

**ASSESSMENT OF ELDERLY PEOPLE  
LIVELIHOOD STRATEGIES IN KOLFE-KERANYO  
SUB CITY ADDIS ABABA, ETHIOPIA**

**MSW DISSERTATION RESEARCH PROJECT  
(MSWP-001)**

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**INDIRA GANDHI NATIONAL OPEN UNIVERSITY  
SCHOOL OF SOCIAL WORK**

**SEPTEMBER, 2013  
ADDIS ABABA, ETHIOPIA**

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**SEPTEMBER, 2013  
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## DECLARATION

I hereby declare the dissertation entitled Assessment of Elderly People Livelihood Strategies in Kolfe-Keranyo Sub- City Addis Ababa, Ethiopia Submitted by me for the partial fulfillment of the MSW to Indira Gandhi National Open University, (IGNOU) New Delhi is my own original work and has not been submitted earlier, either to IGNOU or any other institution for the fulfillment of the requirement for any other program of the study. I also declare that no chapter of this manuscript in whole or in part is lifted and incorporated in this report from any earlier work done by me others.

Place: Addis Ababa, Ethiopia

Date: September 30,2013

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## **CERTIFICATE**

This is to certify that Mr Tegegn Babu Tessema student of MSW from Indira Gandhi Open University, New Delhi was working under my supervision and guidance for his project work for the course **MSW-001**. His project work entitled Assessment of Elderly People Livelihood Strategies in Kolfe-Keranyo Sub- City Addis Ababa, Ethiopia which he is submitting, is his genuine and original work.

Place: Addis Ababa, Ethiopia

Date: September 30,2013

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## **ABBREVIATIONS AND ACRONYMS**

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>AU</b>	Africa Union
<b>CBO</b>	Community-Based Organization
<b>DFID</b>	United Kingdom Department for International Development
<b>ECA</b>	Economic Commission for Africa
<b>FDRE</b>	Federal Democratic Republic of Ethiopia
<b>HAI</b>	Help Age International
<b>HIV</b>	Human Immunodeficiency Virus
<b>HLs</b>	Household Livelihood Security
<b>IFA</b>	International Federation for Aging
<b>MDGs</b>	Millennium Development Goals
<b>MOLSA</b>	Ethiopian Ministry of Labour and Social Affairs
<b>MIPAA</b>	The Madrid International Plan of Action on Ageing
<b>NGOs</b>	Non-governmental organizations
<b>OECD</b>	Organization for Economic Co-operation and Development
<b>OVC</b>	Orphans and Vulnerable Children
<b>PIPs</b>	Policies, Institutions and Processes
<b>RBA</b>	Rights-based approaches
<b>SLA</b>	Sustainable livelihoods approach
<b>SLF</b>	Sustainable livelihoods framework
<b>TSDA</b>	Tesfa Social and Development Association
<b>UNFPA</b>	United Nations Fund for Population Agency

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## ABSTRACT

*Like many other poor countries, absence of or ineffective social security systems and deteriorating livelihood situation have left aged people vulnerable to poverty-ridden socio-economic ordeals in Ethiopia. Relatively speaking all but the very old people who never had the opportunity of formal employment and those self-employed individuals in past do not have a regular income are believed to suffer from lack of even minimum survival needs. Where there is no provision by the state, reports show that the aged people livelihood depends on traditional social safety nets within and across families and informal community transfers. The intuition that these people are taken care of by family members during their old age, sickness, and unemployment tells half of the story. Recent studies indicated that the young family members are reportedly failed to maintaining the traditional role as major source of support to the elderly. The main purpose of this study is therefore to assess the existing livelihood/survival strategies in which the elderly rely on; identify the various challenges faced by them; examine any role(s) played by local NGOs, formal and informal associations working for the betterment of life of older people in Kolfe -Keranyo Sub-City. This study used both qualitative and quantitative research method. The data collection work is conducted through direct household interview, key informant interview, group discussions and relevant documents review. The findings of the research unveiled the existing livelihood strategies of the elderly people is unbearable to aging community, where all most all interviewed people subsidize their income by engaging in humiliating informal sources such as begging. The study include lack access to food, poor health status, poor hygiene and sanitation; isolation, loneliness and worthlessness as the major problems facing older people. All sorts of their livelihood assts are exhausted while overwhelming majority of them is characterized by ill-health and bed-ridden life including chronic diseases, impairments, and disabilities. Existing initiatives deserve credit, but not cognizant to age, health and capacities of the old people. The provisions by state (except shelter) and non-state actors are far from meeting survival requirements. Indeed, in the absence of minimum operation standard, consistency and integration-fragmented and project-centric results that were claimed to be successful once in the past were found to a white elephant during the survey. To reverse the problems the research recommendations are: (1) formulate a separate policy and social security scheme for non-contributory and non-pensioner poor elderly people; (2) design tailor-made livelihood support that fits the physical strength, age, health, interest and skill of individuals; (3) provide unconditional/free aid support including free health service, food and non-food transfer, to the very old, disease-ridden and isolated old people; (4)International NGOs and donors should encourage elder association, local NGOs, voluntary individuals who support elders not only in financial resources and in building good practice (standardized and comprehensive support) thereby provide effective and sustainable projects.*

# CHAPTER I

## INTRODUCTION

### 1.1 Background of the Study

Ethiopia is characterized by young population. The distribution of the national population by broad age groups shows that the proportion of young population under age of 15 has declined from 49.8% in 1984 to 45.0% in 2007 (CSA 2007). Conversely, the proportion of population in the working age group 18-60 increased from 50.2 % in 1984 to 51.9 % in 1994. The proportion of population aged 65 years and above was 3.4% in 1984. The population over 60 years of age was about 4.5% in 1990, rather it remained constant at 3.2 % both in 1994 and 2007 Censuses. In general, there was no significant change percentage-wise in the population of elder persons between 1984, 1994 and 2007. It is expected to fall to 3.9% in 2020 and rise afterwards to 4.2%, 6.8%, and 15.1% in 2030, 2050, and 2057 respectively (Asaminew 2010). The old age dependency ratio in the country was 11.5% in 1990 and it was expected to increase in the future (Asaminew 2010).

Findings of studies conducted in both developed and developing countries (see Barrientos, 2007; Moser, 2006) show that as one age changes the socio-economic conditions also change. The livelihood vulnerability of old people is manifested by social and economic dimensions. As one ages, the social dimension changes because the “socially-defined expectations shape how people perceive people of a certain age are supposed to behave, and influence how they are positioned in relation to gender, social class and ethnicity” (Powell and Wahidin 2007). The aged people in Ethiopia are vulnerable to multi-dimensional problems, such as health problems; lack of balanced diet; shelter; unsuitable residential areas; absence of family and community support; absence of social welfare coverage; limited social security services; absence of education and training opportunities; limited employment; and income generating

opportunities which are some of the factors contributing to the poverty of older persons in Ethiopia (MoLSA 2006).

A recent empirical observation by HelpAge International (HAI) and Cordaid supports the MOLSA's report. As the observation states:

*Older persons living in Ethiopia are challenged in achieving household security as a result of unreliable sources of income, instability in their livelihoods, lack of diversified livelihoods opportunities, and limited access to social and health services. A combination of livelihoods strategies, including working, accessing NGO support, donations from children and other family members, and begging are necessary for survival. Reliance on a single economic coping strategy did not enable older persons to have a sustainable livelihood (Ebs 2011, p. 7).*

Apart from the economic deprivation, physical strength and other power dynamics all together put old persons at a disadvantage, they face social discrimination, isolation and alienation for old age is seen as a 'problem' with the elderly viewed as dependants; they are often describes as a nonproductive burden upon the economy otherwise (Phillipson, 1982).

It would be implausible to conclude that the old people are poor simply because they are aged. However, in Ethiopia (as elsewhere in Africa), aging and poverty correlation are strong (Dercon, 1999). Dimensions of poverty in relation to age in Ethiopia is characterized by 'chronic poverty' or inability to meet basic needs that impacts on more than one generation, hard to move out of and is multi-dimensional. There are ample pieces of evidence that show poverty at old age results in health deterioration. Powell and Wahidin (2007) assert that reduces capacity for income generation and growing risk of serious illness increase the likelihood of the elderly to fall into poverty, regardless of their original economic status, unless comprehensive and effective social protection programs(including safety nets, health insurance, and pensions) are in place. Barrientos et al. (2003) argue that the strong decline in economic opportunity with age is a key factor in explaining the high incidence of poverty and vulnerability among older people and their households. The high incidence of old age poverty and vulnerability makes a

strong case for public policy responses to support living standards in old age and ensure adequate protection against contingencies.

Like many other poor countries, absence of or ineffective social security systems and worsening economic situation have left aged people vulnerable to poverty in Ethiopia. Anecdotal reports show that the aged people livelihood depends on traditional social safety nets within and across families and community transfers. Theoretically, these people are taken care of by family members during their old age, sickness, and unemployment (Asaminew 2010).

However, studies indicate that the family members are reportedly failed maintaining the traditional role as major source of support to the elderly. The disruption of social roles may be exacerbated by a number of occasions in which the elderly themselves are compelled to leave their localities for urban centers. Observations and uncorroborated reports continued to assert, in Ethiopia, it is a traditional and religious duty to look after the aged, the sick and the disabled relatives. It was also a cultural obligation to look after the children of poor relatives and orphans. Recent arguments, however, refute the social capital has receded and unlikely to support older persons live decently.

Voluntarily assisting older persons is likely to decline with the modern way of life caused by growing urbanization and modernization. Effects of modernity are now eroding the culture of intergenerational solidarity and mutual support that has been existed for a very long time and this increases the vulnerability of the society in general and older persons in particular.

Others contravene with issue of modernization. Conversely, they argue that the majority (85%) of older persons in Ethiopia live in rural area where kinship ties are still prevalent. However, the elderly can possibly be lonely, frail and left without support when younger members of the family migrate to urban centers. Though the tie is still strong, protecting old age by descendants and community remains abysmal due to poverty, inflation, etc. (MoLSA 2006).

Furthermore, HIV/AIDS pandemic is believed to have complicating the problems of older persons at least in two ways. Firstly, older persons are being left helpless and without support as result of the death of their off springs caused by HIV/AIDS. Secondly, reports indicate that there are about 1.2 million children who lost their parents from AIDS and most of them are left at the hands of old people. Old data reveals about six million children in sub-Saharan Africa are cared for by their grandparents (HAI 2004). In spite of being old, they are also shouldering the responsibility of bringing up their grand children in the country.

Currently, problems of older persons are receiving better attention worldwide and nationally. The Ethiopian Government formulated the Developmental Social welfare Policy and the 10 Years National Plan of Action on Older Persons (as of 2006). Non-government organizations (NGOs), as well as associations of retired persons have now started to make promising efforts in tackling problems of the elderly. Despite those efforts, the life of older persons who live in urban areas and those who migrated from rural to urban centers, such as Addis Ababa and who live in large numbers inside and around the premises of religious institutions, along streets and around traffic lights have become of great concern.

The livelihood vulnerability could be attributes to idiosyncratic factors (individual endowments and capabilities) and structural constraints. The structural constraints are policy rated discriminations, equality and citizen rights. In 2011, the Ethiopian Government promulgates a 'Private Organization Employees Pension,' Proclamation No. 715/2011. This Policy stipulates that its implementation would be effective commencing from June 24, 2011. So far, this implies that the governmental employees have been only entitled for pension schemes, meaning the overwhelming majority of old people are not entitled to any pension schemes. As a result, only 439,363 (about 15% of the total) retired persons were beneficiaries of pension coverage in the country in 1998 (Asaminew 2010). It is clear that the Ethiopian Government has launched a 10 Years National Plan of Action on older persons (2006 – 2015). The Action Plan, at least on the paper, intents to improve the standard and quality of social welfare service of Ethiopian older persons. Despite the very little improvements realizes in standard and

quality of social welfare service seen during the last decade, the overwhelming majority of Ethiopian urban aged population has no coverage of any kind of social security.

From researcher's point of view, much effort must be made to alleviate their problems based evidence-based and viable livelihood options for older persons. Therefore, it is imperative to study the livelihood strategies, constraining factors and possible solutions in the study area. It is thus imperative to assess livelihood strategies of elderly people in Kolfe-Keranyo sub city in Addis Ababa, Central Ethiopia.

## **1.2 Statement of the Problem**

In Ethiopia, there is no rigorous and comprehensive study made so far on the livelihood strategies and the problems of old people. The existing studies focus on public social security such as pension schemes to ex-government employees. For instance, Abebe (2003) tried to examine practices, problems and prospects of pension plan in Ethiopia. Despite the fact that about 30% of total pensioners live in Addis Ababa, the same author argues that the pension payments in Ethiopia are not sufficient to live the minimum life. Although a very large number of pensioners (approximately 90%) were found to live in Addis Ababa, they were reportedly complementing to the pension income by engaging in disgusting informal income generating practices, mainly begging around the streets and doors. He thus concludes the pension payments are not sufficient for survival let alone to build livelihood of the old people. The target groups of his study were retired civilians, military forces and project workers.

Almost the available studies on livelihoods conducted in the country are related to rural settings focusing on agriculture, livestock, natural resources, gender, etc. vis-à-vis livelihoods of rural people (Shumete 2009).

Empirical studies conducted worldwide unveil the problems of old people are more than mere income insecurity. Furthermore, there is significant variation between livelihoods in urban and rural settings. For example, Bryceson (1999) argues that the context that makes an urban livelihood distinctive compared to rural is that the urban contexts are dynamic and multifaceted, and is more complex. In urban context, people are more dependent on cash incomes and often lack access to communal resources, which are

freely available in rural areas. This makes life very harsh to older people provide they are lacking of social protection schemes.

To our knowledge, a pioneer study exclusively devoted to older people in Ethiopia was done by HelpAge International and Cordaid (Erb 2011). This qualitative study tries to make an analysis of livelihood strategies, opportunities and barriers of older people. Another contribution by Help Age International was an assessment on vulnerability and emergency situation of poor urban older people in Addis Ababa (Wubshet et al. 2010). However, the researcher believes none of those studies have adequately addresses the subject against the sustainable livelihood framework. Harris (1997) analyzes the opportunities and anomalies of urban areas to poor livelihoods. According to this author, poor urban dwellers survive by engaging in a variety of activities in the informal sector. Being the most vulnerable, poor and least secure or skilled, old people engage in a variety of marginal and informal activities, such as begging and waste picking.

The seminal work of Amartya Sen made a profound contribution to the study of poverty. Sen (2001), analyzes 'Entitlements and Deprivation' of poor people in many dimensions. As to him, poverty is not lack of access, but it is a complex, and multifaceted concept that requires a clear analysis in all its dimensions. The poor generally lack a number of elements, such as access to land, health, longevity, justice, family and community support, credit and other productive resources, like a voice in institutions and access to opportunity. Sen (2001) argues that to be poor is to live below an imaginary poverty line, such as income of two dollars a day or less. It means having an income that does not allow an individual to cover basic necessities by taking into account the circumstances and social requirements of the environment.

The fact that a multi-dimensional nature of poverty in old age cannot be described solely in terms of income and consumption patterns, rather it should deal with difficulties in generating income, and vulnerability to economic, social and environmental crises. Recession, inflation, drought, illness and civil unrest tend to hit hardest those households and individuals least well equipped to handle such shocks". This paper acknowledges the need to use the sustainable livelihood framework to

analyze the situation, different livelihoods strategies, and figure out evidence-based social protection and poverty reduction schemes based on famous works (Ellis 2000).

According to Chambers and Conway (1992), a livelihood comprises the capabilities, assets and activities requires for a means of living. A livelihood is sustainable when it can cope with and recover from stresses and shocks and maintain or enhance its capabilities and assets both now and future, while not undermining the natural resource base (Ashley and Carney 1999). For instance, in answering the first objective within the context of the above definition of “assets”, this study will analyze or assess the financial, human and social assets available to the older people in the study area.

Unlike in most rural context, the urban economy depends on cash and goods (such as water, food and housing) have to be bought in the market; whereas in rural locations, access to these resources to many aged people may not involve purchasing at all for these people are those with less purchasing power. Taking income as a benchmark, the World Bank has adopts about US \$1 a day as a global poverty datum line below which people are failing or struggling to survive. Many argue this benchmark is inadequate measure of poverty. For instance, Sen (2001) argues that absolute poverty is to live below an imaginary poverty line, such as income of two dollars a day or less. For the purposes this study, failure to access a minimum amount of money that elderly people are really in poverty when they having an income that does not allow them to cover basic necessities taking into account the circumstances and social requirements of the environment. In the attainment of livelihoods, the absence of such basic needs means that one cannot earn a living and, therefore, becomes vulnerable or susceptible to shocks and risks.

With regard to old age vis-à-vis poverty in developing countries, an exemplary study by Barrientos et al. (2003) underlines that the strong decline in economic opportunity with age is a key factor in explaining the high incidence of poverty and vulnerability among older people and their households. They inferred that the high incidence of old age poverty and vulnerability had made a strong case for public policy responses to support living standards in old age and ensure adequate protection against contingencies.

As argued by Barrientos et al. (2003), the public protection or responses are pensions or social security schemes for both private and public employees in order to minimize elderly dependence in later life. A review of existing Sub-Saharan Africa social security schemes reveal that countries (such as South Africa, Lesotho and Botswana) have introduced relatively better social security policies for both contributory and non-contributory in the form of old age pensions.

It is self-evident that the formal schemes working in the Ethiopian context are not suffice for the beneficiaries. The survival and livelihood strategies these old people are documented, though in fragmented and non-representative manner. The key question at this point is that what options are available to non-pensioned people in the absence of social security schemes, absence of familial support, unable to work or compete in the labour market. What options are available for the sick that have no one to care them, no saving/stock of assets? Are there available initiatives suitable to older people? The overwhelming proportion of the old people is not retired people, meaning they are not eligible to pension schemes. Due to being old, the participation in the labour market for the old is usually low. The questions: how these people are surviving or what are the bases of their livelihood? How have these old people been surviving in the absence of assistance? What problems have they faced and are still facing? What help have they received or still receiving from the community, government and NGOs, etc.? All these questions remain open to rigorous assessment.

Therefore, there is a need of coming up with an evidenced-based ways by which elders can move on to better livelihood strategies. Any intervention targeting at this people should be built on existing local knowledge about survival and livelihood earning in face of multi-dimensional hurdles. Unlike to previous studies, the findings of this research would provide information that could aid in the planning and the development of sound practices - basic needs protection (livelihood provision), protecting and helping to recover assets (livelihood protection); and/or creating new livelihoods assets, improving access to services, informing policy makers, etc. (livelihood promotion) thereby realizing improved livelihoods of old people.

### **1.3 Objectives of the Study**

In this study, the researcher generally aims at assessing livelihood strategies of elderly people in Kolfe-Kernayo sub city of Addis Ababa, central Ethiopia.

The study has four main objectives:

1. To assess the existing livelihood strategies of the elderly people in Kolfe -Keranyo Sub-City Addis Ababa in Central Ethiopia;
2. To identify the various challenges or problems faced by the elderly in the Sub City;
3. *To examine any role(s) played by local NGOs, Community-Based Organizations (CBOs), as well as governmental agencies to support older people in the sub city to achieve better livelihoods and cope up with their life's challenges; and*
4. *To identify strengths and constraints of the NGO's interventions at various levels to improve the quality of life of older people in the study.*

### **1.4 Research Questions**

1. What are the major livelihood sources of older people and their households in the study area?
2. What are the various challenges or problems faced by the elderly in the urban area?
3. How elderly people are surviving or what are the coping strategies during shocks of their livelihood?
4. What is the condition of livelihood assets - human, physical, financial and social resources- in old age?
5. Who support older people, including informal family arrangements, to achieve better livelihoods and cope with life's challenges?
6. What are key issues and possible interventions or positive actions required at various levels to improve the quality of life of older people?
7. What are the existing strengths and weakness of existing initiative
8. What possible interventions or positive actions required at various levels to improve the quality of life of elder people?
9. What policy support exists to maintain traditional support mechanisms of older Persons?
10. Are existing supports, if any, suitable in accordance to the sustainable livelihood approach? Are livelihood supports programs such as income generating self-employment schemes and income transfers with a work requirement, skills

acquisition appropriate giving way to sustain incomes while declining physical work capacity and health status at later ages?

## 1.5 Definition of Key Terms

Although there is no universally accepted definition, the essential terms as applied in this research are given below:

- **Old age or Elderly person:-** According to the UN definition of elder persons are those people whose age is 60 years and over (MoLSA,2006)
- **Livelihood:-**Livelihood do not imply income earning but a much wider range of activities, such as gaining and retaining access to resource and opportunities, coping strategies, negating social relationship within the household and managing social network and institutions with in the community they live in (Ellis,1998)
- **Livelihood Strategies:-** - in the livelihood framework are defined broadly to include all means employed by households and individuals to survive and enhance wellbeing. These strategies maybe enacted in response to immediate events (coping from a shock), or as part of a long-term goal (whether specializing in agriculture or diversifying into nonfarm activities).
- **Livelihood Assets:-** Assets in the livelihood framework refers to owned, controlled, claimed or in some others means accessed by the household (Ellis,2000)
- **Natural capital:-** the natural resource stocks (soil, water, air, genetic resources etc.) and environmental services (hydrological cycle, pollution sinks etc) from which resource flows and services useful for livelihoods are derived
- **Economic or Financial capital:-** the capital base (cash, credit/debt, savings, and other economic assets, including basic infrastructure and production equipment and technologies) which are essential for the pursuit of any livelihood strategy)
- **Social capital: -** the social resources (networks, social claims, social relations, affiliations, associations) upon which people draw when pursuing different livelihood strategies requiring coordinated actions.

- **Physical capital:-** Example of physical capital are farm equipment or sewing machine, etc (Ellis,1999)
- **Human capital:** - refers to the skills, knowledge, ability to labor and good health and physical capability important for the successful pursuit of different livelihood strategies. Human capital is that part of human resources determined by people's qualities, e.g. personalities, attitudes, aptitudes, skills, knowledge and physical, mental and spiritual health
- **Vulnerability:-** - is a set of conditions and processes resulting from physical, social, economical and environmental factors which increases the susceptibility of a community to the impact of hazards.

## 1.6 Limitations of the Study

As with all research studies, this study is not free from limitation. This research study is constrained by time and resources, hence affected the rigor of assessment and robustness of the data. The study is qualitative in nature and focused on 60 individuals and centered only on two woredas of Kolfe Keranyo Sub-city. The livelihood conditions and problems faced by old people is complex and vary across areas. The other 13 woredas were not covered. The limitation is that these findings from limited sample cannot be statistically tested or projectable to the population under study. The other limitation stems from difficulty in easy accessibility to the eminent professionals and officials for interview

The sustainable livelihood framework was developed for and applied in rural context. Applying the approach has methodological limitations and the steps taken to address this problem might require further empirical studies. Generating reliable data from respondents is a formidable task. Many of them are engaged in informal income sources, thus, undocumented, inability to recall their livelihood trends, or assets has resulted in paucity of authentic information. Despite the efforts made to gather from secondary sources, deficiency of available data and difficulty in accessibility official reports has posed problem to conduct the study.

## **1.7 Chapterization of the Thesis**

This MSW thesis is organized into five chapters. The first chapter provides the background of the study, the statement of the problem in the research questions are integrated, objectives of the study, definitions of key terms, and limitations of the study and Chapterization of the thesis.

Taking the perspective of the Sustainable Livelihoods Framework, chapter two presents and discusses about various interrelated concepts to poverty, vulnerability and sustainable livelihoods. The third chapter is on study design and methods. It also describes profile of the study area, explains research approaches, universe of the study, sampling methods, sample size, data collection tools and procedures, data processing and analysis, as well as ethical issues in the study.

Chapter four presents data analysis and then interprets and discusses them in the light of relevant previous studies. Finally, the thesis provides summary of some concrete evidence in terms of major findings, draws them together and then suggests some plausible practical actions, as well as recommends for further studies.

## **CHAPTER II**

### **LITERATURE REVIEW**

#### **2.1. Introduction**

This chapter reviews and presents relevant literature elsewhere in the world. It then presents overview of aging population, conceptual definition of old age, and theoretical perspectives in aging. A number of theories have been advanced to explain the aging process and the social factors associated to it. This chapter builds on five major theories that look at old age from a social perspective. Discussions of the disengagement theory, activity theory, life span theory, continuity theory and exchange theory will reveal how older people's situation has been conceptualized. The core argument of this chapter is that, although aged people are expected to disengage from all activities, their situation (old age poverty) does not allow them to do so. Therefore, they must continue to be actively involved in daily activities to ensure a living. Failure to cater for themselves leaves them dependent on other forms of help. The debate about what defines aging has been ongoing in both the developed and the developing countries. Different societies attach different meanings and symbols to aging.

In the chapter, different issues, such as aging and poverty, instruments on welfare of the elderly at global, regional and national level, sustainable livelihood approach and its components will be dealt in various contexts. In addition, three basic approaches, namely, informal sector, survival strategy and multiple modes of livelihood will be considered in the light of conceptualizing livelihood strategies in African cities, as well as limitations of the SLA in conceptualizing urban livelihoods.

#### **2. 2. Aging Population: Overview**

As to the UN estimation, the number of older people worldwide was estimated to be 1.2 billion in 1995. Available literature on human development argues that improved health technology reduces mortality and prolongs life at all stages thereby increasing the proportions of older persons in modern societies. As to UN (1994) projection in Europe,

the old age population (> 65 years) to total population in 2000, and 2010 was 14.5% and 15.5% respectively. Then, the number is expected to reach at 18.0 % in 2020. In Africa, the corresponding figures are 3.2%, 3.3%, and 3.8% in those years. . Despite lack of recent data, people over age sixty make up around five per cent (3.6 million in the 2007 census) of Ethiopians (1.5 million people over age 70 were counted). Most have no reliable income sources; currently only 500,000 older people have regular public sector pension (MOLSA, 2011).

Relatively speaking, the number of old people in the developing countries is exhibiting significant increase. According OECD (2006), about 75% of the World's older people live in developing countries. A prominent population dynamics projection ten years ago by HAI (2002, p. 17) pointed out that the proportion of older people to total population has been predicted to rise from 8% to 19% by 2050, while with the proportion of children falling from 33 to 22 percent in developing countries.

However, increased number of people living in old age in poor countries is causing widespread concern to humanitarian agencies, advocates and activities, due to the fact that old age have been neglected and sidelined in the development process. Studies documented evidence that the difficulties African old age populations are confounded by burdens of care-giving role for HIV/AIDS affected children and grandchildren (HAI, 2003). It has also exacerbated vulnerability of traditional informal social care for old age populations in which children used to support parents through moral driven transfers. Older people just like others in society do have special needs and rights that ensure their livelihood. According to UN (2002, p. 14), the reality for many older people throughout the world is that their lives have been constrained and limited by poverty and social exclusion.

### **2.3 Old Age Defined**

The term 'elderly' or older person has different benchmarks and meanings in different countries, as well as different institutions. The lack of consensus arises because old age is conceived from multi-dimensions, such as chronological age, capacity to remain self-sustaining and economically active (functional age) and minimum retirement age

(UNDP, 2006). Likewise, reports by HelpAge International (HAI, 2000;2002), International Labour Organization (ILO) (2002) shows, regardless the UN 60 years and above demarcation, retirement age varies from 55 to 65 years in Africa, 60 to 65 years and above in most developed countries.

In Africa, the more traditional definitions of an older or 'elderly' person correlate with the chronological ages of 50 to 65 years depending on the setting, the region and the country. The UN chronological ages (e.g., 60 years cut-off) is criticized as 'inappropriate' depending on the setting, the region and the country because actual birthdates are inaccurately documented or quite often unknown since many individuals in Africa do not have an official record of their birth date, and the more so in rural settings.

In the Ethiopian Ministry of Labor and Social Affairs (MoLSA) document entitled, "National Plan of Action on Older Persons (1998 – 2007 E.C)," it is stated that "According to the UN definition of older persons are those people whose age is 60 years and over. The [UN] definition has gained acceptance in Ethiopian context as it coincides with the country's official retirement age" (MoLSA, 2006, p. 12). This implies that, according to the UN and the Ethiopian definition, a person to be categorized as "elderly" or "older person" or "aged person" is one whose age is 60 years and over. For this study, the definition of elderly or older person given in the Ethiopian context which is the same as that of the UN was adopted and used.

## **2.4 Theoretical Perspectives in Aging**

Existing literature provides a foundation for knowledge about aging, old people and their livelihoods. The foundation shapes practice and policy interventions. Various theories have been developed to explain the ageing process of human beings. Hence, it is a generic wisdom to start by reviewing common perspectives used to guide the formulation of research questions and research designs and the level of analysis in ageing research. There are two approaches to theorizing age – scientific and social constructionist. Scientific theories of ageing emanates from bio-psychological or

pathological constituents of ageing while social constructionist theories of ageing, focus on how ageing is socially constructed (Powell and Wahidin, 2007).

Other authors classified in to three broad categories: biological, psychological and social theories have been used to explain and measure ageing in modern society (e.g., Bengtson, et al., 2009). What all theories can inherently share in common is that the concepts of 'age' and 'ageing' have four main dimensions- biological and physiological (natural or biological dimension), psychological dimension, temporal-spatial dimension, and social dimension. Jason Powell and Azrini Wahidin (2007, p. 3) summarizes the four dimensions as follows:

1. Biological and physiological dimension – physical appearance changes over time (Moody, 1998);
2. Psychological dimension – mental functioning and emotional and cognitive capacities change over time. (See activity theory of aging in the next section);
3. Temporal-spatial dimension – the ageing of an individual takes place within a particular period of time and space; and
4. Social dimension – defined expectations shape perceptions of how people of a certain age are supposed to behave, and influence how they are positioned in relation to gender, social class and ethnicity.

Although biological and psychological theories have much to say about ageing, this study is concerned with ageing from a social perspective, thus, this section is developed with social science perspective understanding of aging. The social perspective of aging theories attempted capturing phenomenology (trends, experience, historical dynamics), social constructivism, feminist theory, cumulative inequality theory, and theorizing across cultures (Bengtson, et al., 2009). Reflecting the intersections of gender and aging, the feminist and social constructionist perspectives on aging and ageism through the lens of gender, including the impact of gender and social inequalities on the study of aging, and the social construction of age and sexuality, retirement, employment, and care giving (Calasanti and Slevin, 2006).

Available studies based on gender and aging relationship highlight women form the majority of older adults, and are more likely to be poor, living alone, caring for other relatives, without adequate social protection. Older women are more likely than men to be widowed due to their greater longevity and to the practice of men to marry younger women. Older women can be victims of triple neglect and discrimination on account of gender, widowhood and age and, even in developed societies, they can be at high risk for poverty. On the other hand, gender-responsive researches mildly addressed the aging vis-à-vis women poverty. Widowed and childless women are especially vulnerable in societies where they lack rights of ownership and where property is inherited through the male line. In poorer communities, especially in rural ones, the family is the main source of support for poor old people, but in many cases its capacity to support older members is severely limited.

Relevant social theories of ageing and the elderly are affected by the structure of society, process, and dynamics of social change. These changes include urbanization, migration etc that influence cultural and societal forces. Old age people livelihood also changes through household structures dynamics resulted from migration, HIV/AIDS and deteriorating health (Loewenson and Whiteside, 2001). Phillipson (1998) noted that individual lives as socially constructed and all sociological theories focus on the changing roles and relationships that accompany ageing. Social dimension of aging how changing roles, relationships, and status impact on the older individual's ability to adapt to change. Knowledge of social theories enhances understanding of the position of older people in society, the cultural attitudes to older people, the attitudes and expectations of older people themselves, and also the interaction of older people in the society.

#### **2.4.1 Disengagement Theory**

Disengagement theory pioneered by Cumming and Henry (1961) as quoted in Baars et al. (2000), explains that individuals at a certain age (e.g., post-60 or post-65) are socially disengaged and decides that this is indicative of human nature. In this theory age-graded disengagement is inescapable due to the natural inclinations of the body in

which many of the relationships between the ageing persons and other members of society are severed and those that remain are altered in quality. In this model, individuals are assumed to be largely predetermined and fixed in their nature, characteristics, and developmental possibilities. The seminal work of Cumming and Henry states age-graded retirement is natural for young and able bodied people to take on the roles of older people as they are pushed out of the system.

The disengagement model is criticized from many perspectives. It ignores social institution and political powers in which the latter, for instance, sets age-graded retirement. This in turn may lead to a decline in social usefulness and to an alteration in status. The importance of power in social relationships, or power differentials between old age individual and society are eclipsed or sidelined. An adverse implication of this model is society tends to distance itself from the elderly who are considered to be passive and unproductive.

According to Victor (1997), forced retirement is considered as loss of work. In poor countries without adequate social protection loss of job is likely to generate a crisis of identity for the elderly as retirement cuts them off from involvement in the activities of the society, resulting in the dissolution of occupational and community ties. The old age person retreats from the social world, which in turn relieves him/her of normative control leaving the individual becoming de-socialized and demoralized with loss of self esteem.

Implicitly the model draws the conclusion that the move from “chronological” to “functional” notions of age may be seen as signaling the need to establish measurable states of being, reinforced through neoliberal health mandates around self-care and independence. From a neo-liberal perspective the elderly 81 are considered as a burden to the state by the disbursement of pension and grants and therefore should be disengaged from the social security system and fend for themselves in a free market economy. Social exclusion as a result of age is a limiting factor in the sense that those resources essential for survival and better living bypass the aged people as they are seen

to be passive and unable to utilize them. This social exclusion of the elderly in the development process and in resource allocation leaves old aged people vulnerable to risks and shocks in later life, as they cannot fend for themselves.

#### **2.4.2 Activity Theory**

According to Franklin and Tate (2009), the activity theory proposes as an alternative view of the disengagement theory to explain the psychosocial process of aging. Unlike the disengagement theory, activity theory is proposes individuals to remain active and engaged with society is crucial to satisfaction in old age. Proponents of activity theory view old people should continue as active participants through involvement in social networks and integration in them is positively related to life satisfaction. Te point in this theory is building and maintaining personal needs and connections with others postpones the early decline of old people. Havighurst (1968) argued that old person's success is a function of high level of social contacts. To maintain a positive self-image, older people must develop new interests, hobbies, roles and relationships to replace those that are diminished or lost with ageing.

The tenet of being active and engaged in different roles of society ensures that older people can make a living and sustain themselves even in the absence of a social security system. They can contribute to the improvement of a household or a community livelihood. Activity theory advocates that activity is preferable to inactivity because it facilitates well-being on multiple levels of life span. Interventions in this case attempt prolonging what in the literature is called "active ageing". Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. Active ageing allows people to realize their potential for physical, social, and mental well-being throughout the life course and to participate in society, while providing them with adequate protection, security and care when they need.

Ageing takes place within the context of friends, work associates, neighbors and family members. This is why interdependence as well as intergenerational solidarity is important tenets of active ageing. The word "active" refers to continuing participation

in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labor force. Older people who retire from work, ill or live with disabilities can remain active contributors to their families, peers, communities and nations. Active ageing aims to extend healthy life expectancy and quality of life for all people as they age. This theory is substantiated by the SLA, which argues that for one to have a better and improved livelihood engagement in different livelihood activities is essential by taking on different livelihood opportunities the aged are able to disprove the assumptions of the disengagement theory. SLA recognizes access to different capital assets as most important for one to be active in livelihood construction. Using the assets accumulated throughout the lifespan and their human skills older people can continue to make a living even in the absence of formal support from the state. This link between SLA and activity theory is vital for conceptualizing the issues of old age poverty and how it can be tackled.

### **2.4.3 Life Span/Life Course Theory**

A life course perspective approach views vulnerability later life conditions as caused not only by current circumstances, but also by earlier life trajectories and contexts throughout youth and adulthood (Elder et al, 2003). This approach examines aging and human capital and relationship between productivity and age. The stages of the adult life course are middle age, later maturity, and old age and roles and group memberships that individuals are expected to follow change as they mature and move through life.

The life cycle hypothesis of human capital (Johnson and Neumark, 1997) predicts that productivity increases with age early in the life cycle and then decreases with age late in the life cycle as human capital depreciation exceeds investment. Although this study does not test this hypothesis it guides in analyzing livelihoods of the subjects before and after the old age cut off point (i.e., 60 years in my case). In Ethiopia, productive age is normally considered to be between age 15 and 59 years.

#### **2.4.4 Continuity Theory**

Continuity theory is an optimistic that argues that personality, values, morals, preferences, role activity, and basic patterns of behavior are consistent throughout a life span, regardless of life changes (Allan, 1998). Atchley (1999) also states that aged people try to maintain continuity of lifestyle by adopting strategies connected with their past experience. Continuity theory is a modification and elaboration of the activity theory. Activities central to the life course of an individual will still be carried on and or practiced in later life. According to this theory the patterns of behavior, traditions and beliefs that were practiced in adolescence and adulthood are likely to continue even as one reaches later life stages. Moody (2010) argues that past coping strategies continue as old aged people try to grapple with the challenges of ageing in the face of death. They do not sit and relax to wait for help but, rather, engage in various activities and strategies to ensure that they make a living.

#### **2.4.5 Exchange Theory**

Exchange theory, as originally developed by Homans in the early 1960s. The theory assumes that people attempt to maximize their rewards and minimize their costs in interactions with others. Elders are viewed from the perspective of their ongoing interactions with a number of persons. Continuing interaction is based on what the elder perceives as rewarding or costly. Organizing into idirrs and clubs is self-help groups are typical examples in this case. Elders tend to continue with interactions that are beneficial and withdraw from those perceived as having no benefit. Rewards may be defined in material or nonmaterial terms and could include such components as emergency assistance, money, information, affection, property, skill, respect, compliance, and conformity while costs are losses or expenditure of any of these (Aitken and Rudolph, 2010).

Indirectly, exchange theory assumes that elders have less current information, outdated skills, and inadequate physical strength or endurance. Hence, they need to have continual interaction with the community or colleagues. But they have to have something in order make an exchange. Otherwise if elders are perceived as having few resources to contribute to a relationship, an issue over power can result, with the elder at

a distinct disadvantage. Elders may be seen as powerless actors who are forced into a position of compliance and dependence because they have nothing of value to withhold to get better treatment.

## **2.5 Aging and Poverty**

Though it is very recent, studies have given focus old age poverty for developing countries. These studies provide comprehensive picture of the incidence of poverty in old age in Latin America and Africa (Barrientos, 2006). Unlike the studies conducted in developed countries, those targeting poor countries identify some key parameters of old age poverty, manifested by income and material deprivation and results and implications try to influence of living arrangements and social protection such as pension provision.

In Europe, beyond income poverty, loneliness is complex and widely prevalent problem among old people (OP). Loneliness is mainly resulted of disengagement from families and/or community networks. The activity theory suggests that older people should continue to be active and resist the limitations brought about by ageing as long as possible. In practice, however, OP involvement in social networks and integration is not determined only by demand side but also the environment in which the OP live in. Education programs are needed to combat the stigma of loneliness, to empower the elderly, improve the services offered by age careers and to renew focus on social well being not words/programs targeted at loneliness. For instance, providing reminiscence therapy that potentially alleviate the symptoms of loneliness, empower the elderly as individuals and as part of a group, and renew focus on social collective well-being.

Existing studies, (Fiske, 2009) perceived that improving aged care methods and outcomes is considered essential in working with the elderly, providing a way of alleviating the negative emotions experienced by the elderly as a result of loneliness, social isolation, and the perception that the person affected is alone in what they are feeling. However, the researcher understands the context of current studies is skewed towards developed countries where income and poverty is not critical factor. In a stark contrast to poor countries, in the developed countries most elderly people have been

formally employed, by which they receive pension, are covered by private or state savings schemes.

In African countries (e.g., Ethiopia, Guinea, Ghana, Cote d'Ivoire, Uganda, Kenya, Madagascar, Burkina Faso, Burundi, Nigeria, Cameroon, Mozambique, Gambia, Malawi, and Zambia), older people are overrepresented in poverty incidence as if their poverty rate is higher than the poverty rate for the population as a whole. The study concludes that in the majority of these 15 countries, the elderly among the poor are represented by 10 out of 14 within the group.

## **2.6 Global, Regional and National Instruments on Welfare of the Elderly**

### **2.6.1 International Instruments**

Global social protection policies, strategies and programs for old age include:

- The Universal Declaration of Human Rights (1948), Articles 22 and 25.
- Vienna International Plan of Action on Ageing (VIPAA), 1982, which is also referred to as the UN Plan of Action on Ageing, 1982.
- UN Principles of Older Persons, 1991.
- UN Proclamation on Ageing, 1992.
- The Madrid International Plan of Action on Ageing, 2002.
- The African Union (AU) Policy Framework and Plan of Action on Ageing. The Livingstone Declaration of 2006 by the African Union Meeting at Livingstone, Zambia.

Global issues on ageing have evolved since 1982 when the International Plan of Action on Ageing (IPAA) was adopted at the First World Assembly on Ageing in Vienna. After a decade, in 1991, the UN Principles for Older Persons Adopted by General Assembly resolution 46/91 of 16 December 1991 gives a general normative framework

for policy responses to the old age community. The 1991 resolution is an extension of International Plan of Action on Ageing, adopted by the World Assembly on Ageing and endorsed by the General Assembly in its resolution 37/51 of 3 December 1982. The resolution articulated 18 principles under 4 thematic values by which Governments are recommended to incorporate into their national programs. These are independence, participation, self-fulfillment and dignity (UN, 1982).

After another decade, the Second World Assembly on Ageing was held in Madrid, Spain in April 2002. That Assembly adopted the Madrid International Plan of Action on Ageing (MIPAA), which can be considered a road map for subsequent actions. According to United Nations Report (2002), MIPAA calls for the need to integrate the evolving process of global ageing within the larger process of development.

Specific action points posited to nations on older persons in the document include: active participation in society and development ;work and the ageing labor force; rural development, migration and urbanization; access to knowledge, education and training; intergenerational solidarity; eradication of poverty; income security, social protection/social security and poverty prevention; emergency situation; health promotion and well-being throughout life; older persons and HIV and AIDS; universal and equal access to health care services; older persons and disabilities; housing and the living environment; care and support for care givers; neglect, abuse and violence and; images of ageing.

In practice all the outline issues are determinants of the well-being of the elderly. For each of the above issues, MIPAA has specific recommendations on addressing elderly people. MIPAA has identified poverty as the greatest threat to older people worldwide and has called on governments, public and private institutions to incorporate older people into development processes and allocate resources accordingly; it also urges to enhance intra and inter-regional cooperation, and exchange of resources for the implementation of elderly policies, programs, and projects (UN, 1992).

It is believed that the MIPAA is implemented in all countries. In the existing literature proxy indicators such as designing separate policy instruments, allocated budget, practice of social protection measures mainly in terms of cash transfers (pensions; child support grants), and provision of subsidized services are used in tracing MIPAA implementation. The UN organizations (such as WHO, ILO, FAO, and UNFPA) have developed programs on aging in their respective activities (HAI, 2002). These programs in Africa focus on social protection: cash transfers, food aid, nutrition, and emergency response and so on. Review and appraisal of the implementation of the MIPAA showed 'progress has been limited'. MIPAA implementation was assessed by the United Nations, but national efforts had been evaluated negatively and rated as not "sufficient", "a daunting task", and "minimal at best" in 1985, 1989, and 1997 respectively (Kazeze, 2008, p. 65).

### **2.6.2 Regional instruments**

In the case of Africa, the Economic Commission for Africa (ECA) worked with the African Union (AU) and enriched the MIPAA. Finally, '*AU Policy Framework and Plan of Action on Ageing*' was adopted by AU Heads of State and Government in meeting held July 2002. The AU framework has five principles, i.e. independence, participation, care, self-fulfillment and dignity. In effect the policy framework and plan of action serves as guide for all member states in the designing, implementing, monitoring and evaluating national policies and programmes to meet the needs of older people. In other words, the policy framework and plan of action focuses on key priority issues on ageing including: the rights of older people; poverty; food security and nutrition; housing and living environment; family; social welfare; employment and income security.

According to Kazeze (2008), the determinants include: active participation in society and development; access to knowledge, education and training; intergenerational solidarity; eradication of poverty; income security, social protection; access to health care services; prevention and reduction in HIV and AIDS; good housing and living environment; reduction and prevention of abuse of elderly persons; and creation of positive images of ageing (FAO, 2008).

### **2.6.3 National Policy Framework**

With regard to Ethiopia, it is vital to begin with the constitution. Accordingly, the FDRE constitution Article 451 (5) stipulates that the government provides care and support to the mentally ill, elderly and orphans as the economic condition of the country allows. However, there are no comprehensive national programs or guidelines that indicate how to implement the aforementioned general Article. For like-minded actors, online resources are available about important themes of the United Nations and a number of other international organizations (for instance, HelpAge International, Oxford Institute of Aging, IFA (International Federation on Ageing), American Association of Retired Persons, not inclusive). It is worth noting that each of these bodies has produced factsheets, analyses, reports, manuals, and guidelines, reference materials and practical tools for work and action on ageing, many of which are available on-line.

The other point worth mentioning here is that Ethiopia has ratified the UN resolution made from the derivatives of the Vienna Plan of Action to celebrate, '*International Day of Older Persons*' since 1990 and it become a focal point in the UN program on ageing to mark 1999 International Year Older Persons. Moreover, the adoption of a national social policy in 1994, and the formulation of a Developmental Social Welfare Policy (DSWP), in 1996 that consists of UN principles of older persons is also the other attempt since the endorsement of the Vienna Plan Action.

Based on the constitution mentioned above, the Ministry of Labour and Social Affairs (MoLSA) of Ethiopia develops a Developmental Social Welfare Policy in 1996. This policy recognizes issues of the elderly stipulates in the MIPAA document. The existing social welfare policy of Ethiopia stipulates services for elderly in three forms: institutional care for older persons; home-based financial assistance in the form of subsidies, and community-based by providing technical and material supports to organizations and associations working with the elderly (MoLSA, 2003). The policy is believed to have triggered the establishment of numerous NGOs, Community-based associations working in care and support for vulnerable groups, including old people. However, available reports including the government indicates that though issues of

the elderly is included in the national constitution and developmental social welfare policy, there is still not any program or intervention strategies designed to implement what have been stated in these documents. Evaluation studies on effectiveness of existing initiatives witness problems not adequately address the socio-economic and other problems of the target groups.

The pension scheme is the only social security provision in Ethiopia in which the state has allocated direct fund to contributors. The Public Servants Pensions are regular payment given to a person in return for the service he/she has rendered up to his age of retirement. At present the retirement age in the country was 55 during the imperial era (The Public Servants Pensions Proclamation No. 209/1963) and raised to 60 years for men, but for women under the previous proclamation (the Public Servants Pension (Amendment) Proclamation No. 5/1974) since 1974 (military government).

The current Ethiopian Social Security Authority (SSA) in 1996 by proclamation No.38 of 1996.

In this proclamation, the Authority had been restructured to be an autonomous with the following powers and duties: implementing social security laws, regulations and directives; undertaking studies and reviews social security scheme; collecting social security contributions, paying pension benefits, inspecting and taking legal action where necessary; administering Social Security funds; deciding on benefit claims; owning property, entering into contracts, suing and be sued in its own name; investing the reserve money in profitable and reliable investment areas; causing periodical actuarial study and reviewing of the social security schemes; and carrying out other activities as may be necessary for the fulfillment of its objectives.

Pensions apply only to the civil servants. A certain amount of the salary is deducted every month and accumulated over the service year of the employee and will be paid after retirement as a pension. The amount of the pension depends on the salary. The Ethiopian pension scheme consists of four different pensions (see Public Servants Pension Proclamation 714/2011):

- Retirement pension and gratuity;
- Invalidity pension and gratuity;
- Survivors pension and gratuity; and
- Employment injury and gratuity.

To be entitled for a pension, a public servant has to fulfill one of the following conditions:

- 10 years of service at a governmental office and attaining age 60;
- 20 years of service who separates from the service by voluntary resignation will receive pension up on attaining age 60;
- 25 years of service and age 55;
- separation from service due to closing or reduction of work force or for reasons related to privatization and has service and age are not less than 25 years and 50 years respectively- up on decision of Council of ministers.

Review of social security laws, regulations and directives shows social security is limited toward workers in the civil service, military and industries. Then non-contributory elderly in urban and rural areas, others who engage in the informal economy and those who are out of the civil service are not entitled to any form of social security including the pension scheme. Furthermore, even those who are entitled to the pension scheme do not get adequate amounts of money to support themselves and their families (HAI and Cordaid, 2011).

Linking the effect of social security system to the livelihood framework, the trends, historical evaluation of the system, and scale of the policy could adversely affect the well-being of non-contributory elderly living in urban and rural areas. To this effect, though the number of older persons with age 60 and above was more than three million, there were merely half a million pensioners in Ethiopia (MoLSA, 2003). It would be difficult for most developing countries, including Ethiopia, to achieve the Millennium Development Goal on reducing poverty by half by 2015 without some form of social protection for the elderly and other vulnerable groups. It is in this context that Professor

Joseph Stiglitz (Nobel Prize winner and former Chief Economist of the World Bank and founder of the Initiative for Policy Dialogue) says, “*There is no subject of greater and increasing importance than ageing, correspondingly, there is a need to provide for the important population group composed of older people. This influences on the very nature of our societies and affects not only older people but also all aspects of societies*” (Kazeze, 2008, p. 45).

In response to non-governmental civil servants the concerns, the Government of Ethiopia has devised Private Organization Employees Pension in 2011 by Proclamation No. 715/2011. The Proclamation promulgates private service benefits entitled by employees of private organizations. In the Proclamation, “benefit” means retirement pension, invalidity pension, incapacity pension or survivors’ pension and includes gratuity and the refundable pension contribution. To this effect, Private Organization Employees Social Security Agency was established by the Council of Ministers Regulation No. 202/2011 (Federal *Negarit Gazeta* No. 79 24 June, 2001, pp. 5969-72).

## **2.7 Sustainable Livelihoods Approach (SLA)**

### **2.7.1 Livelihoods Defined**

In many studies, the term livelihood is confused with income earning of people. It should be noted that households’ livelihoods do not only imply income earning but also a much wider range of activities, such as gaining and retaining access to resources and opportunities, coping strategies, negotiating social relationships within the household and managing social networks and institutions within communities they live in. A livelihood is more than income because it encompasses social institutions, gender relations and property rights required to support and to sustain a given standard of living (Ellis, 1998), but also a number factors that are provided by public actions carried out by institutions in the areas of basic and social services (Blackwood and Lynch, 1994).

The concept of livelihood systems refers to the mix of individual and collective survival strategies develop over a given period of time that seeks to mobilize available resources and opportunities. On the other hand, livelihood strategies might include labour market

involvement, savings accumulation and investment, changing patterns of consumption and income earning, labor and asset pooling arrangements, or social networking. In rural settings four major livelihood strategies are identified: only farm, non-farm, farm and non-farm, and non-labour. The binary classification of the aforementioned strategies could be wage and non-wage based activities. For example, a household which diversifies its income sources into farm and non-farm sources could take up wage and non-wage activities. Wage activities refer to employment in non-farm salary activities or employment on farms other than family farms. The latter is referred to in the literature as off-farm activities. Non-wage activities, on the other hand, could refer to a wide variety of self-employment opportunities, such as own business (weaving, trade, etc.), sales of farm produce and services, and rents and interests (Zerihun, 2012).

According to Chambers and Conway (1992), a livelihood comprises the capabilities, assets and activities required for a means of living. A livelihood is sustainable when it can cope with and recover from stresses and shocks and manage to enhance its capabilities and assets both now and in the future, while not undermining the natural resource base (DFID, 1998). It can be simply considered as achievement of sustainable community development because it considers the natural and environment resource, human inter-generational development and the like.

At household level, livelihood security is realized when households have secured ownership of, or access to, resource and income-earning activities, including savings and assets to offset risks, ease shocks, and meet contingencies (Chambers, 1998). In other words, livelihood security refers to both current wellbeing and future resilience of HHs. Livelihood security interventions when narrowly defined address economic security of households by building capacity of households to generate sufficient income to satisfy the basic needs of the family, and to maintain or increase the goods necessary and services for the stability of the family economy.

In this thesis, the researcher would employ the Sustainable Livelihoods Framework (SLF) developed by the UK Department for International Development (DFID) as a

conceptual framework to investigate the livelihoods of the old people in Kolfe-Keranyo Sub City of Addis Ababa, Ethiopia.

### **2.7.2 Livelihood Analytical Framework**

There exists a variety of conceptual frameworks to explore the complex processes of securing livelihoods (Rakodi, 2002). Most of the conceptual frameworks are being developed out of a rural perspective, which makes it necessary to reflect on the specific characteristics of urban situations. The livelihood approach puts people at the central stage of development. For analytical purposes, livelihood approach further follows two frameworks: Sustainable Livelihood Approach (SLA) and Assets Vulnerability Framework (AVF). SLA was developed by the UK Department for International Development (DFID) in 1999 which provides a framework for studying livelihoods of the poor. Another less popular approach is Household Livelihood Security (HLS) approach developed by Cooperative for Assistance and Relief Everywhere (CARE) (cited in Sanderson, 2000) that provides a tool for urban households' living and explains the role that assets play in strengthening poor households and, thus, reducing their vulnerabilities (CARE, 1999). It can be considered as a programmatic tool rather than formal theory of livelihood studies.

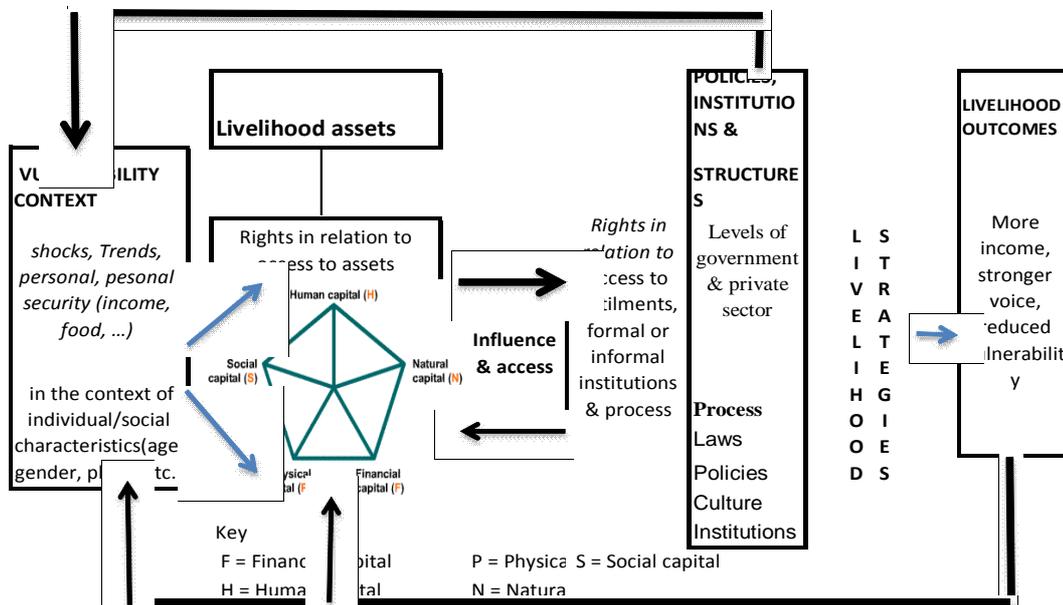
This section presents a detail discussion of the main theoretical framework used to guide this study (Sustainable livelihoods framework). The livelihood framework is used for the analysis of the different livelihoods strategies of respondents. The livelihood framework is based on the premise that the asset status of the poor is fundamental to understanding the options open to them, the strategies they adopt to attain livelihoods, the outcomes they aspire to and the vulnerability context under which they operate.

Chambers and Conway (1992), discuss not just the complexity and diversity of individual livelihoods, but also the social and environmental sustainability of livelihoods in general. They suggest a measure of 'net sustainable livelihoods', which encompasses 'the number of environmentally and socially sustainable livelihoods that provide a living in a context less their negative effects on the benefits and sustainability of the totality of other livelihoods everywhere' (Chambers and Conway 1992, p.26).

For Scoones (1998), sustainable livelihoods are about getting institutional and organizational settings appropriately, and the framework should guide the questions to be asked towards achieving this end. The definition of livelihoods, adopted by Carney (1998) and others, suggests the need to understand the livelihood strategies and vulnerability of the poor as the starting point in a livelihoods analysis. Vulnerability refers to people's exposure and sensitivity to shocks and their current and future capacity to prevent, mitigate, cope with, and recover from the impacts of the shocks (DFID, 2010; Ellis, 2000).

To capture the complexity of factors influencing livelihood strategies and to make them operational, a number of conceptual frameworks have been set up that share basic common elements. As illustrated in Ellis (2000), there are many livelihood frameworks which have been developed to set out the factors in a sustainable livelihoods system, and to represent relationships between these factors. The most well known livelihood framework has been documented by the Department for International Development (DFID, 1999) (see Figure 2.1 below). It shows the different factors that influence livelihood strategies and livelihood outcomes at the community and household levels, which serves as the basic conceptual tool for analyzing urban livelihoods of the elderly in the study area.

**Figure 1. DFID Sustainable Livelihoods Framework, incorporating rights perspectives and with urban adaptations**



Source: Farrington et al. (2002) and DFID (1999).

**Figure 2.1 SLF incorporating Rights Perspectives and with Urban Adaptations**

As a conceptual framework, DFID’s SLF appears to be the most comprehensive, putting emphasis equally on vulnerability, livelihood assets, structures and processes, livelihood strategies and livelihood outcomes. They retake Chambers’ idea of an external and internal dimensions of vulnerability and indicate that no effective policy can be drafted without a sound understanding of the factors affecting “people’s asset status and the options that are open to them in pursuit of beneficial livelihood outcomes” (DFID, 1999). DFID’s guidance sheets stress the importance of achieving a good understanding of how structures (levels of government and private sector) and processes (laws, policies, culture and institutions) shape the vulnerability context and condition people’s access to assets (tangible and intangible) and claims.

However, the need to include rights based approaches (RBAs) in the SLA is recognized by Baumann (2000), who criticizes DFID’s SLF for the neglect of political capital, which is one of the key capital assets but which cannot be captured through ‘structures and processes’. Further, Carney (2003) has discussed how DFID’s SLF might build on

rights-based thinking to increase its empowerment focus, while Farrington et al. (2002) have adapted the DFID's SLF diagram with RBAs for urban contexts.

As the name implies, asset-based approaches are concerned specifically with assets and the associated asset accumulation strategies. This emphasis is closely linked to the concept of capabilities. Thus, assets “are not simply resources that people use to build livelihoods: they give them the capability to be and act” (Bebbington, 1999). As such, assets are identified as the basis of agents' power to act to reproduce, challenge or change the rules that govern the control, use and transformation of resources (Sen, 1997). A review of current asset-based approaches shows there is no a single conceptual framework or operational approach, but a range of both. It is also useful to distinguish between researchers, who have constructed a conceptual framework around assets, and practitioners, who have applied this to operational approaches.

**Table 2.1 Summary of Asset-based Conceptual Frameworks and their Associated Operational Approaches**

Analytical frameworks	Prominent authors or institutions	Operational approach	Examples of implementation: tools and techniques
Asset vulnerability framework	Moser; Siegel; Sabates Wheeler & Haddad; Chronic Poverty Research Centre (CPRC)	Social protection	Risk and vulnerability assessment
BASIS CRSP Asset-based research approaches	Carter, May; Hoddinott ; Adato	Asset-based assessments	Tools to identify poverty traps
Asset building	Sherraden; Ford Foundation	Asset building and community development ; Asset-based welfare policy	Asset building in financial holdings, natural resources, social bonds, and human capital
Community asset mapping	Morad; Fossgard-Moser	Asset building and community development	Community asset mapping
Longitudinal asset accumulation research	Moser	Asset accumulation policy	Nexus linking assets-opportunities-institutions Distinction between first and second generation policy

**Source:** Moser (2006, p. 9).

As summarized in Table 2.1 above, asset-based vulnerability studies can be divided into four groups:

1. The asset vulnerability framework that emphasizes the relationship between assets, risks and vulnerability. At the operational level, this relationship is at the core of social protection policy and programs.
2. The asset-based research approach closely associated with the Moser's Urban Poverty Reduction BASIS Collaborative Research Program (Moser, 2006, p. 36). Operational work associated with this includes asset-based assessments that identify poverty traps and productive safety nets (Carter 2006).

3. In the United States, the asset building approach developed by Sherraden, Oliver and others, and operationalized through the Ford Foundation’s Asset Building and Community Development Program. A range of formal interventions (such as, IDA and the UK Child Trust Fund) are connected with this, as well as a range of community-based asset-building programs and associated methodological tools.
4. Finally, internationally-focused longitudinal asset accumulation research and associated asset accumulation policy.

The common theme in these approaches is the recognition that assets available to poor people and households are fundamental to understanding the options available to them, their means of survival and how they are able to withstand unexpected events (Ellis, 2000). A brief explanation of the LF components is given below.

Moser’s Assets Vulnerability Framework (1998) explains that access to resources/assets helps the poor to cope with their vulnerabilities. Moser identifies five main types of assets, which she describes as those most frequently and typically related to the different types of vulnerability.

**Table 2.2. Moser’s Definition of Types of Vulnerability**

<b>Type of vulnerability</b>	<b>Outcome</b>
Labour	Loss of income; provide adequate non-traditional skills training appropriate to the community
Human capital	Inability to maintain investment levels in education and preventive health care; inability to provide safe, clean water
Housing and infrastructure	Inability to use housing as a productive asset
Household relations	Increased domestic violence; lack of adequate childcare; lack of caregivers for the elderly; split households
Social capital	Decline in the attendance of CBOs, particularly by women, or in activity of CBOs, increase in young gangs, increase in crime and homicide, lack of physical mobility, especially at night and for women; decline in night school attendance.

**Source:** Moser (1996; 1998).

Moser's popular hypothesis is that the more assets people have, the less vulnerable they are, and the greater the erosion of their assets, the greater their insecurity.

### **2.7.3 Vulnerability Context Analysis**

Various scholars have come up with different definitions of vulnerability. Vulnerable and vulnerability are buzzwords in the livelihood literature. For Chambers (1989, p. 1), some precisions can be found in the use of 'vulnerable groups' where this refers to pregnant and lactating women, to children, or to disadvantaged communities. More often, though, vulnerable is used simply as a synonym for poor. In the seminal works by Rakodi (1995) and Rakodi and Jones (2002), vulnerability is viewed as 'insecurity' of well-being of individuals, households or communities in the face of a changing environment. The external environmental changes that threaten welfare of the aging people may be ecological, economic, social and/or political. However, these changes may not adversely affect to all individuals, households or communities in the same pattern and severity. Conversely, high degree of susceptibility and exposure are the key features of poverty. Rakodi and Jones noted that risk of crises; stress and shocks are inversely correlated with capacity to recover quickly from them.

The livelihood system and strategies developed over time also affect the degree of susceptibility and exposure. Rakodi (1991) asks whether or not women in urban households are really strategists at all, or simply victims of circumstance, unable to deliberately plan ahead or take decisions on a long-term basis. Hence, understand vulnerability context and risk factors of the aging people necessary to analyze trends and shocks as an explanatory factor in understanding how they manage their assets and the livelihood choices they make.

The varying contexts of different "types" of households (i.e. of different social and health, livelihood capability groups) need to be assessed. A range of questions are addressed in this research, *inter alia*: How do household histories influence current livelihood strategies? What are the specific, internal and external, risks and vulnerabilities faced by different types of households? How do they cope with these? What constraints and opportunities do different social and economic contexts pose?

How does social capital influence urban livelihoods of the poor old people? How do people attempt to change their immediate income or health shocks? Are there any actors linkages influencing livelihood strategies of the old people?

Analysis of vulnerability involves identifying not only threats to individuals and households and their assets, but also their resilience, that is, their ability to mobilize assets, exploit opportunities and resist or recover from the negative effects of the changing environment. Thus, the ability of individuals and households to avoid or reduce vulnerability and to increase economic productivity depends upon the availability of assets and also upon the ability of the victims of change to transform those assets into income, food or other basic necessities, by intensifying existing, developing new or diversifying strategies (Moser, 1996; 1998).

In practical studies, it is not easy to draw a line between assets vulnerability framework and the livelihoods framework; insomuch as the definitions of both, one encounters a good degree of overlapping. (1) Both livelihood and the vulnerability perspectives are interested in the non-income dimensions. (2) In both perspectives, on the one hand, the emphasis is on how to build up and preserve the means for a living and, on the other hand, the stress is more on what people do in order to protect those means. To some extent, the following chronological classification of the vulnerability - livelihoods literature could give insight to their differences.

One of the principal differences among the research focuses is that the majority of the initial SL models had a rural focus, including those developed by the UNDP on the basis of the 1987 UN Environment Summit, and that developed by the IDS (mentioned in Chambers and Conway, 1992) and subsequently taken up by the UK-DFID, which have a concern with the relationship between rural poverty and the environment, and have their roots in Integrated Rural Development (Tacoli, 1999 cited in Farrington et al, 2002). The international NGO, CARE's Household Livelihoods Security Framework developed initially in 1994 by CARE-USA to address rural food security. In contrast,

only the ‘Assets Vulnerability Framework’ developed by Moser (1998) took the rigor to explicitly look at livelihoods and vulnerability in urban areas.

#### **2.7.4. Livelihood Assets**

Assets in the livelihood frameworks refer to owned, controlled, claimed or in some other means accessed by the household. It is by these assets that households are able to participate in production, the labour market and exchange with other households (Ellis, 2000). DFID distinguishes five categories of assets (or capitals) upon which livelihoods are built – natural, social, human, physical and financial. As to Ellis (1999), assets in SLF include a list of human capital (the education, skills and health of household members); physical capital (e.g. farm equipment or a sewing machine); social capital (the social networks and associations to which people belong); financial capital and its substitutes (savings, credit, cattle, etc.); and natural capital (the natural resource base).

**Table 2.3 Chronological Systematisation of the Vulnerability - Livelihoods Literature**

Time Period	Research focus	Authors/ institutions	Observations
1970s –1980s	Participative rural studies	Chambers, Conway, Jodha, Swift	Provide the initial insights about the inadequacy of income-centres approaches to fully understand poverty
1980s	Early vulnerability studies	Chambers, Swift, Pryer, Taal	Lay down the original boundaries of vulnerability research
1987	Sustainable development	Bruntaland Commision UNDP	<b><i>First definition of sustainable livelihood</i></b>
1990s	Assets Vulnerability Framework	Moser	Provides the first systematisation of vulnerability from a social development perspective. <b><i>First time application of vulnerability analysis to urban poverty</i></b>
1990s	Late vulnerability studies	Pryer	Provide applied methodologies for the study of vulnerability and its application to policy
1991	Sustainable Rural Livelihoods	Chambers Conway	Initiates the reflection on the relationship between vulnerability dynamic and a wider social context
1999	Livelihood approach to development	DFID	An attempt to reconceptualise poverty on the basis of the dynamic approach developed by Early Vulnerability Studies and Moser. A political challenge to vulnerability analysis
2000s	Late livelihoods studies	Rakodi , Pryer	Applied vulnerability analysis within a broader livelihood focus.

**Source:** Jodha (1988, pp. 2421-28); Pryer (1989); Swift (1989)

The SLA places a heavy stress on the *assets* of poor men and women and this stress applies equally to urban areas. The generic the categories of assets are given below.

**Table 2.4 Assets Categories in Different Sustainable Livelihoods Models**

<i>Chambers</i>	<i>UNDP</i>	<i>DFID</i>	<i>CARE</i>	<i>Moser</i>
<b>Tangible</b> (e.g., public stores, resources) <b>intangible</b> - claims for material, moral or practical support - opportunity to access resources	human social natural physical economic political	human social natural physical economic	human social economic	labor economic and social infrastructure housing household relations social capital

**Source:** Farrington et al. (2002, p. 17)

The different Models in Table 2.3 above have common elements (e.g., social capital). With regard to their differences, the UNDP includes a sixth asset political asset, while CARE’s and Moser’s Models excluded the natural asset.

Financial or economic capital denotes the financial resources that people use to achieve their livelihood objectives. There are two main sources of financial capital; available stocks (savings, stocks and regular inflows of money). Physical capital comprises the basic infrastructure and producer goods needed to support livelihoods. Infrastructure in our context may include affordable transport, access to health service (free or low cost), adequate water supply and sanitation, affordable energy, and access to communication.

The human capital represents the skills, knowledge, ability to labour and good health that together enable people to pursue different livelihood strategies and achieve their livelihood objectives. Social capital is taken to mean the social resources upon which people draw in pursuit of their livelihood objectives. They are developed through networks and connection, membership of more formalized groups and relationships of trust. Both the access to assets and the use to which they can be put are mediated by social factors (social relations, institutions, organizations) and by exogenous trends (e.g. economic trends) and shocks (drought, disease, floods, pests).

‘Social capital’ is defined as the norms and networks that enable people to act collectively. Several useful measures suggested by them are: membership of informal and formal associations and networks; interpersonal trust and changes over time; norms and values that facilitate exchanges, reduced transaction costs, reduced cost of information, the ability to trade in the absence of contracts, and the encouragement of responsible citizenship; and the collective management of resources (Woolcock and Narayan, 2002).

Natural capital is the term used for the natural resource stocks from which resource flows and services useful for livelihoods are derived. These refer to endowments with natural resources and institutional arrangements controlling access to common property resources. Natural assets are less influential in the urban context, although the question of land rights and tenure security are essential determinants of livelihood security. However, as land is highly contested and politicized, it rather represents a physical asset in urban contexts. For this study deals with urban livelihoods, natural capital assets are less important in our case.

### **2.7.5 Transforming Structures, Institutions and Processes**

Transforming structures and processes within the livelihoods framework are the institutions, organizations, policies and legislations that shape livelihoods. They operate at all levels, from household to the wider communities. Access, control and use of assets are influenced by the institutional structures and processes such as laws, policies and societal norms. An understanding of structures and processes provides the link between the micro or local (individual, household and community) and the macro (regional, government, powerful private enterprise) (Ellis, 2000). This will help explain either the positive and or negative influence of such structures while it help and explain social process that could impact on livelihood sustainability of community and households (Scoones, 1998).

According to North (1990), institutions are the formal rules, connections and formal codes of behavior that gives human interactions. But in the SLF institutional analysis aims to assess the interplay of daily life and the rules and norms that govern these –

both internal and external to the household. They embrace gender and generational relations as well as kinship and lineage structures and their importance for social organization. For Ellis (2000), organizations are groups of individuals bound by some common purpose to achieve objectives. Examples of organizations/institutions in our case include government agencies (e.g. Office of social and labour affairs, agencies for public and private pension administration, administrative bodies (e.g. local government-both district and Kebele)), NGOs, associations (e.g. elders 'associations), and private companies. The interplay between organizations and institutions influences the access to livelihood resources and the composition of a livelihood strategy portfolio.

These relations can be assessed by exploring horizontal and vertical linkages that connect households with other actors, e.g. with other households and community members or inside the neighborhood, Idirrs, elderly self-help groups (horizontal), or with more powerful groups (elderly associations, NGOs or organizations (vertical), sectoral offices (e.g., OLSA, health office,). The vertical linkages refer to the possible ways urban governance might be influenced by old people's relationships and activities.

For sustainable livelihoods to be achieved, it is paramount to have an awareness of the structures and processes that mediate the complex process. Consequently, a central question to be raised is to what extent the old people endowed with such assets. Are they able to make and enforce claims, for example to the government How far does people's agency extend to influence social and political processes operating in study area Kolfe Keranyo sub-city? What exactly are these processes? How do they impinge on livelihoods? How does urban governance and urban management affect livelihoods of the poor old people?

In the sustainable livelihoods approach, institutional analysis asks how access to resources and services is regulated and controlled, both inside the household and on a broader level. What are the power relations working inside the household? What household members are able access what kind of resources? What regulates access to basic services? What kind of social networks are maintained or given up (kinship,

community, neighborhood, rural-urban, transnational, vertical relations etc.)? Who is responsible for doing the networking?

In accordance to this research, for instance, an attempt was done the map roles played by the various NGOs, government and community institutions and organizations to assist the old age people in their livelihoods.

### **2.7.6 Livelihood Strategies**

Depending on the assets people have and the structures and processes that influence on them and the vulnerability context under which they operate, people make a choose as to what livelihood strategies that will best provide them with livelihood outcomes. In work of Frank Ellis, we find the definition that ‘Livelihood strategies are composed of activities that generate the means of household survival’ (Ellis, 2000, p. 40). Livelihood strategies change as the external environment over which people have little control changes. Economic Livelihood strategies refer to income earning strategies that seek to achieve economic goals (increased income/asset growth, etc.) by engaging in income generating activities. Thus, alternative livelihoods would include those economic activities that provide households with alternative income sources from their predominant means of livelihoods.

In urban settings, the strategies comprise employment in public or private sector, generating income from business, rent, and capital/interest. At the core of all livelihood approaches are the people living in poverty themselves: their actions and efforts, their possessions, their needs, their interests, their priorities, and the contexts in which they live. This emphasis on human agency and capability in line with a high sensitivity to different social, economic, spatial and cultural contexts provides a more comprehensive view on development than the purely economic viewpoints so prevalent in dominant ‘traditional’ approaches.

Livelihood strategies in rural setting are prominently based on natural resource where agriculture and animal keeping are two broad categories. Carney (1998) lists these categories of livelihood strategies as natural resource based, non natural resource based

and migration, while Ellis (2000), in his framework, categorizes livelihood strategies as natural resource based activities or non-natural resource based activities and income sources (including remittances and other transfers). Empirical research works which have been done so far are common in rural context rather than in urban settings. Scoones (1998) identifies three types of rural livelihood strategies: agricultural intensification, livelihood diversification, including both paid employment and rural enterprises, and migration (including income generation and remittances).

Cognizant to this study, the researcher would explore activity portfolios, how and why they change over time, by using a range of qualitative methods, as well as inter- and intra-household relations and household dynamics. What are the ways unaccompanied old people make (or not make) to secure income? How vulnerable are the assets under their command? What activities do people pursue to compose their livelihoods and maintain or enhance their asset base?

The urban poor include vulnerable groups, such as elderly persons, widowed or divorced women, and disabled people. The likelihood of such groups of people falling into traps and misfortunes is high as they are susceptible to shocks and risks. Some of the factors that contribute to being vulnerable are, lack of social networks, social stigma, especially for the aged people, experience of traumatizing events and lack of a general voice and empowerment (Bohle et al., 1994).

### **2.7.7 Livelihood Outcomes**

In the SLA, livelihood outcomes are identified as positive achievements, whether or not increased income, well-being, reduced vulnerability or increased food security. In characterizing the poor, by virtue of their socio-economic position, these livelihood outcomes will not have been achieved to the extent to which their livelihoods are sustainably. Research conducted worldwide documented key risk factors against old people such as loss of career or key social contact, increased severity of chronic illness, loss of accommodation, retirement or loss of work, physical illness, and anti-social behavior and so on.

Under normal circumstance, the coping strategies may compensatory family support, early detection of risk by social services, integrated social services, re-housing and assisted living. In other words, strategies pursued by poor individuals and households, whether to avoid risk, cope with unforeseen events or as a gradual process of adaptation are crucial to livelihood enhancement. In the absence of appropriate mitigation strategies, the livelihood outcomes will be homelessness, morbidity, early death, violence and abuse, lack of access to services, social exclusion.

## **2.8 Conceptualizing Livelihood Strategies in African Cities**

In order to conceptualize livelihood strategies in African cities, there are two major alternative approaches for this purpose – traditional approaches to urban economies, and multiple modes of livelihood approach.

### **2.8.1 Traditional Approaches of Urban Economies**

Research on African urban economies has generally followed two approaches. The first approach focuses on the informal sector. The other approach uses the “survival strategy” framework. Let us describe each of them separately.

#### **2.8.1.1 Informal Sector Approach**

This approach typically concentrates on defining the informal sector, analyzing its relationship with the formal sector and exploring its role in development. The concept of the informal sector has been discussed extensively in the literature (Hansen and Vaa, 2004). However, since the late 1970s, the focus of informal sector research has shifted from definitional concerns to whether or not the sector constitutes an arena for increasing income and employment, the relationship between the formal and the informal sectors and should the government play. Three main positions can be identified in these debates, namely, reformist, institutionalist and neo-Marxist. Reformists see the informal sector as a potential solution to Africa’s unemployment and

slow economic growth, and call on governments to support the sector to enable it realizes its immense potential (Gerry, 1987).

Institutionalists generally disagree with the reformists of informality and the problems associated with it. They blame government intervention for the proliferation of informality and see it as people's spontaneous and creative response to excessive and inappropriate over the causes of informality and the problems associated with it. They blame government intervention for the proliferation of informality and see it as people's spontaneous and creative response to excessive and inappropriate regulation by the state (World Bank, 1989). This perspective of the informal sector has become very influential in policy circles and has been incorporated into the work of neo-liberal economists, policy advisors and non-governmental organizations, partly because it conforms to the global push for neo-liberal and supply-side economics (1989, p. 10).

Both reformists and institutionalists generally assume that policies that favor informal activities would benefit the poor. Neo-Marxists disagree with this assumption and maintain that the poverty of the informal sector results from its exploitative relationship with capitalist production and distribution (Owusu, 2009).

### **2.8.1.2 Survival Strategy Approach**

It analyses people's strategic responses to economic crisis, with a focus on the urban poor and other marginalized populations and their desperate attempts to survive. The "survival strategy" approach, used extensively for analyzing people's strategic responses to economic crisis, is valuable for exploring the dynamic nature of the environment in which livelihood decisions are made (Duque and Pastrana, 1973). Since then, the concept has become very popular and is used in reference to rationality of poor peoples' risk minimization strategies in unpredictable economies (White, 2004). Even when used in the context of urban areas, its focus has remained on the poor, including the unemployed (Pahl, 1992) and homeless street women (Olufemi, 2000). The concept is generally defined as a "deliberate economic act by a household with the ultimate motivation to satisfy the most elementary human needs, at least on a minimum level,

according to the universal social and cultural norms, and without a full social integrating character” (Meert, Mistian and Kesteloot, 1997, p. 173).

### **2.8.2 Multiple Modes of Livelihood Approach**

An alternative framework for understanding contemporary livelihood arrangements in urban areas is the “Multiple Modes of Livelihood” (MML) Approach. This Approach focuses on the relationship between macro-level processes and domestic units. It also draws from the informal sector literature by integrating the institutionalists’ view that contemporary informality results from popular survival strategies with the neo-Marxists’ point that de-institutionalization of employment and economic activities creates a suitable environment for the intensification of other forms of earning a livelihood. “Livelihood system” refers to “the mix of individual and household strategies,” developed over a given period of time that seeks to mobilize available resources change.

The basic argument of the MML Approach is that macro-level economic changes across Africa have created conducive environments for individuals and for household of all social and economic backgrounds to diversify their sources of income. The African economic crises of the 1970s and 1980s and the neo-liberal reforms that had introduced in the 1980s resulted in the intensification of urban poverty, particularly among urban workers (Jeffries, 1992).

## **2.9 Urban Livelihoods and Limitations of SLA**

Despite its recent popularity and ever growing application, many empirical studies in different parts of the world; there are critics in the framework. It is important to recognize that the framework is indeed a comprehensive tool for analysis, but it does not pertain to an ultimate solution. When applied to urban livelihoods, it functions as a heuristic device, but recognizing the differences to rural situations. Urban applications of the model have been less numerous, but recent publications highlight its general usefulness for research on urban studies as well (e.g. Rakodi 2002).

Ellis (1999, p. 2), boldly asserted, “In recent times, this has come to be called the sustainable livelihoods (SL) framework, and is viewed as equally applicable to urban as to rural survival strategies.”

Yet to be applicable to urban research, there is, however, need for certain adjustments in the livelihoods framework, which mainly refer to a proper conceptualization of the characteristics of managing a livelihood in an urban context. It is clear that these substantially differ in many respects from rural contexts, though the question of how needs further methodological development for empirical research application. One weakness in this regard is its failure to account for the analysis and measure of the five capital assets, are financial, physical, natural, social, and human assets. The major challenges for operationalising SLF is how to compare and measure capital assets. There are divergences among writers in the components and indicators of these assets.

**Table 2.4 The Rural – Urban Continuum**

<b>Rural</b>	<b>Urban</b>
Livelihoods drawn from crop cultivation, livestock, forestry or fishing (i.e. key for livelihood is access to natural capital)	Livelihoods drawn from labour markets within non- agricultural production or making/selling goods or services
Access to land for housing and building materials not generally a problem	Access to land for housing very difficult; housing and land markets highly commercialized
More distant from government as regulator and provider of services	More vulnerable to ‘bad’ governance
Access to infrastructure and services limited (largely because of distance, low density and limited capacity to pay?)	Access to infrastructure and services difficult for low-income groups because of high prices, illegal nature of their homes (for many) and poor governance
Fewer opportunities for earning cash; more for self- provisioning. Greater reliance on favorable weather conditions	Greater reliance on cash for access to food, water, sanitation, employment, garbage disposal
Access to natural capital as the key asset and basis for livelihood	Greater reliance on house as an economic resource (space for production, access to income-earning opportunities; asset and income-earner for owners – including <i>de facto</i> owners)
<i>Urban characteristics in rural locations (e.g. Prosperous tourist areas, mining areas, areas with high value crops and many local multiplier links, rural areas with diverse non-agricultural production and strong links to cities...)</i>	Rural characteristics in urban location (urban agriculture, ‘village’ enclaves, access to land for housing through non-monetary traditional forms...)

**Source:** Satterthwaite (2000) cited in Farrington et al. (2002, p. 8).

Furthermore, some critical reviews of the Sustainable Livelihoods Approach to development criticize it in relation to theoretical consistency. The Approach originated from and focuses on poverty reduction efforts (Carney, 2000). Its focus is on the poor people and their livelihoods that raise questions of biases within the Approach. Despite its apparent holism, focus on the poor; the SLA analysis does not formally take into accounts the actions and influence of better off or wealthier players.

In this thesis, it can be argued that better off aged people and wealthier people could have significant contribution towards care of aged people in the absence of social security systems, but such roles and contributions are not clearly acknowledged in the SLA. The failure of SLA to define and measure capital assets has a major implication on this study of the livelihoods of the aged people (Small, 2007). An overwhelming majority of the old people in Ethiopia are non-educated. Thus, they have no state welfare security. Like many other poor counties, the Government of Ethiopia has failed to meet and address the needs of the aged people, rather family members and relatives of the aged people are assumed to have taken the role of care for the aged people. However, with such difficulties to measure the capital assets; it is difficult to have a clearer understanding of how such a help from the informal structure has contributed to the well being of the aged people. It is also difficult to measure how the assets they have accumulated overtime have contributed to the wellbeing old people livelihoods. If the approach could offer a clear way of measuring capital assets, it would go a long way in assessing if sustainability is being achieved.

Unlike the human rights-based approach, the livelihood perspective has been subject a major criticism in its exclusion of power relationships among actors, whilst significantly; much development debate of the current time is around the ideas of rights, governance and policy reform for the eradication of poverty (DFID, 2000). Studies based on SLF at macro level loose advocacy and lobbying power. This, in turn, glosses over the need for the reform of legal frameworks, policy and service delivery to respond to the needs, interests and rights of all. The main point is that emphasis should be placed on improving governance through decentralization of governance and on institutional and organizational change to increase accountability and transparency (Hobley, 2001). From the livelihood perspective, whilst significant marginalization, cultural disruption and inter-generational transformation are pervasive, the issues of how citizen empowerment and state responsiveness can be increased, and what mechanisms are in place for increasing needs of the old people cannot be adequately addressed.

Human rights-based approach proponents call for political commitment as meeting the human needs and rights of the citizens and also being able to deliver sound social services with accountabilities. In line with the age-specific international instruments adopted to protect the rights and welfare of the elderly (such as the UN Plan of Action on Ageing – 1982; UN Principles for Older Persons – 1991; and UN Proclamation on Ageing – 1992), many argue the failure of the Government of Ethiopia to offer sound social policies to cater for the needs of the aged people is seen as a deprivation of a citizen right.

According to the Universal Declaration of Human Rights, Article 22; citizens have the right to social security and, therefore, the absence of such a mechanism presents and failure of the political leaders in addressing the plight of their people. Rights-based approaches explicitly deal with power through the advocacy of a universal code of rights and entitlements for all. For instance, Sen (1999) argues for the avoidance of development formulae and in favor of engagement with multiple outcomes and possibilities that include a reassessment of development as a mechanism for economic growth. Most recent work suggests a fusion between the idea of rights and the SLA to produce a ‘livelihood rights approach’. This would follow the premise that rights matter and that the poor must be supported and empowered to claim their rights (Moser and Norton, 2000).

## CHAPTER III

### STYDY DESIGN AND METHODS

#### 3.1. Description of the Study Area

Addis Ababa City Administration, the capital of Ethiopia, is administratively in to 10 sub-cities; namely Akaki Kaliti, Nefas Silk-Lafto, **Kolfe Keraniyo**, Gulele, Lideta, Kirkos, Arada, Addis Ketema, Yeka and Bole Sub City. The study area is Kolfe Keraniyo Sub-City Administration. The Sub-City comprises an area of 61.25 sq.km and the total population is estimated to be 546,219, of which 220,859 and 235,360 are males and fames respectively<sup>1</sup>.

The study area is characterized by its highest population (where population density per sq. m is 7,448.5), high dependency ratio and economically inactive population among 10 sub-cities of Addis Ababa. This accounted to 15.7% of the City population. Moreover, there were 14,923 old people in 2007 in same sub-city. The dependency ratio of the area was estimated to be around 10% (CSA, 2007).

#### 3.2 Study Design

The choice of research methods is mainly based on factors related to the nature of the research topic, type of information sought, the perception of reality and the availability of resources, on theoretical and methodological principles (Sarantakos, 1998). The study explores the livelihood strategies of poor elderly people in Kolfe-Keranyo Sub City of Addis Ababa City Administration. The overall research method for the study in the collection of empirical data was both qualitative and quantitative approaches.

In this study, qualitative research allowed in-depth exploration of the lived experiences of elderly people and provides a deeper understanding of the ways and means they employ to make a living and/or avoid poverty. Instead of quantifying the income-expenditure patterns and measuring poverty indicators, using an interpretive qualitative approach provides contextual descriptions of individuals and uncovered the aspects of

the livelihood strategies of the elderly people. Therefore, the qualitative study was intended to capture the lived experiences of the aged people by providing them with the opportunity to voice their beliefs, feelings and practices pertaining to survival and livelihood concerns.

To capture community level data, the study incorporates organizations which could provide services to the elderly in the target area. These may include: non-governmental organizations (NGOs), community-based organizations (CBOs) (like Idirrs, elderly associations, and government sector offices/ministries (such as the Office of Social and Labour Affairs, Agency of Public Pension Administration, and other parties which have relations of the elderly).

The quantitative aspect of the study has deployed household surveys or in-depth interviews. This was used to study background information, current livelihood status, capabilities of individuals, and the constraints (stresses and shocks) that limit their functioning and capabilities (Ellis 2000). As it is illustrated in the conceptual framework, the study deployed the livelihood research approaches such as the circumspetive, the retrospective and the prospective inquiries. The retrospective approach seeks to trace back the path of household trajectories based on their memories. Retrospective memories is important for this study because the aged people outline how events in their earlier life contributed to their current livelihood status and also how they have gone through change both biologically and within the social context. In livelihood research, the livelihood trajectory was used to analyze the pathways of change in livelihood patterns over time.

### **3.3 Universe of the Study**

According sampling guidelines (e.g., Babbie and Mouton, 2001) refers to a population as that aggregation of elements from which the sample is actually selected. The universe or population of the study is comprised of the elderly aged 60 years or more (both men and women) who are living in the study area. This is accepted age cut-off for one to be called an elderly' person in Ethiopia. The study utilized purposive sampling to select the respondents.

In each age there were 14,923 old people in 2007 in Kolfe-Keranyo Sub City. The universe of this study is all elderly groups included every sections of the society, such as retired older persons, and non-pensioners. The subjects of this study are old people who never had the opportunity of formal employment and those self-employed individuals in past and do not have a regular income at the moment. Furthermore, the sample frame was taken from those people who are members of iddir associations and beneficiaries of a local NGO (Tesfa Social and Development Association).

### **3.4 Sampling Methods**

The study heavily depended on qualitative research. It is proven practice that qualitative research is not based on statistically representative samples. Due to the nature of the information gathered, the researcher emphasized to ensure whether the objectives of this research are carefully considered. Among the three non-probability sampling i.e., convenience sampling, quota sampling, and purposive sampling, this purposive sampling is the sampling approach mostly used by qualitative researchers with the intention to improve representativeness of the sample by subjective selection (Patton, 1990).

The Kolfe-Keranyo Sub City was purposively selected based on its relevance to the subject at hand. In addition to high concentration of old people in the area, the research area chosen, is a relatively harsh environment for old people to live in. Moreover, the familiarity and experience of the researcher to the area made it suitable for selection.

For reasons of logistic, and time efficiency, the researcher utilized an extensive contact network with local authorities and associations to set up the interview framework. Once the Sub-city was selected based on the characteristics identified above, woreda 10 and woreda 12 were then selected purposely. The two woredas were taken by the investigator's familiarity with Tesfa Social and Development Association working in the two woredas. The researcher previous working partnership with Tesfa Social and Development Association, a local NGO, was considered as an additional advantage to conduct fieldwork in the area and the help of the association made it easier to work in the community.

From list of beneficiaries supported by Tesfa Social and Development Association, a random sampling to draw 60 out of 800 old age households. Yet, it was not easy to locate the exact addresses of selected respondents. At woreda level, local government officials and respondents themselves in their turn were instrumental to introduce me to individual respondents and group meetings. At households level respondents were

selected according to the following criteria including willing participation; informed consent; and self-reported age of 60 or above for both men and women.

Information obtained from interviews of 60 respondents was assumed to be satisfactory. But two questionnaires were omitted due to incomplete information contained in them. Following previous studies, four focus group discussions with both male and female elderly people with equal representation were selected from Kebeles 10 and 12 of Kolfe Keranyo Sub-city. This exercise enabled to capture the narrative views of the respondents. For in-depth interview about 10 government and CBOs representatives were selected purposely. All representatives of organizations supporting old age people in the sub-city were contacted. Furthermore, local administrators, some volunteer workers and community elders were also interviewed.

### **3.5 Data Collection Tools**

Data has been collected by using a combination of techniques. These include reviewing literature, focus group discussions, in-depth interviews, sample survey, and observing sample households. These methods are designed to complement each other. The questionnaire survey is administered on the 60 informants aged 60 years and above.

*Review of related literature:* Relevant materials, usually gray literature, on livelihood framework, the elderly, aging, and gerontology were identified and reviewed with an objective to establish background of the research, statement of the problem, designing a questionnaire and conceptualizing the study. In the absence of it, the literature has been hardly used to compare the findings of the study with related work whether there are similar or different outcomes.

*Focus group discussions:* Focus group discussions (FGD) were vital tool to gain deep insight into the respondents' current survival and livelihood strategies, and coping strategies. Furthermore, the focus of discussion were on the roles and status of old people, socio-economic status, issues concerning social change and old age, government and institutional support and protection, appropriateness of existing support in the context of age and health status, emerging problems of old age, and perceived solutions in light of sustainable livelihoods. A total of four focused discussions (three

from each kebele/woreda), were held with a total of above 60 members of the elderly community. The chosen participants include old women (three sessions), and old men (three sessions).

*In depth interview:* leaders of Iddirs and local government and NGO representatives were selected on the basis of their acceptance in the community as opinion leaders and their deep knowledge about the aging community. Information regarding type and structure of the family relationship, intra and inter generational ties, social support, current needs and problems and survival strategies were discussed in detail and recorded. Overall, qualitative information was collected till data saturation is ensured. The sample size and type of respondents are coherent with research guidelines. According to Datta (2004:341), “When the number of groups or interviews is determined, a larger number of groups and interviews may not always guarantee more meaningful and pertinent information, far more important is that whether the right respondents are identified.” In line with the present literature (e.g, Ebs 2011, Datta 2004, Patton, 1990) and the very nature of qualitative research, the sample size was found to be adequate.

### **3.6. Data Processing and Analysis**

The process of data analysis in qualitative research is dynamic and starts during the data collection and follows cyclical path (Sarantakos 1998). Accordingly, data collection was combined with the analysis process. To address the specific objectives of the study, therefore, the data is analyzed in terms of livelihood capitals such as the assets of the old people, the livelihood strategies and the outcomes of the livelihood systems. With regard to qualitative data, content analysis of the data was carried in order to determine common themes, shared by the elderly pertaining to their survival and livelihood experiences in the area.

The quantitative information gathered from the respondents was entered into computer processing using a statistical package for social sciences (SPSS) software. Since most of the data were categorical responses, frequencies and percents were mainly utilized followed by averages and deviations. Finally, outputs of the data processing were

presented using tables for ease of understanding and cross-tabulation to show association of variables under consideration and comparison indicators. The unit of analysis is household level. In analyzing the data attempts are made to carefully review and examine field notes from focus group discussions, participatory observation and in-depth interview.

### **3.7 Ethical Issues**

Voluntary informed consent, confidentiality, and anonymity are basic elements of maintaining research ethics. Assuming the research project is a researcher's mission and not that of the subject; this suggests a subject can reflect upon the implications of the research engagement for their interests and their life.

On the other hand, *anonymity* refers to 'the identity of the subjects taking part in a research study being only known to researcher while confidentiality also refers to 'the avoidance of the specific attribution of comments, in any form of research dissemination, to identified participants' (Ritchie and Lewis 2003: 67). As Sarantakos (1998) affirms, the data collected from individuals should not be related to names or any other forms of identification. Therefore, the name of the respondents will be kept anonymous throughout the research report in order to avoid possible harms that may happen to them.

It is a common problem in doing research that poor people may hope for some improvement in their situation (Laws 2003). Hence, I earlier afraid that I may raise the expectations of the respondents, which results into generating biased information. In order to overcome this, I made an effort to create a clear understanding on the objective of my research among the respondents before starting the data collection, so that they did not relate their participation with subsequent benefits or project interventions.

## CHAPTER IV

### FINDINGS OF THE STUDY

This section deals with the presentation of data obtained from primary and secondary sources through different techniques of data collection.

#### 4.1 Demographic Characteristics of the Respondents

Table 4.1 below shows the sex composition, age structure, the older persons' family size, marital status of the respondents.

<b>Demographic characteristics</b>		<b>f</b>	<b>%</b>
Sex	male	10	17.2
	female	48	82.8
	<b>Total</b>	<b>58</b>	<b>100.0</b>
Marital status	married	19	32.8
	divorced	1	1.7
	single	2	3.4
	separated	7	12.1
	widow	29	50.0
	<b>Total</b>	<b>58</b>	<b>100.0</b>
Age category	60-69	14	24.1
	70-79	29	50.0
	80-89	14	24.1
	90+	1	1.7
	<b>Total</b>	<b>58</b>	<b>100.0</b>
HH size range	1	16	27.6
	2 to 3	20	34.5
	4 to 5	9	15.5
	6+	13	22.4
	<b>Total</b>	<b>58</b>	<b>100.0</b>

As indicates in Table 4.1 the number of valid respondents is 58, out of which only 17.2% are men. When we look at age structure, 50% of the respondents' ages are between 70 and 79 years. And the oldest of old accounted to 26.8% of the total at the age of 80 years and above. In the same table, marital status of older persons includes in the study only 32.85 live with their spouse. A great majority of respondents are reported single, separated / divorced, and widowed. In the next table, 80% of male are married

against 22.9% female counter parts. This could imply male are likely to enjoy any social, physical and psychological benefits associated with marriage.

**Table 4.2 Sex of respondent by marital status**

			Marital status					Total
			married	divorced	single	separated	widow	
Sex of respondent	male	Number	8	0	0	0	2	<b>10</b>
		%	80.0	0.0	0.0	0.0	20.0	<b>100.0</b>
	female	Number	11	1	2	7	27	<b>48</b>
		%	22.9	2.1	4.2	14.6	56.3	<b>100.0</b>
<b>Total</b>		Number	<b>19</b>	<b>1</b>	<b>2</b>	<b>7</b>	<b>29</b>	<b>58</b>
		%	<b>32.8</b>	<b>1.7</b>	<b>3.4</b>	<b>12.1</b>	<b>50.0</b>	<b>100.0</b>

The average household size of the sample respondents is 3.65(about 4 persons per household). This number is almost equal to the sub-city's average and slightly lowers the national average. Regardless the poor economic status about 40% of older persons (22) had family size ranging four to 8 persons.

**Table 4.3 Descriptive Statistics (age and HH size of sample respondents).**

Variable	N	Minimum	Maximum	Mean	Std. Deviation
Age of respondent	58	60.0	95.0	72.4	7.3
HH size	58	1.0	18.0	3.7	3.1

According to UN (2009), marital status affects the socio-economic situation, living arrangements, and overall health and well-being of older men and women. In the same report, it was pointed out that older persons who are married are less likely than those who are unmarried to show signs of depression and to feel lonely, and are more likely to report that they are satisfied with life. On the other hand, older women's economic situation is usually more strongly influenced by marital status than is men's. For women, widowhood often means at least a partial loss of old-age pension benefits once shared with a spouse. However, the effect of pension in the study area is limited both in coverage and if exists, contribution to the livelihood. In some settings, especially in

developing countries, women lack legal and enforceable property inheritance rights when the husband dies and have little or no recourse if the husband's relatives move to take over the dwelling, landholding or other property (UN Habitat 2009).

## **4.2 Capital Assets of the Elderly**

### **4.2.1 The living conditions of older people in the study area**

Living arrangements are influenced by different factors such as, marital status, economic well-being, health status, family size, kinship patterns, the value placed on living independently or with family members, the availability of social and economic support, the housing conditions, etc (Mussie, 2006). In the existing literature living arrangements of older persons significantly vary in the developed and developing countries. In most developing countries a majority of older persons are believed to live with relatives, most commonly with their own children.

An important point of this research finding is that 16 of the 58 old people (27.6%) live alone during the survey period. With regard to their age distribution 50% and 37.5% lied between 70-79 and 80-89 years respectively. (See Table 4.4 below).

**Table 4.4 Age distribution of Old people who live alone**

<b>Old people who live alone</b>	<b>age group of respondents</b>			<b>Total</b>
	<b>60 to 69</b>	<b>70 to 79</b>	<b>80 to 89</b>	
<b>• Number</b>	<b>2</b>	<b>8</b>	<b>6</b>	<b>16</b>
<b>• % within age group</b>	<b>12.5</b>	<b>50.0</b>	<b>37.5</b>	<b>100.0</b>

A United Nations study about 'Living Arrangements of Older Persons around the World' noted that in Africa, Asia, and Latin America and the Caribbean, the rates of solitary living among older persons ranged from 8 to 11 per cent. Although many older persons who live alone are in good health and are actively engaged in society, those living on their own can be vulnerable when ill health or other hardships arise. The likely

outcomes of solitary living at old age are depression, disengagement, small social network, and infrequent contact with children/relatives. Since the living arrangements partly determine sources of income, housing condition, social networking, and other issues related to their living arrangements.

In sum, older persons included in the study have different living conditions. Accordingly, there are few childless older persons who live alone, others have children but live alone, and still others have children in the countryside but have no any relation with them. Unlike to our expectation still a considerable number of older men and women are heads of extended family structure. The situation of co-residence with persons without any kinship ties or marriage relationships simply sharing a house to reduce house rents is not prevalent in the old persons while it remains a common arrangement in the poor youth in the city.

In answering the first objective of this study, the starting point is to understand the livelihoods and vulnerabilities of the old people living in poverty in the study area. With reference to four of the SLF's asset portfolios: human capital, financial capital, physical capital and social capital, (natural capital is ignored because of the urban setting), this section will analyze assess the assets available to the older people in the area.

Unlike to the rural households, where main source of livelihood is family agriculture, the natural capital assets have insignificant to the poorer elderly in urban areas in general and in Kolfe Keranyo sub-city in particular. The old people's poor endowment of the soil, the weather, water sources and natural vegetation is self-evident. The survey results indicates only 2 respondents have a piece of plots at their homesteads. These two people reported they occasionally grew vegetable for home consumption. Urban agriculture is hi-tech source of livelihood, thus, the researcher understands there are no or limited options in which old people can depend on natural resources in the sub-city.

#### **4.2.2. Financial Assets**

In accordance with SLA this thesis tried to assess the financial assets possessed by the old people in KK Sub-city. Being an economic resource base in general, in the urban context characterized by commoditization of virtually everything, financial assets are indispensable for sustaining livelihoods. It serves as a means accessing income opportunities, or stocks that are at the household's disposal and to regular inflows of money.

#### **Income from Employment and Pensions**

Income from employment is a key source of livelihood protection for households with older people. It will be useful to consider briefly the labor force participation of older people. Data presented in Table below, which describes the labour force participation rates of males aged 60 and over in the study area. Respondents asked to identify their major source of incomes during the survey period. Private and institutional transfer accounts to 10.3%, which is less than begging reported by 17.2% of sample respondents. A shocking finding is that private and institutional transfers (remittances) are complemented with income from begging (20.7%), and even micro-business with beginnings (3.4%). Except beginning and child labour, this is of great importance in the context of strengthening the co-functioning of formal and informal sources of livelihood and protection for older people and their households.

Only one male reported salary as income source to his livelihood. Pension schemes are benefiting to 7 households (12.1) of the total 58 persons. Monthly income from contributory pension schemes range from Birr 45 to 520. Public transfers in the form of retirement income or transfers targeted on poor households has insignificant role to the studied people, usually non-contributory or social assistance transfers are not practiced in Ethiopia so far.

#### **Pattern of Savings**

Two categories of savings are common in the urban context: group-savings in terms of self-help groups (SHG) and at micro-institutions. Informal group saving are pervasive

in Ethiopia of which a commonly known group saving is called *eqqub or ekub*. Group saving is not necessarily generated from surplus income, but it may indicate gratification of consumption. During the survey period old people totally disuse the benefits of *iqub (ekub)* because of lack of cash to participate. They knew the importance of *iqub* but they did not save in these most important and widespread associations as far as they do not have regular income.

An analysis of saving pattern of the old people in the formal banks or saving and credit institutions indicates that about 33% of 58 respondents have monthly saving practice. They save it at local micro-finance (See Table below).

**Table 4.5 Monthly saving practices of surveyed old people in Kolfe -Keranyo Sub City**

Amount saved(Birr)	Frequency	%
13.33	1	1.7
20.00	1	1.7
100.00	1	1.7
200.0	6	10.3
Sub-total	9	15.5
I don't save	49	84.5
Total	58	100

Services provided by indigenous institutions are conditional to membership and membership contribution. Member HHs to acquire more intangible social assets such as participation in traditional funeral and burial societies (*iddir*) and traditional work groups (*debo*), as well as to make contributions to mosques and churches( USAID, 2008). In the urban context *iqub* is a traditional “savings and loan” association in which the sum of each member’s small regular contribution is made available to each member in rotation, providing each contributor with a onetime sum of money which is larger than they could possibly rise alone. With the sum of money households finance business, or non-business investments.

One of the more remarkable social aspects of the Tesfa Social and Development Association program and other CBOs is the revitalization and organizing old people into several traditional self-help associations. Interviewed persons felt greater confidence and worthiness due to mere membership because they feel they can be buried in dignity. In the absence of reliable relatives or close family members, *idirrs*, a traditional funeral and burial association, serves as a backdrop to very old persons. Two reasons are singled out from study. Old people worry about burial ritual after their death, because funerals and burials are communal activities in Ethiopia, and it is important that the community participate in the ritual. Members of an *iddir* pay a small fee into a fund that prepares food to mourning days, tents, canvas for the roof of shelter, a barrel to hold drinking water, and other necessities so that the family can grieve properly and the deceased can be buried in dignity. Secondly, financial and material supports are channeled through these traditional associations, hence, becoming member of these associations gives confidence to old people.

Historically, several indigenous institutions (*iddir*, *Mahiber*, *Senbete*, *Meredaja*, *debo and wenefel*, to mention few names) has been serving as successful but informal functioning of traditional community-based organizations. They were originally designed to facilitate social events including wedding, burial ceremonies, elderly arbitration. Through time the roles community-based organizations has got recognition by the government and NGOs.

#### **4.2.3 Social Capital Assets**

In the SRL model, social capital assets are the social resources upon which people draw in pursuit of their livelihoods. The growing literature identified a variety of social assets: networks, membership of groups, relationships of trust, and access to wider institutions of society (Woolcock and Narayan 2002). For this study, the old people's social capital has been measured from three perspectives: network and association membership, a feeling of trust and safety, and help in emergencies.

### **Network and Association Membership**

There are several community based organizations (CBOs) relevant old persons in the sub-city. Of the surveyed older person's association include *Kolfe Genet-ena- key kokeb Idir*, *Medhane'alem* development and cooperation iddir, Addis Ababa City Older Person's Association, kolfe-Keranyo sub-city Older Person's Association, *Tesfa Wogen-le-wogen Derash* Old Persons Association. Woreda 12 and 10 women and social affairs of the Sub-city are also working to enhancement of overall women's rights in which old women can participate. According to HAI and UNFPA, (2010), quoted in HAI, and Cordaid, (2011), "Older person's association (OPAs) defined as community-based organizations of older people, aimed at improving living conditions for older people ... [and providing] a mechanism for social support in the community as well as for facilitating activities and delivering services"(Susan Erb, 2011:16). Almost all interviewed old persons (96.6%) are members of the aforementioned idirs or associations (Table 4.7). The OPAs missions and interventions are:

- Kolfe Genet-ena- key kokeb Idir: organizes old people to get social support, mainstream issues of members in local programs;
- Addis Ababa City Older Person's Association: mobilize resources, organize needy people and facilitate activities and delivering services;
- Kolfe-Kerayo Sub-city Older Person's Association- facilitates enabling environment for old people so as to participate in local social and development activities;
- Tesfa Wogen-le-wogen Derash Old Persons Association: social support, advocates for inclusion of old persons in development activities; facilitates income generating opportunities.

In general, all contacted OPAs were observed encourage group formation, create network with service providers for older persons. Their mission is more or less similar, but they operate in different areas (kebeles) and with different members. A key informant from Kolfe Genet-ena- key kokeb Idir reported, the association is making efforts to increase awareness of and fulfillment of human rights based on the national instruments to support older people. Due to limited or non-existence of fund, informants

of the OPAs admitted little impact on enhancing livelihood security to the destitute people.

Table 4.6 Old People Membership to old people associations

<b>Membership</b>		<b>f</b>	<b>%</b>
Idirrs	Yes	56	96.6
	No	2	3.4
	<b>Total</b>	<b>58</b>	<b>100.0</b>
Community orgs.	Yes	40	70.2
	No	17	29.8
	<b>Total</b>	<b>57</b>	<b>100.0</b>
Type/ name of OPAs	Not member	17	29.3
	elderly associations	23	39.7
	Goh mahber	1	1.7
	Kebele	3	5.2
	Tesfa	12	20.7
	WA	2	3.4
	<b>Total</b>	<b>58</b>	<b>100.0</b>

Membership to out-of-idir associations was reported by 70% of respondents. As an umbrella association a prominent role is played by local association called Tesfa Social and Development Association (TSDA). Economic support including loan (on revolving fund basis), training on life skill and business development. They also provide different materials, health services for the poorest, home based care through volunteers. Overall more than 450 old people are supported by the organization in IGA program.

The networks and associations are instrumental social capital. But their focus on tackling old people poverty through micro-level interventions, yet little role effect on policy at the city or macro-level. Though it seems encouraging step, the limitation of over-emphasizing micro-level activities is less likely to bring sustainable livelihood security. In this respect, the networks could not realize their missions without decent social policy, which can be observed in planning responses, older people access to wider institutions.

The old people do not rely on the activities of community level organizations, particularly those of women, chronically ill, physically weak to address immediate needs, with no prospect of transformative potential. Regardless the trainings received by, or community conversations made among the respondents, great majority of them remain vulnerable to health and income shocks. Begging is still the common strategy of financing income shocks. Livelihood transformation arises if associational life opens up new spaces for action and room for maneuver or a down spiral transformation may occur if people are not usually involved in decision-making or leadership (Beall and Kanji, 1999).

The sub-city and district/kebele government sector offices, office of labor and social affairs, office of women affairs also play coordinating and supervising role. They appreciated the current initiatives of OPAs comparing the traditional roles of idirrs, while the latter is limited to funeral services for member households. Despite over-rated expectations by supporting NGOs, the contribution of CBOs and OPAs in urban old people has black holes. Firstly, lack of standard operational procedure are crucial issues for the way in which future urban partnerships are configured and conducted and it is vital to recognize social relations at the micro-level and to understand when and how these can be accommodated or challenged to bring about institutional changes for sustainable livelihoods.

Secondly, although the move towards 'partnerships' has positive elements, the researcher understands that the power relations that pertain in specific contexts have to be taken into account. For instance, recruitment/award of old people for housing, free medical support, urban safety nets (cash/food transfers) is decided by the goodwill of government actors. The CBOs and OPAs could not provide substitute services if the state fails to do so. Neither could pronounce the voice of the OPs nor influenced the planners and policy makers. Not to do so will affect the outcome of policies in terms of their effectiveness and their impact on equity. Giving business development service including seed money to the OPs by CBOs and OPAs brought a shaky outcome due to poor understanding of actors. Organizing and funding unemployed people, in the

existing government practice, is biased to urban youth. The likelihood of realizing business success by 75 years or above persons while their physical and mental health is deteriorated is not less than foolhardy conception.

In truth, to track and respond to efforts of NGOs, CBOs and OPAs, none of them are unable to differentiate between coping within existing rules and adapting the rules themselves to meet livelihood needs of the OP. Asked their strategies and areas of intervention, representatives of the OPAs reported of using government “favorable” policies and strategies. When asked mentioned about the said favorable strategies and instruments, they anonymously response “lack favorable ground for ineffectiveness”.

Thirdly, existing efforts lack clear definitions of the service they provide. Depending on the context, efforts targeting OP may help stay alive at any cost, to achieve longer-term security, or to move out of poverty altogether. As elicited in the SLF asset pooling arrangements, or social networking, should pursue the different namely, survival, security or growth. When asked to explain services received from the associations, response: *“We requested for food support, but they give us cloth or training/ counseling service. Then we go to the streets for survival [begging]”. Once WFP stopped supplying food ration, TSDA also stopped giving us. Buying food from the sky-high price market is unbearable not only for us, but also to any low income household.*

### **Help in Emergencies**

Due to the high vulnerability condition of the OP in Kolfe Keranyo Sub-city (KKSC) it likely for old people to face frequent emergency needs (particularly health and income shocks). Depending on the social the level of social bond, these people depend on social values and cultures to respond to emergencies. People request support from family, neighborhoods, institutions or ultimately ask for almsgiving.

**Table 4.7 Old people coping mechanism during critical needs (% age n=58)**

	<b>Loan from neighboring</b>	<b>Ask family</b>	<b>Begging</b>	<b>Selling assets</b>	<b>Use Saving</b>	<b>NGO support</b>
% age	6.9	24.1	43.1	5.2	10.3	10.3

Using a mix of methods sample survey, group discussions and key informants (including government and CBOs experts), this study has attempted assessing vulnerability among women and men old age persons. *Survey respondents asked: If you suddenly faced shortage of money, how do you fill the gap?*

As depicted in the above Table, the result is shocking. About 7% would opt to ask loan from people whom they knew. Unfortunately, about 93% of respondents in the sample thought no one would be willing to lend them money. Conversely, significant portion (43.1%), of respondents would go for begging. The main reason they give is that their neighboring or friends would think they do not have the ability to pay back the money. A striking finding of this research is that the interaction between social capital and financial capital and yet both quantitative and qualitative data demonstrated social capital give little protection from financial vulnerability.

In response to changes in economic circumstances, particularly financial vulnerability according to Moser's findings, household strategies use social capital . Based on her longitudinal study on 400 households in Bogotá (Moser 1996), she observed three positive strategies: increase reliance on informal credit arrangements; increase informal support networks among households, and increase community-level activity. In the face of hardship household relations are another strategy manifested by increase reliance on extended family support networks, labor migration and remittances.

In the study area, neither of the hoped-for positive strategies has worked due to weak social capital the poor posses. Both community and household social fragmentation, which is one of the principal characteristics of urban life in Moser's (1998) vulnerability framework, can be observed in studied sub-city.

*“The missions and activities of OPAs in KK sub-city are generally intended to build social capital by creating a platform that enhances interaction among the old people. The outcome, though important, is less significant than might be expected in such a long-established idirs and associations. The local government’s efforts to build on social capital are described by organizing the poor aging groups into associations and self-help groups is to build coping strategies at community level”* said District 12 Women, social and labor affairs informant.

Applying the livelihoods perspective, allows for the disaggregation of poor old age households according survival, or security needs.

**Table 4.8 Household members who do not work regularly (%age n=58)**

	None	1	2	3	4	Mean	Median
%age	32.8	31.0	20.7	13.8	1.7	1.8	2

#### **4.2.4 Human Capital /Assets**

In the SLF human assets refer to knowledge, skills, formal education and good health. In the urban context, human assets are closely linked to the labour resources that a particular household is able to activate, in terms of number of household members in the workforce, as well as their educational background, skills, health status, age and gender.

As already describes in the background characteristics of sample respondents (Section 4.), the average age of the subjects was 72 years. Despite the current boom in education service in the country, illiteracy and lack of formal education remain crucial problems for a majority of the adult and old age people both in rural and urban poor. Though not surprising finding to a reader who have exposure to formal education status of old people in the country, about 90% of respondents are illiterate. The remaining 4 (7%) and 2 (2.4%) can read and write, and participated formal education respectively (see Table below). The old people had limited access to work opportunities in the city and posing the risk of perpetuating poverty conditions throughout their life.

**Table 4.9 Education status of respondents**

<b>Education level</b>	<b>Frequency</b>	<b>%</b>	<b>Cumulative %</b>
illiterate	52	89.7	89.7
read & write	4	6.9	96.6
elementary	1	1.7	98.3
high school	1	1.7	100.0
<b>Total</b>	<b>58</b>	<b>100.0</b>	

At the time of their decline stage, about half of surveyed elders support grand children. The effect of the widespread efforts performed by conditional cash transfer programs, such as *TSDA and other NGOs is not enough*, in terms of keeping young children well fed and in the educational system. Children living with grandparents reportedly contribute to the livelihood by participating in the informal sector. But is self-evident the detrimental effect of families mobilizing children to work into the labour market as a reaction to the critical situation of the job market in the country.

It is likely to hamper the implementation of a governmental policy to pursue the achievement of the Millennium Development Goals (MDGs) until 2015. While some general patterns of vulnerability for the urban poor can be observed, the SL approach stresses that an understanding of livelihoods and the vulnerabilities that they work to protect against must draw on poor people's own priorities and interpretations. In view of this, a true understanding of urban vulnerability can only accrue from in depth consultation with particular groups of urban poor men and women.

With regard to children in poor families, it is found that access to schooling is very limited by the necessity of offspring to participate in productive and reproductive activities to secure household survival.

**Table 4.10 Skill Training Provided to Old People in Kolfe Keranyo Sub City (% of respondents)**

Type of training		Sex of respondent		% of total
		male	female	
business skill	# of respondents	0	1	1
	% trained persons	.0%	2.9%	2.3%
life skill	# of respondents	7	30	37
	% trained persons	87.5%	85.7%	86.0%
Both	# of respondents	1	2	3
	% trained persons	12.5%	5.7%	7.0%
Other	# of respondents	0	2	2
	% trained persons	.0%	5.7%	4.7%
Total	# of respondents	<b>8</b>	<b>35</b>	<b>43</b>
	% trained persons	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

As for the poor old people, human capitals in essence refer to an increased capacity to obtain productive assets. The existence of higher levels of human assets can be measured by using two key assets- health and skills. Provided that the individuals are healthy, in an urban context, skills do enable to have increased access to more and better work or higher daily wages. A livelihood security, in its simplified form, can be understood solely in terms of income earning and a conventional response is to promote employment creation and local economic development. Hence, human capital implies the capacity to engage in participates and participate local economic development.

However, endowment with skills is not a panacea to the aging community. What is found that in the studied households, about 74% old women and men have acquired skills from formal training. The training area has focused on life skill and business/ employment creation

**Table 4.11 Means of livelihood/main income source before the age of 60 by sex**

<b>Main income source before the age 60.</b>	<b>Sex of respondent</b>		<b>Total</b>
	male	female	
daily laborer	4	15	<b>19</b>
permanent employment	3	2	<b>5</b>
small trade	1	17	<b>18</b>
no income	0	6	<b>6</b>
Begging	0	2	<b>2</b>
other (free aid, etc)	1	5	<b>6</b>
handicraft(weaving, etc)	1	0	<b>1</b>
Other	1	1	<b>1</b>
<b>Total</b>	<b>10</b>	<b>45</b>	<b>58</b>

The survey shows the high incidence of women and men elderly contributing to household incomes, although most of these income activities are very low paid. Quite on the contrary, men who have acquired skills are usually able to access significantly higher incomes than the unskilled labour force, although the problem of actually finding work remains equally difficult for skilled labor. The gender difference in the returns from skills likely reflects both the means through which women enter the labour force, with women more dependent on home-based work often obtained through sub-contracting, and the different perceptions of women's work-related skills, which often are closely linked to their household work and thus less valued.

Another critical human asset assessed in this research is health. In the study population physical and mental health remains critical factor because the old people's own physical ability to work represents a crucial factor for well-being. With especial focus on chronic diseases, the health studies samples are highly deteriorated as shown in the table below.

**Table 4.12 Health condition of respondents**

Households' response	Frequency	%	Cumulative %
Healthy	26	44.8	44.8
Disable	4	6.9	51.7
sight problem/blind	9	15.5	67.2
chronically ill	3	5.2	72.4
mental disorder	1	1.7	74.1
other(asma, urine, etc)	9	15.5	89.7
diabetic, blood pressure, etc	2	3.4	93.1
Two or more	4	6.9	100.0
<b>Total</b>	<b>58</b>	<b>100.0</b>	

The human asset of health thus turns out to be a major determinant of household vulnerability. Susceptibility to health risks is accelerated by hazards such as poor housing, lack of sanitary facilities, defective water supply or inadequate waste and sewage disposal. People living in poor housing facilities without heating systems suffer from cold and problems posed by burning intoxicant materials indoors, like plastic and garbage. Unclean and limited water supply and food insecurity do not help to improve the situation. Persons living in areas without close access to basic needs and services are particularly vulnerable to health risks.

#### **4.2.5 Physical Asset of Poor Old People**

Physical assets refer both to productive assets and to household assets. For urban people, Payne (2002) argues that, in central urban locations, shelter is a multi-faceted prime physical asset in the livelihoods of poor people. But in general, “Productive assets include access to services and basic infrastructure such as shelter, water supply, sanitation, waste disposal, energy supply and transport, as well as tools and production equipment required for income-generating activities or enhancement of labor productivity” (Schütte, 2006, p. 27). Household assets are personal household goods such as kitchen utensils, furniture or clothing, but in particular to valuables such as jewellery or other saleable personal belongings.

Housing in urban areas is certainly the most important physical asset that a household can possess, as it can be used productively and eases pressure on financial capabilities. In case of the study area almost all respondents used to live independently in which only one respondent reported living with relatives. Most old people (77.6%) live in government (kebele) homes while only 11 of 58 respondents (18%) said they live in private houses. This result contradicts to the UN Habitat assertion that stated around 75% those aged 60 years or over in the less developed regions live with children and/or grandchildren, compared with about 25% of the older population in the more developed regions. Two reasons could explain it. The UN report comprises urban-rural data and this composition may escalate the number. Secondly, multigenerational co-residence is becoming less common through time. If the latter case holds true, the informal social safety net persisted over centuries among multigenerational households is becoming fragile. The old persons will lose the traditional value for the sharing of family resources and the provision of mutual support as needs arise over the life course of the old persons as long as they are alive.

Government provision housing to the poor deserves credit where 45% are rising in kebele housing. Most of the kebele's house dwellers reported that they were provided in the previous Government (post 1991) due the socialist welfare policy exercised at that time. The problem of housing regardless its quality remains a critical factor of vulnerability to elderly. Significant portion of the elderly groups are believed to live in or around compounds of churches. (Mussie 2006). House ownership, (also quality of housing) has long since been considered a fundamental productive and reproductive asset in the study of urban poverty (Moser, 1996).

FGD discussants felt worrying decline in the factor that weights a number of indicators related to housing quality in a large proportion. Though it needs further studies, the market economy in the last two decades had negative changes indicate the existence of recent socio-economic and policy processes leading to significant fallbacks in a country that had constantly recorded improvements in the housing-related indicators over the previous three measurements. Addressing vulnerability in urban areas differs

substantially from that prevalent in rural areas, and is more difficult. The safety net programs in the rural areas help cash/food transfers to the vulnerable groups unconditionally.

The primary goal of livelihoods analysis is to offer insights into the nature of vulnerability and into the opportunities that exist in urban areas for addressing it, ranging from insurance of various kinds, to the creation of safety net entitlements through political lobbying, to income enhancement from the wider range of employment opportunities available to the poor than in rural areas.

**Table 4.13 House ownership and quality conditions**

House ownership/ quality		Frequency	%
Legal owner	private	11	19.0
	kebele/government	45	77.6
	family grant/co-resident	1	1.7
	slum (tent)	1	1.7
	Total	58	100.0
Wall condition	mud	56	96.6
	stone	1	1.7
	other	1	1.7
	Total	58	100.0
Ground condition	mud	43	74.1
	cement	13	22.4
	Lumber/wood	1	1.7
	other	1	1.7
	Total	58	100.0
roof condition	corrugated iron sheet	56	96.6
	other	2	3.4
	Total	58	100.0

Respondents also asked to list other productive and household assets which they currently own. Table below presents old people access to basic water and sanitation services. Studies concerning urban poor underline that they are vulnerable to typhoid, diarrheal diseases, cholera and intestinal worms from contaminated water and food as well as diseases associated with poor drainage and garbage collection. However, from group discussions the approached households is less vulnerable communicable diseases

or water-borne diseases. This is because, regardless the source, they use safe water supplied by the government.

**Table 4.14 Household access water and sanitation (%age n=58)**

	Access to water				Access to latrine			
Type of Service	private tap	purchase	bono	other(gift)	Private	shared with neighbor	Public	<b>Open field</b>
%age	39.7	27.6	19.0	13.8	39.7	34.5	15.5	<b>1.7</b>

Looking at water sources for drinking and other household use (bathing, cooking, and washing household equipments), only 39.7% of the 58 respondents have private taps or co-owned. Despite their income impoverished situations, a slightly less than half respondents reported they buy water from neighbors or public distribution points (= traditionally called ‘water bono’). (See table above for survey result). Price per container is different among respondents: it varies from Birr 0.25 to Birr 1.00 per jerry-can. In case of large households (above the average of 3 persons per household) cost water bypasses Birr 30.00 per month.

Yet in the group discussions, private ownership of latrine facilities is matter of dignity. According to survey data, about 40% reported ownership of private latrines (but are traditional and non-ventilated pit latrines). In contrast the other more than half respondents share with neighboring or use public toilets find around their dwellings. It is painful or unbearable for the studies old people to use public/common toilets, which are woefully unhygienic, congested and usually locked against non-neighbor users. The seats of the latrines are extremely uncomfortable for them. As noted above, only 44.8% of then reported as they are healthy. For the remaining who have sight problem, live with disability, or chronically ill access to suitable sanitation facilities is important as shelter is.

Other physical assets such as market, grinding mill, and health facilities are not critically in terms of location (distance) but their utilization is abysmal due to income level. The Sen's entitlement and access theory may explain it. Sen's concept of 'entitlement' can be helpful in understanding the extent of people's access to and control over resources (Sen, 1981). 'Entitlement' is the ability to command access to different forms of capital assets through the use of financial resources, formal and informal relationships with other groups and individuals or legal rights. An analysis of people's entitlements helps to highlight the power that they can draw on to gain control over and use resources.

**Table 4.15 Household Asset Ownership and Type of Assets (%age n=58)**

	Frequency	%	Cumulative %
bed	25	43.1	43.1
chair	3	5.2	48.3
Other HH items	3	5.2	53.4
none	3	5.2	58.6
Bed & chair	6	10.3	69.0
Bed & HH items	2	3.4	72.4
Bed, chair & other items	16	27.6	100.0
Total	58	100.0	

Another groups of physical assets assessed were household properties. Community informants looking at the community-based poverty indicators derives from group discussions that place households with more physical belongings in a less vulnerable position, but majority of households lacked the minimum assets like beds, tables and chairs regardless the quality. Only 43.2% respondents have one per household or two (reported by four households). They remaining 29% reported they sleep on floors for they lack any type of beds. While the average household size is three or more, there is high confinement in a single rooms and/or single bed. This might well be ground to use the value of household possessions as one viable indicator for a physically defined "vulnerability line".

**Table 4.16 Entertainment property owned by respondents**

	<b>Frequency</b>	<b>%</b>	<b>Cumulative %</b>
1. TV	13	22.4	22.4
2. radio	12	20.7	43.1
3. tele/mob	3	5.2	48.3
4. none	17	29.3	77.6
5. 1&2	2	3.4	81.0
6. 1&3	1	1.7	82.8
7. 2&3	2	3.4	86.2
8. 1,2&3	8	13.8	100.0
<b>Total</b>	<b>58</b>	<b>100.0</b>	

The researcher did not try to classify these groups in to wealth groups – because all are poor- their income is hand-to-mouth that does not offer scope for measurement. Yet in most respondents the missing stock of valuable physical possessions clearly indicates situations that leave not much room for maneuver. Analysis of elderly people’s capital assets in the KK sub-city unveiled extreme deprivation of basic needs and services.

### **4.3 Challenges Faced by the Elderly in the Urban Areas**

Analysis basic needs including water, shelter, sanitation, child education, etc. To meet needs household members’ access resources or services (water, food, shelter, healthcare, electricity) the elderly required assets, especially financial capital. In urban settings, most access is gained through payment. In order to build financial capital, the urban poor have to engage in productive activities, e.g. selling labor or making micro-small business. But the involvement of the old people in productive activities was found to be extremely limited. Moreover, the amount of income obtained from such activities is also insignificant compared to total household consumption needs. There are barriers to accessing resources/services which for the poor usually fend or reduce the quality and quantity of resources accessible.

The qualitative study gives insight to the sources and linkages between the different livelihood sources. Private transfers from children to their parents or grandparents can

be motivated by altruism, that is result from children's concern over the living standards of their parents, or by the need to reward parents in exchange for services provided, for example child care. These types of supports are not common among the destitute old people in Addis Ababa. The factor for this outcome was found to be historical poverty at the child and adult life. They were poor, uneducated who mostly live on casual incomes. As a result they did not invest on their children and they fell in to protracted poverty. So those parents with higher levels of assets may show a higher incidence of in kind support from their children to the contrary the old people how are poor having little thing for themselves are obliged to care grandchildren. Of the 58 respondents 19 of them (33%) reported they are caring grandchildren ranging on to six children per respondent. But only two of them reports they receive regular remittance from children.

Overall the old people at the age of critically needed philanthropic support they painfully care siblings the expense of themselves. To this end, they try all possible sources of income, including beginning on street sides, religious institutions, etc to meet immediate basic needs. In sum like many developing countries, the old people in Addis Ababa suffer from intergenerational transmission of poverty. They are not entitled to the marginally available forms of social protection, due to absence of social pension program to non-contributors. This would imply the long distance to go way in reducing poverty and vulnerability among older people and their families.

Efforts undertaken to buffer elderly households against stresses and shocks, sickness, unemployment are inadequate or inappropriate. The average age was 73 during the survey. Out of total sample respondents, about 44% reported they were relatively healthy while remaining proportion were reportedly suffering from disability, sight problem/blindness, chronically ill, hypertension, diabetic, etc. meanwhile they received life skill and business skill trainings. The initiatives deserve credit because capacity building trainings could play a key role to prolong an active life and existing supports, though limited, are in line the activity theory of aging. When we look at the livelihood outcome, the social, physical and financial capital buffed after support are sadly minimal. The barriers, inter alia, include:

- The amount of financial support- birr 300.00 per month, plus about Birr 2500 loan intended for business. The amount of loan may increase based on performance of the debtor. One type of business or income generating stream was renewing shanty houses thereby rent income. However, it is far from required amount. At the same time significant numbers of houses are owned by government (kebeles). This ownership type disallows any renovation or modification on the houses. It is also prohibited to rent out for second person. As a result only 2 sample respondents are finds to generate rental income from improved houses.
- Training and financial supports provided by TSDA and NGO related with economic strengthening of the aged group targets the very old (above 80 years), who are also responsible to care grandchildren. Firstly, though it is theoretically sound, there is little evidence throughout the world to witness the success of similar interventions targeting similar age groups. Secondly, FGD participants felt that the goods and services supposed to be offered by these age groups are finds to be less complete in the prevailing market to generate livelihood sustaining incomes. A programmatic implication of the aforementioned result is that IGA initiatives should be designed in a way that suits the diversified needs of age and other vulnerable groups. Experience gained from other countries call for Introducing new types of models such as social entrepreneurship.
- The type of support required are debatable whether protection against survival by providing immediate needs or trying to build their livelihood. The answer is both, but logically the immediate need should come first. When respondents asked about an experience of requesting external support 12 months back to survey period about 60% said 'Yes'. The type of support asked by overwhelming majority (94%) of them food aid. Unfortunately, the response they received was “we do not have any”, but some of them received ‘cloth support’.

#### **4.4 Old people Contribution to Household Well-Being**

As it is repeatedly mentioned in the previous sections significant portion of the old people are playing vital role by serving as guardians of orphans. Research results from Asia, Latin America and Africa have documented interesting findings related to old people contribution. For instance, Tamang *et al*, (1996) found that, “In low-income settlements in Karachi, Pakistan, 75 per cent of older people live with their families in a society where joint and extended families are the norm. However, for a third of these people the reality is simply a physical share of the house, with little economic, social or psychological support on offer (Beall and Kanji, op cit, p. 11). Peter Lloyd-Sherlock (1997) in his study in shantytowns of Buenos Aires, Argentina, revealed older people do contribute and they are also required to make significant contribution to household well-being and urban life. The author argued that older people in Buenos Aires are not simply the passive recipients of economic support from pensions and social security systems or from income generating families.

**Table 4.17 What are the key challenges/ constraints facing older people?**

<b>Economic livelihood Security</b>	<b>Health and Nutrition</b>	<b>Social participation and access to services</b>
low/no income critically threatening survival of the old and their dependants	disease vulnerability due to aging and sub-standard living conditions	stigma and discrimination (not invited to participate in development activities)
limited or declining physical and financial capacity to generate income	poor and congested housing, poor sanitation facilities	poor housing conditions not suitable to market self-produced outputs
lack of family labor to generate income	limited medical service to chronic diseases	lack of access to referral service
Inconsistent/unreliable external support;		social activities are limited due to lack of gathering and entertainment areas (men groups)
Disintegrated development and humanitarian programming.	Health education are not supplemented with supplementary feeding	Children access to education constrained by immediate needs
lack of savings unprofitability of loan	gender inequality impacting health and nutrition	limited access to basic necessities (clothing, blankets, etc)
no support from children or relatives	limited access to nutritious food	loneliness and social disengagement
lack of tailor-made program/ IGA support are similar to that of youth and adults – unable to compete in the market	limited (physical) access to health care services	Not given preferential treatment (health service) to chronic diseases.
- High cost inputs /difficult to run IGA with small capital	diagnosis results are ineffective without essential medicines;	Waiver access to health facilities
lack of Pension Act/ scheme to non-contributors	limited knowledge of dietary diversification	limited political participation
depleted asset –base-more vulnerable to external shocks	Old aged people and children are left alone and in the absence of support end up in poverty and decline	

With regard to the old age people contribution in the study area, observation in community attributes to non-productive assets. Older persons still play a major role in social structure of family system. They are regarded as custodian of age old wisdom, tradition, culture and heritage. Due to their wisdom gained through experience of long life, they still hold higher place in our family/society.

On the contrary, for many low income families in developing countries, regular pension's payments no matter how little provide a valuable source of guaranteed income in households where younger members are forced to rely on casual work or the vagaries of informal employment (Lloyd-Sherlock, 1997). There also empirical evidences that highlight the important role played by older women in households in terms of domestic work and childcare. Participation in social and community work after retirement is recorded by many researchers (see Tamang *et al.*, 1996, Mussie 2006). However, the contribution of older people, and women, to social and economic development is in many cases undervalued because of the kind of work they do is not considered as productive as market based work (Barrientos 2002).

**Table 4.18 Old people's contribution to HH livelihood**

Type of contribution	Frequency	%
Domestic work (e.g., food preparation, cleaning and washing clothes)	10	17.2
caring grand children	9	15.5
Principal income source	17	29.3
> one work	6	10.3
Do not work	16	27.6
Total	58	100.0

The above table shows the elderly provide a large contribution to household, including income as reported by 17 respondents (29.3% of the total). The contribution is significant compared to other countries. For example, Tamang *et al.*, (1996) found that, "In low-income settlements in Karachi, Pakistan, 75 per cent of older people live with their families in a society where joint and extended families are the norm. However, for

a third of these people the reality is simply a physical share of the house, with little economic, social or psychological support on offer (Beall and Kanji, op cit, p. 11).

A comprehensive study recently conducted by HelpAge and Cordaid (2011, p. 9) noted that 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. With regard to the old persons in KK sub-city, we found the same result. In Help Age and Cordaid study, though not quantified, older persons contributions are in terms of “... *waged labor, profits from petty trade and small businesses, through the growing of agricultural foodstuffs as well as livestock rearing for direct household consumption and sales*”. These contributions also confirms by other studies conducted in rural settings.

In the survey community older, persons especially women support households through complementary domestic activities:

- About 17% support households through cooking, cleaning, washing, childcare and other household chores.
- About 29% of both older men and older women act as primary source of income by engaging petty trades (baking *injera* or loafs of bread, preparing local liquor (*tella*), begging.
- But more than 27% interviewed older men and older women work all or a combination of productive and non-productive.
- It must be noted that almost all survey respondents are head of the households. This implies, except those who live alone, they have dependents including grandchildren to be cared for.

#### **4.5 The State and Non-state Actors Working With Old People**

The importance of access or entitlement to assets, and the factors determining them, is generally dealt with by sustainable livelihood models through an analysis of Policies, Institutions and Processes (PIPs) and/or of the wider context within which livelihood

strategies are pursued. Analyses of PIPs focus on policies and institutions as well as the processes and outcomes on the lives of the studied groups. The policies and instruments are discussed in section 3.5.3 above. To start with the government institutions, health and education policies of Ethiopia took encouraging framework to help the poor.

Both government informants and beneficiary respondents regarded to the present public health provision practice. Paupers or poorest of the poor who can issue a certificate (supportive letter) of pauperism from their respective local administrations (woredas/kebeles) can get free medical service in government owned- and-operated health posts, health centers, and even hospitals. Accordingly, about 45% of respondents received free health service at least one in 12 months back the survey period. Most of these services are provided by the nearby health centers (Districts 12 and 10). Furthermore five person reports they received free medication from government hospitals (e.g., ALERT Hospital).

However, the utilization rate of free-health service by the disadvantaged segments of the society is understood to be very low. This is because of bureaucratic red tapes, awareness, lack of systematized referral system, lack of clearly defined admission criteria. Old people reported it is difficult to get service during emergency needs with supportive letter or they felt they cannot secure the pauperism certificate that is the requirement for free medical service from the government up on demand. Informants from woreda offices of the sub-city underline that the elderly, mothers and OVC needs to be sensitized about the availability of a list of medical services to be rendered on the basis of waiver medical certificates to be issued by the local authorities.

Likewise primary education is free in Ethiopia, for example, the laws ensuring universal primary education suggest that this is a human capital asset to which all are entitled, while in practice a range of processes and institutions (e.g. the reliance of households on child labour earnings, poor nutrition, hunger, lack of education materials are precluding access to state benefits) mean that this asset is in fact not accessible to all households

and many poor children drop out from schools and go to the informal sector to secure food.

### **NGOs and CBOs Support**

One of the objectives this study is to explore if there is any formal or informal group, association, and network devoted to helping old people. My rapid assessment results showed in Ethiopia, particularly in Addis Ababa there are a number of institutions that provide services for vulnerable adults, including the old people. Some of the assistances are shelter, income generating programs and community based projects. Tesfa Social and Development Association (TSDA), Agar Ethiopia, Kibre Aragawuyan Migbare Senay Direjit, People to People (USA), are prominent ones. Old Persons Associations(OPAs) working in the study sub-city, include Kolfe Genet-ena- key kokeb Idirrs, Medhane'alem development and cooperation iddir, Addis Ababa City Older Person's Association, Kolfe-Keranyo sub-city Older Person's Association, Tesfa Wogen-le-wogen Derash Old Persons Association .

The researcher found that social assets in the form of familial and group relationships, and financial are essential for elderly people's livelihoods. Most of the elderly have very limited access to financial assets, apart from the few who receive social assistance. TSDA's care and support program makes a very small but appreciated contribution. Community- and home-based care and support models are used by support groups. The association mobilizes local resources in kind (cloth, blankets, etc) and finance and channels to the old age through respective Iddirs. Furthermore, the Association provides health education and interpersonal communication. The key questions that need elaboration at this point are many. But few of them are imperative to explore them. *Are the existing supports improving the livelihoods' of the destitute old people? If not what are the manifestations? What can be done in transforming from survival to sustainable livelihood?*

In view of the old people, the national policies and strategic plans seem to be far from realization. Ethiopia is considered one of the fastest growing countries over the last

decade. However, successes recorded in the country have ignored the issues of old people. If development policies are both equitable and successful, increased employment and taxation should have enabled formal pension and social security systems to non-contributor older people thereby provide sustainable means of livelihood for the elderly. This strategy integrates both right based and livelihood approaches to transform the destitute to dignified and longer life.

*What are the strengths and weaknesses of existing initiatives?* Despite positive outcomes, the initiatives are not sustainable, adequate and inconsistent. This important question can be answered by the following case studies.

Older women from District 12 during FGD unveiled existing supports and their weaknesses.

*Before joining to the Idirrs we had been suffering from moral deterioration, emptiness, and desperation. It is not our aging but economic poverty that is source for disempowerment, marginalization, or voice lessees. In fact I have to thank the organizing NGOs. Some temporary supports are provided to us. To tell you the truth poverty and suffering problems were our lifelong outcomes and poverty and sufferings are still with us. Our livelihood is even deteriorating through time. But our moral is stronger than before, this is what we mainly benefited from the formal and informal associations.*

Life skill training, health education, peer discussion, etc, have positive effect on the destitute people be it self confidence, decision-making power, knowledge and awareness (about HIV/AIDS, child care), gender equality and others. In effect these results are contributors to social and human capital. Improved social and human capitals, in turn, are keys to financial /economic asset building. However, established facts regarding the old people living in Kolfe Keranyo Sub-city imply none of the HH assets adequate to contribute to sustainable livelihoods of the old people.

The hype of older people empowerment by civic society organizations (CSOs), CBOs and/or NGOs through advocacy or services provision in the existing practice seems to be less effective when viewed men informants. During qualitative data collection many

people still rely on their previous income source (mainly begging and *ad hoc* welfare transfers). Even significant portion of older people have participated in business development trainings, the outcome of this training is abysmal (see coping strategies for more information).

Informants from local NGOs/CBOs witness their contribution is significant. On the other hand, they admitted the gaps in vulnerable group's empowerment are scale, integration and continuity. The researcher finds that scale (depth and coverage) of interventions is primarily constrained by budget or external funding. There are a number of informal voluntary sector groups in the target areas. These include Iddirs, social networks, different clubs (HIV/AIDS). Although supportive, funding always remains critical issue. High cost of leaving made voluntary support to squeeze on benevolent hands and reduce maintaining cultural identity. The researcher understands the existence of shared/ common themes of wanting to support people in the community, especially those seen as chronically sick, orphans or elderly who are struggling with problems of poverty, and demonstrating a high level of commitment to the community in which they live in.

Despite rapid urbanization that is blamed for creating social disintegration, loss of cultural values and intergenerational disengagement, what we find in the urban areas of Ethiopia from the existing literature is that social capital is still a valuable asset to the poor. As it is already explained in the literature review, the SLF focuses on assets of individuals as well as households. In order to realize a positive outcome using a livelihood systems approach, interventions need to address not only the activities of households and their members, but also individuals and collectivities of individuals collectively. For instance, the very old people may not involve in labor work, day-to-day operations livelihood systems, but with they are rich in managing resources through accumulated experience that serve to provide multiple resource bases. Hence, organizing young and productive age adults with the elderly in one business has proven result elsewhere, but missing element in the study area. The elderly pointed out a possibility of organizing unemployed youth and the older people together with

necessary skill and financial support to establish entertainment centers could serve for both economic strengthening and access to entertainment center.

Beall and Kanji (1999, 9) argued, “Our perspective on livelihood systems would go further and argue that livelihood systems can embrace not only informal institutions and networks but more formal social organization as well, whether this takes the form of neighborhood level soup kitchens or trade unions.” Provided that individual and group initiatives are brought together within systematized framework, equipping with *modus operandi*, establishing inter-sectoral linkage, the passive and fragmented supports can become active agents, responding to social and economic hardships affecting the vulnerable groups. The following field notes call for a new different approach other than the business-as-usual economic support.

In an attempt to identify what possible interventions or positive actions required at various levels to improve the quality of life of older people a key informant from District 10 Administrative Office of Women Labour and Social Affairs Office said:

*Poor mothers and guardians have the responsibility to take care infants who are usually chronically ill (e.g., HIV/AIDS patients). Even an older child (usually girls) has happened to look after the smaller one, and then former has to drop her/his education. In case there is no older child to do so, such old grandmothers cannot engage in out-door IGA. In short life is worst for these groups. We found it difficult to support them with single service, but they need holistic approach – to address both short term and strategic needs.*

The above statements are in congruent with opinions of the FGD participants. A 75 years old woman, who is a guardian of four grandchildren, was interviewed by the researcher in woreda 10 of the Sub-city. Her testimony about the existing support sheds a light on its weakness and outcomes.

*With the money you [iddir association] gave me, I prepared loafs of bread for sale. My three children were bitterly crying of hunger. They said “mama .....mama give it to me.” As a mother I could not say no. I used to give them daily because they have to survive. [...]. Finally I got bankrupted and started begging for survival. The older one was a student, but this year he terminated.*

*He sells some soft/tissue, cigarette and chewing gums worth of 30 birr. He earns six to ten birr per day.*

She was targeted twice by NGOs for IGA. The children are full orphans. Here only daughter had been working along her mother (selling local liquor, food, retailing charcoal). She and her husband died one after the other before six years after suffering from prolonged sickness-probable of AIDS. The grandmother says she sold her valuable assets while caring her daughter before the latter had passed away. As a result, the responsibility of caring the children is solely levied on her shoulder. However, now the livelihood situation is turning from bad to worse. There is no enough source of money for their survival. The cost of living is increasing. She said,

*Unlike before two years or so, I do not get any material assistance from the government, NGOs, CBOs, or private organization. But, I get health related services from the government health center free of charge including my kids, but in most cases, we have to buy medicines from private pharmacies when they are not available in the government ones. This is what I can't afford. Through time I am facing frequency sickness. I feel I am following my daughter in the near future. Only God knows what the infants' destiny is.*

In fact there are plenty evidences to show HIV/AIDS has diverse impacts on the living condition of older adults. And this case study is a typical for example. Like many sub-Saharan countries, a number of adults passed away leaving their children; older persons are becoming guardians of orphans and other family members; there are older persons doing tiresome and odd jobs like begging at the time of getting the necessary care and support from their children; the elderly are also the primary caregivers of their infected children and grandchildren. As a result the elderly active life shortens. Their life ends up early from lack of food and supports.

The approaches in addressing vulnerable groups discussed in literature review (chapter 2), focused in three dimensions: the sustainable livelihood approach commends working on sustaining activities required for a means of living. The social protection advocates provision of protection for the poor and vulnerable against negative risks and shocks that erode their assets while the vital assets of the old people include health, shelter and

social assets. On the other hand the asset-based social policy primarily targets on creation of positive opportunities for sustainable asset accumulation. As it is difficult to draw a line of difference among these analytical or operational frameworks, it is even more difficult to classify the support systems in the study area.

For instance, People to People's program coordinator boldly asserted that his organizations efforts focus is on economic matters. He reported to the researcher. "People to People USA has program that promote and facilitate the participation of elders in Economic matters through handicraft production to generate income to be self support and become profitable." The types of activities are in line with the SLA. He further explained, "We attempt to increase the participation of elder person in labour market by encouraging them to involve in guard work and messenger". The organization also gives free medical service for minor illnesses. Home based hygiene and sanitation, holy day celebration, home base counseling service, and at the end of funeral service are mentioned by the key informant. This is also in line with the continuity theory. But this Organization supports 45 people in two sub-cities.

The weaknesses of existing initiatives are many. Capacity limitation takes the lions share. Ad- hoc planning, discontinuity, supply-driven supports are few weaknesses just mention few. The testimony mentioned elsewhere in this report: 'I went to ask for food support, but they told me what they had was cloth' - is typical example for supply drive nature of supports. Interventions targeting these groups should address both the elderly and their siblings simultaneously. For instance, addressing the overall needs of this most at risk grandmothers indirectly benefits their siblings. It is about fighting against orphan hood, school drop outs, and street life. To the government, it is about fulfilling national and international treaties and 'soft laws' (conventions and instruments). To community, it is all about moral and cultural obligations. We understand the fact that unless we directly support these groups, their right to a future is at brink or else they will remain excluded from development. Provision of incomplete or isolated services is the main gap of existing services, according beneficiaries and local government sources. This could be due absence of standardized operational manuals for non-state actors to work with.

## **CHAPTER V**

### **CONCLUSION AND RECOMMENDATION**

#### **5.1. Conclusion**

This thesis has pursued three key aims. The first was to examine the existing livelihood strategies of the elderly people in Kolfe-Kranyo sub-city and identify key challenges or problems faced by the elderly in the urban areas. The second point was to explore the significance of formal and informal organizations as well as Government agencies in supporting older people to achieve better livelihoods and cope with life's challenges. Finally, the implications for policy and practice were drawn out.

Analysis of existing livelihood strategies of the elderly people in kolfe keranyo sub-city was done using the SLA. To start with the context, which includes the availability of resources, the political and economic environment, and the threat of disaster, it is not favorable to aging community. Unlike many countries in the developed and developing world, the state has not committed social protection schemes. The old people's participation in the local development, labour market, business development, etc is almost non-existent. Conditional or unconditional income transfers (e.g., productive safety net programs in rural Ethiopia) such has become instrumental programs of anti-poverty interventions are not extended to urban poor. The employment generating schemes available in the area have an important drawback, in our context, is the fact that they usually exclude older workers. Even the types of IGA initiatives supported by NGOs and CBOs seem less plausible in the context of health and physiological conditions of the old people. It is difficult to categorize services into survival or betterment or both. Overall the environment in which the old people live in has threatened their livelihoods.

Good livelihood strategies lead to more secure households. These include better health, nutrition, water, shelter, education, etc. For overwhelming majority, the livelihood system focused survival strategies and little window of hope betterment of destitute

condition. The elderly in the area are poor throughout their life-course and they are poorest of the poor at the moment.

Despite some merits such as provision of low cost housing, free health medication and casual cash/food transfers, we can conclude the older people in urban areas as forgotten citizens. Measured in any standard, government support to this section of the community can be hardly mentioned as adequate. With regard to non-state actors support-formal or informal- there are individual success stories, but when view the condition of old people collectively, from the SLA lens, we concluded the problems have no sign of decline. There is little evidence that shows the betterment of elderly, negative coping strategies such as begging and child labor (at the cost of their future) could not have been existed; otherwise.

Evidences generated from this micro study show the existing initiatives have no common approach. Matched can be found SLA, social protection and asset-based livelihood protection. The diversity has positive contribution for the problems of the old age are also diversified. Hence, it can be concluded no framework is panacea to older people. Yet there must be comprehensive evidence-based social security system in the long-term. Cash and non-cash transfer by government and its stakeholders remains an immediate action for survival and maintenance of poor old people and their families. The specific recommendations are outlined below.

## **5.2 Recommendation**

It must be noted that this study is not representative to the urban livelihoods of elderly people. However, extensive review of global and local studies is undertaken to triangulate information obtained from field survey. Among the recommendations in the study are the following:

1. The City Government Administration of Addis Ababa should formulate a separate policy and social security for non-contributory and non-pensioner poor elderly

people. The policy should be designed in a way that responds both survival and sustainability livelihood systems of the aged people and their dependants.

2. The government should formulate standard of operation that articulates the minimum support packages, and strategies to guide the programs aimed at mitigating the impact of socio-economic challenges the elderly people face;
3. Government and stakeholders should make detail livelihood profiling for the urban old people and design tailor-made support instead of the blanket supports, coined as “capacity-building”, “community-based support”, “economic strengthening”, home-based care”...all this buzzwords were found to be unfit with the jibes of outcomes.
4. Interest groups and actors need to start with interest and priority determinations of the old people and should have proven and innovative *modus operandi* so as to bring optimal positive outcome even with the limited resources.
5. The researcher recommends promoting more intriguing, creative and flexible, scalable, and sustainable income generating programmes for those elderly people who are able and willing to work. Promoting social enterprise could be a gateway to unpack opportunities. Social entrepreneurship promotion is not new worldwide, but formal social enterprise development seems new or unleashed potential in Ethiopia. In addition to *the traditional donation*, in response to the complex and interrelated problems affecting the elderly, the researcher believe in the value of promoting new areas of social philanthropy and social venture, which have twin goals of both increasing social value and profitability. To this end, guiding and strengthening the historical and cultural community social collaboration and initiatives needs systematic linking specific collaborative initiatives to population-based outcomes.
6. Establish effective referral, guidance and counseling system for aging population that enhance access and utilization of available services, such as free health care, education and nutrition for children, livelihood opportunities.
7. In the short to medium term, expansion of the social assistance programs by CBOs/ NGOs must be prioritized, as it is vital to the most vulnerable. It is also important that people’s customary engagement in mutually supportive social networks is strengthened rather than undermined by development changes. Hence, supporting

older people's associations remains instrumental for increasing older people's livelihood.

8. Finally, the researcher firmly supports the following recommendation provided by research participants, including the elderly themselves.

- Develop older people social protection policy and action plan
- The GOVt, NGOs, and community should promote and give due attention for the poor old people care and support projects that include IGA work, labour work, health, protection from harmful practices like beginning, and substance use (e.g., drinking alcohol, smoking, drug abuse, etc.)
- Community mobilization to give dignity and respect and give priority for elders for all in all services;
- Empower the elders to give /share wisdom acquired from their experience in oral or written document, leadership, participation,
- Facilitate to accesses technologies and give entertainment opportunities
  
- Empower the rural elders to protect from immigration to urban areas.
- Creating a space and promote participation in decision making process in their respective local administration
- Give chances to participate in any country issues
- Develop problem solving mechanism by empowering elders to help each other (elders by elders) in economic, socially, etc.
- Give award for elders for whom they contribute good things for community
- International NGOs and donors should encourage elder association, local NGOs, voluntary individuals who support elders.

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## APPENDICES

### *Appendix I-Interview Schedule*

In depth interview with poor-elders who are leaving in kolfe keranyo sub-city, woreda 10 and 12. Service users of Tesfa Social and Development Association.

Good Morning. My name is Tegegn Babu and I am post graduate student in the school of Social Work in the Indira Gandhi National Open University.

I would like to request you to give me genuine answer to all the questions listed below. I would also like you to remind you that your genuine answer are very important to the outcome of this research project and for that all the answers and your identity will remain confidential.

Participation in this study is voluntary and you can choose not to answer any individual question or all of the questions. I would greatly appreciate your participation in this survey.

### Household Questionnaire

Date of interview			
Woreda		Kebele	
Sub-city			

I. <u>Respondent Data</u>						
1.1	Age					
1.2	Gender	M	F			
1.3	Marital status	1= married	2= widow/ed	3= never married	4= separated	5= other _____
1.3	Are you the household head	1= Yes	2= No			
1.3.1	If yes,	HH size	_____			
		Adult (including spouse)	_____	Grand children	_____	
		Relative	_____	Other (maid, guard, etc)	_____	
		Adult (including spouse)	_____	Grand children	_____	
1.3.2	If no, what is your relation to HH head	1=parent 2=spouse/partner 3=brother/sister	4=grand parent 5=other			

			relatives__			
1.3.3	If you are the head of the HH, how family members can't work? (Sick, elderly, disabled, school, under age, etc.)					
1.4	Place of birth					
1.5	Reason for coming to Addis Ababa		1. migration	2=non-migration	Explain _____	
		Adult (including spouse)	_____	Grand children	_____	
		Relative	_____	Other (maid, guard, etc)	_____	

<b>II</b>	<b>Human capital</b>					
2.1	Education Level	1= No formal education	2= 1-4 years	3= 5-8 years	4= 9-12 years	5= College/ university
2.2	Health status	1= healthy	3= hearing - impaired	5= chronically ill	7= other (e.g., sinus, urinogenital down, etc)	
		2= physical disability	4= Sight-impaired	6= mental disorder	8= other -----	
2.3	What is your labour contribution in the HH?		1= food preparation	3= housekeeping	5=caring for grand children	
			2=cleaning/ washing	4=fire wood collection	6= other, specify .....	
2.3	Have you ever participated training				1= Yes	2= No
2.3.1	If yes, area of training (IGS, life skill, etc)			_____		
2.3.2	Name of organizations from which the training is received			1. _____	2. _____	3. _____
2.4	Have ever received free medical service (clinical, counseling, etc), in the last two years (when you were in need of it).			1= Yes	2= No	
2.4.1	If, name of organizations from which the free medical service is received			1. _____	2. _____	3. _____

<b>III</b>	<b>Financial capital</b>				
3.1	What are the main income source after the age of 60 years (possible to chose multiple answers)				
3.2	Average monthly income in the last 12 months				
		Remittances	Birr. _____	Wages from job	Birr. _____
		Pension	Birr. _____	Rent out	Birr. _____

		Trade	Birr. _____	other	Birr. _____
3.3	What was the main income source before the age of 60 years (multiple answers possible )				
	1=Remittances	3= permanent salary (gov't)	5= small Trade	7= had no own income	
	2= daily laborer	4= permanent salary (private)	6= Agriculture	8= other	
3.4	Do you make any savings?		1= yes	2= No	
3.4.1	If yes, amount per month		Birr. _____		
3.5	Do you have any loans?		1= yes	2= No	
3.5.1	If yes, source		1= individual	2= association	5= other
			3= bank/micro inst.	4= NGO	
3.5.2	What are the reasons for taking loan? (e.g., medical, food, social, etc)		..... ..... .....		

<b>IV</b>	<b>Physical Capital</b>				
4.1	Current house ownership (multiple answers possible )				
	1=private	3= kebele/gov't	5= lives with facility	7= live with friends	
	2= rented	4= gift from family	6= institutional service	8= almshouse / live in	
4.2	Major materials used in constructing main house				
4.2.1	Wall	1= Mud	2= Cement	3= stone	4= other
	Floor	1= Mud	2= Cement /tiles	3= Wood	4= other
	Roof	1=thatch	2= iron sheet	3=cement	4= other
4.3.	How many rooms do you have in your household		_____		
4.4.	Private Kitchen ownership		1= yes	2= No	
4.5	Latrine facility		1= private - ventilated	2=Private – traditional pit latrine	3= shared with neighboring
			4= public toilet	4= one defecation (field)	4= other
4.6	Water facility				
	1= private – piped	2=buy	3=river		
	4= communal /bono	5= other (well, gift, etc)			

4.7	Current household assets			
	Entertainment /Communication	1= TV	2= Radio	5= none
		3= phone (fixed or cell)	4= other	
	HH furniture	1= Bed	2= chair	5= none
		3= Table	4= other	

<b>V</b>	<b>Natural Capital</b>				
5.1	Do you have the following assets				
	1= garden / agricultural land	3= chicken	6= other		
	2= Live stock (Cattle, sheep goat)	5= trees	7= none		

<b>VI</b>	<b>Social capital</b>				
6.1	Membership idir	1= yes	2= No		
6.1.1	If no, why not ?	State Reason	_____		
6.2	Equb member	1= yes	2= No		
6.2.1	If no, why not ?	State Reason	_____		
6.3	Are member with origination or association	1= yes	2= No		
	If yes, type of organization?	_____			
6.4	What will happen if you cannot afford to continue you contribution in the association?		1= membership will be cancelled and lose related benefits	3= don't know	
			2= nothing will happen maintain membership and get benefit		
6.5	If you need money critically, what do you do?		1= borrow from neighbor	4= sell assets	
			2= ask from child/relative 3= begging	5= bank/savings 6= Not applicable	
6.6	Right to participation?		1= older people's freedom of expression at HH and in community	3= views on old age people's participation in program design	
			2= views on acceptance as member by local		

		association	
6.7	How do you feel about your social acceptance in the community as old people?	1= increased	3= decreased (because less productive )
		2= the same as before	Explain -----

<b>VII</b>	<b>Institutional support</b>		
7.1	Any formal support received in the last 12 months	1= yes	2= No
7.2	If yes, name of the organization (s)	1. _____	2. _____
7.2.1	Type of support	1= financial	3= food
		2= medical	4= house
			5= training
			6= other _____
7.3	Did you happen to ask any formal support in the last 12 months	1= yes	2= No
7.3.1	If yes , purpose of your request	_____	
7.3.2	If yes, what was the outcome?	_____	

VIII. What are some of the challenges that you are facing as old aged person?

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XI. In your view, do you think these challenges can be overcome by yourself? Whom responsibilities are these?

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***Appendix II- Interview Guide (Semi-structured interview for support organization)***

**1. Name of the organization or support group**\_\_\_\_\_

Address:\_\_\_\_\_

Founded in\_\_\_\_\_

Number of elder supported by the organization\_\_\_\_\_

**2. Participation of older persons in society and development**

2.1 Do you have programs that promote and facilitate the participation of older persons in: social, political, cultural and economic matters?

If so, please describe the scope and coverage of such programs \_\_\_\_\_

\_\_\_\_\_

If you do not have, what is the reason?\_\_\_\_\_

2.2 Are there organizations of older people representing them in decision-making?

If so, please describe the number and type of such organizations\_\_\_\_\_

\_\_\_\_\_

If not, what is the reason?\_\_\_\_\_

**3. Employment opportunities for older persons who want to work**

3.1 Do you have policies to increase the participation of older persons in labour market?

If so, please describe the scope and coverage of such programs.\_\_\_\_\_

\_\_\_\_\_

If you do not have, what is the reason?\_\_\_\_\_

**4. Access to knowledge, education and training**

4.1 Do you have programs focusing on continuing education (training and retraining) for older persons?

If so, describe the scope and coverage of the programs\_\_\_\_\_

\_\_\_\_\_

If you do not have, what is the reason?\_\_\_\_\_

5. Do you have programs that are geared to including older persons in mentoring/training for younger generations?

If so, please describe the scope and coverage of such programs\_\_\_\_\_

\_\_\_\_\_

If you do not have, what is the reason?\_\_\_\_\_

\_\_\_\_\_

**6. Reduction of poverty among older persons**

6.1 What are the government poverty reduction strategies that include older persons as a target group?\_\_\_\_\_

\_\_\_\_\_

Please describe the scope and coverage of such strategies\_\_\_\_\_

\_\_\_\_\_

**7. Income security/social protection and poverty prevention**

7.1 Are there legislations that aim at ensuring basic social protection for older people?\_\_\_\_\_

\_\_\_\_\_

If so, describe the scope and coverage of such legislations\_\_\_\_\_

\_\_\_\_\_

7.2 Do you have programs of social protection for older persons?

If so, describe the scope and coverage of such programs\_\_\_\_\_

\_\_\_\_\_

If you do not have, what is the reason?\_\_\_\_\_

\_\_\_\_\_

**8. Emergency situation (and access to basic needs/services)**

8.1 How do you assess the current situation of poor older people (e.g. the impact of food price increase, inflation, outbreak of epidemic) in your area?\_\_\_\_\_

\_\_\_\_\_

8.2 What is your organization now doing to support poor older people affected by emergency? (type of support, number and composition of targets)\_\_\_\_\_

\_\_\_\_\_

8.3 what is your future plan to support poor older people affected by emergency? (type of support, number and composition of targets)\_\_\_\_

\_\_\_\_\_

8.4 what should be done to address the emergency situation of older people?\_\_\_\_\_

8.5 Do older people participate in decision-making in emergencies? If so, what type of decisions older people participate in? \_\_\_\_\_

\_\_\_\_\_

If not, what is the reason? \_\_\_\_\_

\_\_\_\_\_

### **9. Health promotion and well being of older persons**

9.1 Are there programs promoting healthy and active ageing including reduction of behavioral risk factors (e.g. smoking, alcohol abuse) and environmental risk? factors with particular attention to older persons? If so, describe the scope and coverage of such programs \_\_\_\_\_

\_\_\_\_\_

If not, what is the reason? \_\_\_\_\_

\_\_\_\_\_

9.2 Are there programs empowering older persons in promoting health or preventing and managing diseases?

If so, indicate their scope and coverage \_\_\_\_\_

If not, what is the reason? \_\_\_\_\_

9.3 Are there age-friendly primary health care facilities?

If so, describe the scope and coverage of the facilities. \_\_\_\_\_

\_\_\_\_\_

If you do not have, what is the reason? \_\_\_\_\_

\_\_\_\_\_

### **10 Older persons and HIV/AIDS**

10.1 Do you have data on older people in HIV/AIDS statistics (both infected and caregivers)?

If so, indicate the details \_\_\_\_\_

\_\_\_\_\_

If not, what is the reason? \_\_\_\_\_

10.2 Do you have programs providing social support for older caregivers of HIV/AIDS patients?

.If so, indicate their scope and coverage \_\_\_\_\_

· If not, what is the reason? \_\_\_\_\_

## 11 Mental health needs of older persons

11.1 Are there programs and services designed to develop comprehensive mental

health care services for older people?

If so, indicate their scope and coverage \_\_\_\_\_

If not, what is the reason? \_\_\_\_\_

11.2 Are there prevention programs devoted to mental health?

If so, indicate their scope and coverage \_\_\_\_\_

If not, what is the reason? \_\_\_\_\_

## 12 Older persons and disabilities

12.1 Are there programs aiming at maintaining the functional capacity of older

People ?

If so, indicate their scope and coverage \_\_\_\_\_

If not, what is the reason? \_\_\_\_\_

12.2 Are there programs dealing with disabilities at older ages?

If so, indicate their scope and coverage \_\_\_\_\_

\_\_\_\_\_

If not, what is the reason? \_\_\_\_\_

\_\_\_\_\_

**13 Ensuring enabling and supportive environment**

13.1 Housing and the living environment

13.1.1 Are there programs promoting age-integrated community?

If so, indicate their scope and coverage \_\_\_\_\_

\_\_\_\_\_

If not, what is the reason? \_\_\_\_\_

\_\_\_\_\_

13.1.2 Are there programs promoting independent living, mobility and accessibility for older people?

If so, indicate their scope and coverage \_\_\_\_\_

\_\_\_\_\_

If not, what is the reason? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**14 Images of aging**

14.1 Are there public awareness campaigns on ageing?

· If so, indicate their scope and coverage \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

· If not, what is the reason? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any additional information to improve the lives of poor elders

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Thank You

### ***Appendix III- Focus Group Discussion Schedule***

1. Is there any assistance that you receive from the Government? If yes, in what ways and how is the assistance helping you?
2. Are there any formal or informal group, association, and network devoted to helping old people? What are their strengths and weaknesses?
3. Where do you get income for survival?
4. If the above answer is yes which networks or groups do you typically rely on to resolve issues of daily life?
5. Access to local institution, organization and services
  - Health
  - Education and training
  - Recreation
  - Administration and justice
  - Containing factors not access local institutions
6. What are the pressing needs that you have as old aged people which need to be urgently addressed?
7. What do you think need to be done both at local level and national level to ensure that old aged people attain a sustainable standard of living?

**Thank You**

## ***Appendix IV-Documentary Analysis***

As part of secondary data analysis the objectives of the study to collect and analyze relevant information from various documents. Document analysis is a valid research strategy with considerable merit as a methodology for policy evaluation and outcomes. The researcher used this analysis to examine benefits and gaps; make triangulation to confirm findings, and inform actors in policy development and reform.

### **IGNOU Graduate School of Social Work**

Background information

A. Data provided by \_\_\_\_\_ (Organization/individual)

B. Sub-city \_\_\_\_\_

C. Woreda/Kebele \_\_\_\_\_

1. International and regional policy instruments for elderly
2. Is there relevant social protection in general and elderly people protection in the Country?
3. Government support schemes available in the Sub-City?
4. NGOs and associations' project documents, reports for supporting old people in the sub-city?
5. NGOs and associations' Strategic policy and instruments
6. Full or partial profiles of elderly people in the sub city?
7. All socio-economic studies prepared for academic and programmatic purposes?
8. literature on elderly and livelihood (published, unpublished, internet)

(Only cited literature are listed in the reference section)

Thank You

## ***Appendix V-Observation Check list for Rapid Livelihood Analysis***

This observation was indented to supplement other tools of data collection such as household survey, group discussion, and key informant interview. The researcher produced questions for making and recording on relevant data on some real-life situation and events that contribute to the achievement of the study objectives.

### **IGNOU Graduate School of Social Work**

#### **I. Background information**

1. Woreda/kebele \_\_\_\_\_
2. Village/*ketena* \_\_\_\_\_
3. HH name \_\_\_\_\_

#### **II. Respondent's situation**

1. Occupation (main source of income) \_\_\_\_\_
2. Self-employment creation: increased \_\_\_\_\_ No change \_\_\_\_\_ Decreased \_\_\_\_\_
3. The elderly is supporting children/grandchildren: Yes \_\_\_\_\_ No \_\_\_\_\_
4. Monthly income: Increased \_\_\_\_\_ No change \_\_\_\_\_ Decreased \_\_\_\_\_
5. Food Consumption compared to average household in the kebele: adequate \_\_\_\_\_  
\_\_\_\_\_ below needs, but sufficient for survival \_\_\_\_\_  
Not adequate at all

*(Observation made on available stock food items or serf-reported cash allocated for food)*

6. Personal and family Education after 60 years old  
Improved \_\_\_ No Change \_\_\_ Decreased \_\_\_\_\_
7. Health care service: Improved \_\_\_\_\_ No Change \_\_\_\_\_ Decreased \_\_\_\_\_
8. What resources (land, labour, capital, etc) does the household have to make a decent living? \_\_\_\_\_
9. What resources do they need to make a decent living?  
\_\_\_\_\_
10. What indigenous technologies do they have?

#### **III. Housing/Shelter Conditions**

1. 1.Grass roof: Yes \_\_\_\_\_ No \_\_\_\_\_

2. Corrugated Iron sheet roof: Yes \_\_\_ No \_\_\_
3. Kitchen Yes/No \_\_\_
4. separate room for dining and sleeping Yes/No \_\_\_
5. Wooden bed and mattresses Yes/No \_\_\_
6. Dining chair/Table Yes/No \_\_\_
7. Radio, TV Yes/No \_\_\_
8. Mobile/fixed phone Y/N

**IV. Water and sanitation Conditions:**

1. Clean Water source available Yes/No \_\_\_
2. Water source: private/shared \_\_\_\_\_
3. Toilet: Yes/No \_\_\_ shared \_\_\_\_\_ private \_\_\_\_\_
4. Type of toilet: Traditional/ improved \_\_\_\_\_

**V. Health condition:**

1. Healthy and good looking: Yes/No \_\_\_
2. Problems(e.g., impairments, disability, blind, etc): \_\_\_\_\_
3. Chronic severe disease (bed-ridden) \_\_\_\_\_

Overall comment made by the observant

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**Thank You**