolic	No data	Married	No data	Oromo	Older and Mentally ill	Dependent	Geberna	Mesekarme 10/2009	
35	Tewabech Kaleuedereese	80	F	Addis Ababa	Orthodox	No data	Unmarried	No data	Amhara	Older Can't walk	Around Church	Begging	Tekemet 1/2009	
36	Aba Abeteselase Sekure	70	M	Gurage	Orthodox	No data	Unmarried	No data	Gurage	Weak	Ciose to church	Begging	Hamela 11/2008	
37	Abakagau Terune	88	M	Gojam	Orthodox	No data	Unmarried	No data	Amhara	Weak	On the street	Begging	Neaysa 12/2008	
38	Meregeta Aemero	83	M	Gonder	Orthodox	8th Grade	Married	1	Amhara	Can't see and walk	Close to Church	Begging	Meyeza 3/2008	

	Awoka													
39	Aregase Aily	80	F	Wollo/Amhara Region	Mussl em	No data	Married	No data	Amhara	Can't walk	On the street	Begging	Naaysa 13/2007	
40	Aba Derese Endale	80	M	Gojame	Ortho dox	No data	Married	No data	Amhara	Older	Dependent	Farming	Edare 26/2009	
41	Assefa W/semate	90	M	Hosana	Ortho dox	No data	Married	4	Amhara	Older	Close to Curch	Private work	Hamela 28/2008	
42	Gebera Georges Werku	65	M	Gomogofa	Ortho dox	No data	Married	4	Oromo	Weak				
43	G/zedeke G/Medene	85	M	Gurage	No data	No data	Married	No data	Gurage	Can't hear	Close to grave	Begging	Hamelae 21/2008	
44	Zebesa Baya	85	F	Geledu	Ortho dox	No data	Married	2	Oromo	Can't walk	Kebele house	Daily labor	Meyzay 25/2008	
45	Beleyensh Dege	80	F	Gonder	Ortho dox	No data	No data	No data	Amhara				Neyase 28/2008	
46	Tewabech Engedasew	60	F	Shewa	Ortho dox	No data	Unmarried	No data	Amhara	Older	Close to Church	Begging	Hamela 10/2007	
47	Emaueye Weltahawareyte	80	F	Wollo/Amhara Region	Ortho dox	No data	No data	No data	Amhara	Weak	No data	No data	No data	
48	Zewedtu Yemer	70	F	Wollo/Amhara Region	Ortho dox	No data	Married	4	Amhara	Older Can't walk	Dependent	Begging	Tir 26/2008	
49	Aseber Wendeafraw	60	M	Gojam	Ortho dox	No data	Married	4	Amhara	Mentally ill	No data	No data	Hamle 17/1998	
50	Felkech G/Michaele	82	F	Gonder	Ortho dox	No data	Married	No data	Amhara	Weak	Dependent	To make Engera	Tikmet 19/2007	
51	Hayelu Gashu	80	M	Yerear	Ortho dox	6th Grade	Married		Amhara	No data	Dependent	People helping me	Megabit 8/2006	

	Tadess													
52	Negatua wenedmu	66	F	Tegulete	Orthodox	No data	Married		Amhara	Paralyze/Can't walk	Tegulete	Farming	Miazia 4/2008	
53	Mamta Degefa	100	F	Menze	Orthodox	No data	Married	4	Amhara	Weak	Close to Church	Begging	Yekatit 7/2006	
54	G/Atenafa	75	M	Merabeta	Orthodox	No data	Married	4	Amhara	Weak	On the street	Begging	Neayse 1/2006	
55	Beleue Tufa	60	F	Aris	Orthodox	No data	Married	4	Oromo	Disabled and inside disease	Tebele	Begging	Neayse 25/1998	
56	Adase W/Selasae	70	F	Tigray	Orthodox	No data	Married		Tigray	One eye can't see &one leg can't w	House maid	House maid	Yekatet 1/1999	
57	Gezachu Abedesa	61	M	Genedeberete	Orthodox	No data	Unmarried		Oromo	Paralyze/Can't walk	Kebele house	Business	Megabet 1/1997	
58	Emauye Asegudech G/Mesekele	80	F	Debre birhan	Orthodox	No data	Married		Amhara	Weak &Can't Listen	Dependent	No data	Sene 10/2006	
59	Hayelaegzeabeayre Asega	90	M	Addis Ababa	Orthodox	No data	Unmarried		Amhara	Older & Can't walk	Dependent	Painting	Sene 13/2008	
60	Mekonne Shiferaw	65	M	Shewa	Orthodox	No data	Unmarried	No data	Amhara	Can't walk	Lived with another family	No data	No Data	
61	Asechelew Tegye	65	M	Gojam	Orthodox	No data	Married	Four	Amhara	Can't see	Dependent	WACHMAN	30 /03/200	
62	Feseuy G/mesekele	90	F	Tigray	Orthodox	No data	Unmarried	No data	Tigray	Older	Close to church	Begging	10/10/2007	