**PART ONE**

**CHAPTER ONE**

**1. THE PROBLEM AND ITS APPROACH**

This chapter gives highlights to the issues to be discussed and briefly explains the problems in the area. The approach to the study and the methodologies to be used will clearly be explained against the basic questions. Thus the chapter comprises the statement of the problem, the objective of the study, the significance of the study, delimitation, operational definitions and the methods and procedures.

**1.1 Introduction**

The term “elderly “or ‘’older person” has different meanings in different countries. It is mainly explained by and is related to chronological age, functional age as well as retirement age.[[1]](#footnote-1) Individual physical appearance also used as a method to distinguish older person. Gray hair, failing eye sight, physical deterioration, in ability to reproduce and becoming a grandparent are some of the frequent attributes towards the term “elderly”.[[2]](#footnote-2)As per the UN definition[[3]](#footnote-3), older persons are represented by those with the age of 60 and above which coincides with Ethiopian official retirement age.

Regardless of their increase in number Older people are among those who faces the social exclusion while governments and development agencies pursuing development strategies and action towards the prosperous journey of a nation. Despite their contribution in their young age for social, political and economic development of a nation, observing them as resourceful segments of the society, acquiring wealth of skills and experiences and they can be part of the development process of their country is very minimal.

No national development strategy is complete without an explicit national social protection plan. While Ethiopia does not have a systematic social protection plan a large number of activities have involved over the last several years that, taken together, constitute Ethiopia’s de facto social protection strategy.[[4]](#footnote-4)

In Ethiopia, according to the 2006 projection made by Central Statistics Agency (CSA)[[5]](#footnote-5),the rate of the population growth will continue to be high and the same pattern can be observed for those people aged 60 years and above as estimated 2.7 million out of 42 million in 1984 , 3.6 million in 2005 and 5.2 million 2020.

Older people in Ethiopia are exposed to various socio economic obstacles involving poverty and economic crises, poor health and lack of social security. The increasing industrialization and urbanization break the traditional extended family and community structure through which older people rely on for their social and economic support

As a result even though social protection, as a tool, is vital in speeding up progress towards development goals, a national development policy with explicit strategy around which society organizes itself to protect those who would otherwise risk social exclusion (i.e. including **elders**) is minimal and decentralized into various implementing agencies.[[6]](#footnote-6)

The study hence, aims to address and explore the situation of older persons in Ethiopia. In doing so, important issues related to social protection scheme and socio economic problems, demographic profile and related case study of institutional care and support will be studied.

**1.2 Statement of the problem**

Despite the crucial role old people play in various social and economic activities of the nation, with the growing of cities and modernization, rural - urban migration especially by youngsters’ forces elders facing a lot of challenges and limitations. Some of the vital problems worth of mentioning involves: dissolving of traditional family support system, lack of organized and structured social protection scheme, scarcity of professionals (i.e. social workers, psychologists and sociologists) in building awareness and supporting and developing systematic approach towards alleviating social and economic vulnerability of elders, and well channeled government and nongovernmental organizations organized efforts as to establish income generating and supportive schemes in participating elders towards the development process.

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If Ethiopia chooses to evolve to a more efficient development of people accountable for identifying and enrolling vulnerable families and individuals (i.e. involving **elders**) into protection systems, monitoring their progress and maintain them through medium to long term program, This type of strategy would ideally reduce the burden of vulnerable people on their families and society as a whole as well as lead to a policy that would require the rapid expansion of a professional social worker profession in Ethiopia[[7]](#footnote-7)

**1.2.1 Social protection:**

Social protection comprises a set of actions including, policies, legislation, social services and social insurance designed to reduce either the risk of experiencing an economic or social shock, or reduce the welfare loss after such a shock has occurred combined with actions aimed at alleviating extreme or chronic poverty.[[8]](#footnote-8) Social protection has been used by various governments to address the problems related to elders. The various short comings faced by old people in the nation have been scaterdly handled by various government agencies independently. This decentralized management makes it unclear how efficient the total collection of activities are delivering on constitutional requirements. No one has a complete picture of what is working well and what is improved.

How to pay for social protection is another vital point which needs a focus. Is it through taxation or other mechanisms as to strengthen social protection of elders which further indicates tax burden in the ‘middle class’ section of the society

**1.2.2 Socio economic vulnerability of elders**

Socio economic vulnerability of elders has been emanating from disintegrating family and community support system which used to actively participate older people in the various activities and supply them with the necessary respect. Due to industrialization and urbanization, people nowadays are able to live longer. However, despite the high growth rates being experienced in Ethiopia many people are being left behind. The development plans and strategies tend to focus on productive activities and are more targeted at younger age groups while elder people can also contribute better to the development process.

**1.2.3 Challenges for improving provision of various social protection schemes and economic earning**

Regardless of the economic growth registered in the last decade, the situation of the countries elder population remains dire. This is to some extent emanates from the reluctant nature of government and agency activities as to what extent their social protection responses reach older people. Most of the programs require their beneficiaries to be labor intensive, subject to manipulation of power by those who influence the community and reaching only smaller section of the society. Some of an as such programs involve the Ethiopian food security project and the productive safety net programs (PSNP).

Despite the above efforts, systematic organization of elders as to participate in productive and economic earning schemes has been minimal. Development programs and organization of older people in active economic activities like urban agriculture, in production of artifacts and exploiting their ideas and techniques are some of the means the community failed to employ to overcome the challenges of the elderly.

**1.3 Objectives of present study**

**1.3.1 General**

The general objective of the study is to analyze the impact and/or relevance of social protection schemes particularly for old persons for national social welfare and sustenance development. In a country where a significant group of society, in our case the **aged** ,have no dependable source of social protection schemes and economic means, there will be a high burden for the productive population to support them. Therefore, there is an overriding argument that the state must employ an adequate and somehow sustainable system of social protection and income generating means from elderly. Hence the objective of the study is to analyze the existing social protection efforts and the socio economic challenges followed it via elder’s sustain activity towards a consolidated life.

**1.3.2 Specific**

The specific objectives of the study include:

* To analyze the historic development and current practice of social protection schemes in Ethiopia including the scope of coverage and its progress;
* To assess the limitations of and positive aspects of social protection responses and economic viability of elders.
* To explore the socio-economic and survival strategies of different categories of old people.
* To investigate a case of institutional care and support of ‘Yewedekuten Ansu’(Raise the Fallen) Association as to catch up the essence of community based support.
* To recommend possible solutions to alleviate the problems of social protection responses and limitations of institutional care and support activities of vulnerable elders.

**1.4 Needs for the study**

Older people in Ethiopia are very important in offering advice and guidance to the community. They serve as the head of the family and treated with respect. From the experience, they acquire

vital skills and techniques in dealing with health related activities (i.e. healing and birth attendants), traditional practices (i.e. arbitrators, leaders and leaders of cultural activities in marriage) and economical undertakings (i.e. in agricultural undertakings). Therefore elders have a crucial role to play in the traditional community of the nation from activities within the family system to the larger collective activity at the communal level. Recently, however, the rapid growth of cities in effect of modernization and industrialization results into massive changes in social and economic structure. Family structure tends to transform itself into a nuclear one and elders traditional, social and economical roles are replaced by the formal organization of implementing agencies. Therefore, it becomes important to study the systematic development of social protection strategies and the case of community institutional care and support following the socio economic problems with the growing modernization and development process.

**1.5 Choice of the case Research Site**

The research area[[9]](#footnote-9) chosen, as witnessed by the researcher, is a relatively difficult environment for old people to live in. The area is located in one of the tenth administrative sub cities-Gulele sub city in the north eastern parts of Addis Ababa. Particularly, the area is located around ‘Entoto Kidanemihiret Church’[[10]](#footnote-10) where a number of elders residing in the church yard for assistance. The researcher has been impressed by and wondered as to how old people manage to lead their lives in the area with high altitude, very poor infrastructure and means of economic earning.

‘Yewedekuten Ansu’ (Raise the Fallen) Association[[11]](#footnote-11) has been purposely selected for the research. The reason for focusing on this community based support care association, ‘Yewedekuten Ansu’ (Raise the Fallen), is to consider the only available function and institutional care around the church as well as to fit into the methodology-- participant observation, because it is easier to observe and document the day to- day activities of the vulnerable elders and stakeholders in the association. It is believed that the findings of the study can possibly be applied to the other related organizations in other areas with a similar objective. The main rationales selecting ‘Yewedekuten Ansu’ (Raise the Fallen) association are as follows:

* The area is relatively densely populated enabling the study to be completed in due time,
* Target beneficiaries in the association are characterized by similar and related socio economic problems. The results of this study could also be fairly true for other related institutional care and support programs with similar ends,
* No specific study has ever been conducted in the area,
* Finally, the investigator’s familiarity with the area is considered as an additional advantage to conduct fieldwork in the area.

**1.6 Scope and Limitation of the Research**

**1.6.1 Scope**

This study had been intended to see how the relevance of social protection responses impacts the socio economic problems of elders for national social welfare and sustenance development. It also tried to explain the available social protection responses and there inclusivity of the aged. The study mainly focused on some basic socio economic obstacles of elders and their coping mechanics in addition to the social protection responses. The data that is necessary for the findings were obtained from document review.

The core intent of the study is also involve case assessment of a community based organization-‘Yewedekuten Ansu’(Raise the fallen) association as to explore the life situation of elderly people in institutional care and support. In doing so one has to:

* Understand the general living condition of elderly at the aforementioned association.
* Assess the belief, attitude and experience of the elderly on methods of care and support.
* Assess resources available to the association for the care and support.
* Assess the organizational and documentation system related to care and support practices.
* Assess the needs of those people (elderly) living with the care and support.
* Evaluate the existing programs or activities of the association on care and support in relation to the national policies and programs.

By doing so, understand the living condition of elderly and the related care and support activities of the association under study which helps to have a glimpse of communal based organizational effort at the national level in addition to governmental responses.

**1.6.2 Limitations**

The limitation of this study was the small sample size of the case study participants and generalizability of the study.

**1.7 Methodology**

**1.7.1 Data Collection Method**

Data has been collected by using a combination of techniques. These include reviewing literature, participatory observation, and in-depth interviews. These methods are designed to complement each other.

The study uses qualitative methods, secondary sources such as books and assessments. In addition, relevant documents such as proclamations, decrees, orders, directives by authorities, and statistical abstracts have been used as secondary data sources for the study.

As for the case study consumption, the following methods were used:

**1.7.1.1 Interviews**

Totally, I personally completed 28 interviews. It was sometimes difficult to play the two roles of interviewing and note taking. Since many of the subjects of the study were not willing to be recorded, I didn’t use a recorder for any of the sessions.

I prepared four types of interview guides. The first one is a guide for the in-depth interview with beneficiaries/vulnerable elders. The second was for caregivers and the third was for key informants at the association. All the tools were prepared in English and it was translated during the interview into Amharic.

**In-depth interviews with beneficiaries/** **vulnerable elders (VEs)**

Seventeen in-depth interviews were carried out with vulnerable elders (VEs) from the association. Among these, six were males and the other eleven were females. The interviews occurred at different places. Some of the interviews were at the churchyard; some others were at homes, office etc. (see Appendix-5). The major topics of the interview included background information, attitude and experience regarding the care and support activities, treatments and services at the association, their needs and problems etc (see Appendix-2). The interview took from 45 minutes to 1:30hr depending on the situation. The data collection was made from end of December 2011 to beginning of February 2012.

**Interviews with caregivers**

Five caregivers were interviewed from the association including two females and three males. Interviews took place on a field; churchyard and at home depending on the situation (see Appendix-5). The major questions include: what activities are they doing and why, and their work related problems (see Appendix-3). The amount of time consumed differs from place to place ranging from 1hr-1: 15hr. The data collection was in January, 2012.

**Key informant interviews with stakeholders**

All of the key informants were close to the association’s activities and the interview took place at their own respective locations. The major issues covered include general information about the association and related services in the church, the care and support activities being offered, questions related to documentation system etc. (see Appendix-4). The duration of the interviews ranges from 40 minutes to 2 hrs. The data collection took place from January to February, 2012. (See Appendix-5).

**Informal (unstructured) interviews**

Interviews included other beneficiaries and other vulnerable elders (VEs) in the area and members of the church, administrators, the chairman of one of the Sunday schools, local administrators of the area and community members. Issues raised during such interviews were to cross check and substantiate what have been said by others regarding the services given at the association, the problems of the beneficiaries, on the documentation system and on some figures given.

**1.7.1.2 Observation**

I visited premises of the association: the rooms, the offices, the congregations attending church services and also the procedures and steps to get the desired care and support services. I also visited the shelter homes at the association and this helped me to better understand their living situation. As a method, it was applied during the fieldwork while trying to make the interviews with the informants and I was trying to record what I felt was important on the notebook.

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**1.7.1.3 Document Review**

Available ledgers at the association used for recording during the admission process or later on, were reviewed. Reports, magazines and other documents regarding the association were reviewed. The review provides an overview. I was interested to see if records are made and whether documents that are related with care and support are available at ‘Yewedekuten Ansu’ (Raise the Fallen).

**1.7.2 Selection of the respondents**

The beneficiaries were selected in two ways. The first was by officials of the association and the caregivers, since the officials and the caregivers generally aware of their needs. The second way was that I randomly recruited the potential respondents based on their availability in the area. They all confirmed that they are part of the care and support programs rendered in the association and I had to convince them to be part of the research voluntarily, and it was not easy to get their assent and consent easily for most of the cases.

Caregivers are selected based on their availability. The focus of selection was based on their experience in relation with the target beneficiaries’. The key informants are selected based on their positions and familiarity with the aforementioned association. Totally the number of respondents is 28 and there were 28 sessions of interview. See table 1.1 below.

**Table 1.1: Number of respondents through categorization**

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| --- |
| Respondents Sex |
| **Male Female** |
| Beneficiaries 6 11 |
| Caregivers 3 2 |
| Stakeholders 4 2 |
| **Total 13 15** |

**1.7.3 Ethical Consideration**

The assessment became possible after the approval made by the Graduate School of St. Marry College. After the school reviewed the proposal, the advisor was supervising every procedures and steps.

Beneficiaries were asked to give their assent and consent. All of them agreed verbally to be part of the assessment and to give information. Following the data collection, they were re-contacted to allow them to sign on the consent.

**1.7.4 Data processing and analysis**

The qualitative information collected through different data gathering methods were analyzed manually. In analyzing the data, attempts will be made to carefully review and examine the rapport, participatory observation and in-depth interview.

Findings of the research are presented under each category. While trying to present the findings; the interviews, data from field observation and again information from the document review and the unstructured discussions were incorporated.

Finally, triangulation will be used to obtain a better, more substantive picture of reality (good information) from different methods to meaningfully respond to the objectives set forward.

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**PART TWO**

**CHAPTER TWO**

**2. REVIEW OF THE RELATED LITERATURE**

In this chapter issues pertaining to pension policies will be entertained in brief as discussed by different authors on the subject. Thus, the chapter comprises what social security is, its historical development-earliest perspectives and alternatives, features of Social Security benefits, pension systems- and, pension schemes and benefits as part of Social protection.

**2.1 Overview of Social protection**

Institutional social protection, in some measures or other, exists in almost all countries today. However, there is much variation between countries with regard to the levels of protection, scope, coverage and effectiveness of the system in place. As a group, the developed countries have the most advanced social protection systems. The concept of social protection originated in Europe towards the end of the last century, and had developed considerably in Europe, North America and Australia even before the Second World War. Today, the OECD countries have comprehensive systems which typically cover all the relevant contingencies, extend to practically the whole population (including **elders**), and operate effectively and efficiently. Social expenditures including both cash transfers and the provision of health and education services now represent more than 25 percent of the gross domestic product of OECD countries and, in many countries, absorb more than 60 percent of the total public expenditure. Health and education are among the largest single employers-public or private-in the industrialized economies[[12]](#footnote-12)

With very few exceptions, institutionalized social protection in the developing world is of relatively recent origin having appeared only after the Second World War, following the emergence of several independent states at the end of the colonial era. In general, social protection systems in developing countries do not cover the full range of contingencies, exclude appreciable proportions of the population, and have serious shortcomings as regards their operation. Large numbers of people in these countries have therefore to rely on family, communal or social networks when they encounter difficulties.[[13]](#footnote-13)

The *African Union Social Policy Framework for Africa* (2009)[[14]](#footnote-14), states that the purpose of social protection is: To ensure minimum standards of well-being among people in dire situations to live a life with dignity and to enhance human capabilities. Social protection includes responses by the state and society to protect citizens from risks, vulnerabilities and deprivations. It also includes strategies and programs aimed at ensuring a minimum standard of livelihood for all people in a given country. This entails measures to secure education and health care, social welfare, livelihood, access to stable income, as well as employment. In effect, social protection measures are comprehensive, and are not limited to traditional measures of social security.

**2.2 Earliest Perspectives: Logic of industrialism and Neo-Marxism.**

**2.2.1. Logic of Industrialism**

The Logic of industrialism, which was developed in the 1950s and 1960s, is the earliest perspective on the origin and variations of the welfare state. Briefly stated, the main idea in the Logic of Industrialism is that all economically advanced societies display essential structural features; the increase of labor force dependent on wages and bereft of the traditional social safety nets. It also argued that all countries which experience a similar industrialization and urbanization process would show increasing signs of social and political convergence. It is the pressure of these functional imperatives that creates new needs for public spending for welfare benefits.[[15]](#footnote-15)

Many recent studies criticized this approach, however, finding no empirical relationship between economic development and social security expansion.[[16]](#footnote-16) It is also criticized by scholars that this approach, being based on the idea of evolutionary convergence of all ‘modernizing’ societies on the industrialism, cannot explain the timing and variation of social welfare programs.[[17]](#footnote-17)

**2.2.2. Neo-Marxism**

Neo-Marxists maintain that the welfare state grows because of the function to stabilize capital economy and to maintain capital accumulation.[[18]](#footnote-18) Offe (1990), for example, argues that the historical forms and changes of welfare policy should be explained on the basis of its substantive function to solve the problems of the socialization of labor. He understands the term social policies “to include the totality of the state” function to contribute to solve the structural problem of the constitution and continuous reproduction of the wage-labor relationship”. Understood in this way, welfare policies (i.e. unemployment compensation or job refraining programs) are not some sort of state reaction to social problems; instead, they fulfill the function of keeping reserve laborers ready for the moment that they are needed.[[19]](#footnote-19)

O’Connor (1988) also argues that public spending for social insurance maintains both capital accumulation and legitimization. Based on the analysis of the fiscal crisis of the state, he argues

that modern capitalism underwrites private capitalist accumulation, which in turn increases demands for social expenses to prevent and remedy the “social costs” of accumulation. In his view, the social necessity of reproduction enforces the state to develop welfare policies to meet the need to create sense of security among workers and to increase capitalist production. Therefore, the benefits of the welfare state are seen to be largely the adventitious by-product of securing the interests of capital.[[20]](#footnote-20)

The major theoretical problem in these Neo-Marxist arguments, as well as in the Logic of Industrialism, is that they are based on the functional explanation. The effect explains the cause; the development of welfare programs is functionally required by the socioeconomic needs. The Logic of Industrialism says that the government responds to the needs, i.e. economic insecurities, created by the demographic and other changes accompanying industrialization. Neo-Marxism also argues that the state must develop welfare policies in order to meet the capitalist needs. But, we cannot assume that the emergence of needs, generated from either industrialization or capitalism, will automatically lead to the development of welfare programs. As Flora and Albert (1981)[[21]](#footnote-21) argue, needs should be felt by political actors and registered in politically effective institutions. As an alternative to these early efforts, two distinctive approaches have attempted to explain the origins and variations of contemporary welfare policies: the Power Resource Model, and the State-Centered Model.

**2.3 Power Resource Model and the State-Centered Model**

**2.3.1. Power Resource Model**

Welfare state construction has depended more decisively on the power resources the working class or on the structure of class or on the structure of class political coalition. The power Resource Model, often called the working class mobilization theory or the social democratic theory of the welfare state, has focused on the causal relationship between the organizational power of the working class and variations in welfare state policies. Based on cross-national data and historical comparative studies, proponents of this model argue that social classes are the main agents of political change and that the degree of working class strength and political types of class coalition has been of central significance for the growth of an institutional type of social welfare policy[[22]](#footnote-22)

They share with Neo-Marxist argument that the important axis of political conflict and state policy in capitalist society is the class division between owners and wage earner sand the distribution of power resources between them. Two different types of power resources can be mobilized and used in markets and in politics; in the economic sphere, the core power resource is the control of capital assets; in the political sphere, it comes from the strength of members, mobilized through the democratic process and tends to favor ‘numerically large collectives,’ especially the organized working class. Wage earners as voters can use the democratic state as a non-market way for redistributing income and welfare services, if they are highly organized into centralized unions and support a social democratic or labor party. Theoretically, this model goes beyond functional Neo-Marxism. Unlike functional Neo-Marxism, the Power Resources Model explains the role of political actors, i.e., the political role of the working class and left parties, is a key determinant of the development and variation of welfare states.

This does not imply that the Power Resource Model emphasizes the significance of the working class alone. As an alternative to a simple class mobilization theory of welfare state development, Esping-Andersen (1990) suggests three salient forces as determinants of welfare state development: the pattern of working class political formation, political class-coalitions, and the historical legacy of past welfare reform. Among them, the question of political coalition formation is decisive. “Welfare state construction has depended more decisively on the structure of class coalition which is determined by class formation, than the power resources of any single class”[[23]](#footnote-23)

According to the ways by which the working class party is politically and socially allied with other social classes, it is argued, each country has its own characteristics of the institutionalization of welfare policy. For example, in explaining the national difference between Scandinavia, Austria, and Germany after World War II, where the labor movements share a common ideological heritage and have espoused almost identical blueprints for social welfare policy, Korpi and Esping-Andersen (1984)[[24]](#footnote-24) argue that the political alliances between the working class and the middle class in Scandinavian countries could produce the consolidation of social democratic welfare state, while the exclusion of working class parties in Austria and Germany from the urban petty bourgeoisie and the middle classes resulted in the persistence of corporatist occupational divisions and institutional fragmentation of welfare provision.

More important, the Power Resource Model illustrates the feedback effects of the selected welfare policy on the distribution in the future. “The consequences of the choices and strategies that are put into action, in turn feedback to and affect the distribution of power resources.”[[25]](#footnote-25) The strong historical tendency of German’s social insurance programs (that is, the preservation of status differentials) constrains the political base of the German Social Democratic Party, while the universal and equal coverage of welfare programs in the Scandinavian countries have strengthened the political and organizational power of the reformist Social Democratic Party. Even within the Scandinavian countries, welfare policies made it possible to solidify the political base of the Social Democratic Party in Sweden, while similar policies undermined the base in Denmark[[26]](#footnote-26)

Therefore, it is important to specify the conditions and the character of working class effects on social policy in less democratic politics. First, we should consider that the collapse of authoritarian ruling parties is one condition of the welfare policy development in such authoritarian countries. As Castles and McKinlay (1979)[[27]](#footnote-27) argues, “to the degree that historical and political forces have led to the emergence of a united party of right, there will be a strong impediment to welfare”. In the developing countries, there had been many well-defined and

durable entities (such as authoritarian ruling parties, military establishments, and state planning agencies) that had acted as strong impediments to welfare state provisions. In such political contexts, the absence or weakness of durable right political forces establishes the initial necessary conditions that remove the primary barrier to the development of welfare provisions.

Second, it is also important to note that the actual types of power resources that can be mobilized and used in politics are different in each country. In some countries, the number of cabinet seats held by social democratic parties would be an important empirical indicator of power resources and of the development of a social democratic welfare state. In other countries where the social democratic party has never existed, like the East Asian NICs, there are different ways for class-linked capacities to influence state welfare policies. This implies that we should carefully look at the changing political conditions and actual types of workers’ power resources in the East Asian countries (i.e., the kinds) and degree of organizational strength of workers), and then examine the extent to which such types of worker’s power resources, without a left party and class alliances, affected the expansion of welfare benefits.[[28]](#footnote-28)

**2.3.2. State-Centered Model**

The expansion and transformation of state administrative capacities and the concomitant reorientation of political parties created the institutional and political basis for the development of modern welfare programs.

Using the State-Centered Model, numerous studies have provided historically grounded explanations for the development of welfare state policy and national variations[[29]](#footnote-29). The center of gravity of critical work on the state, as Wright (1994)[[30]](#footnote-30) says, shifted toward a variety of theoretical perspectives which explicitly distanced themselves from a preoccupation with class, in particular “state-centered” approaches to politics which emphasize the causal importance of the institutional properties of the state and the interests of state managers.

The State-Centered Model has examined the causal importance of state factors in the development of welfare. This model does not deny the salience of the variables raised in the major theoretical perspectives outlined above, but it argues that all these influences are mediated by the independent effects of state factors, such as state autonomy and capacity, the political institutional context, and political learning. Even the national variations in welfare policies are explained, first of all, by the state-centered variables as opposed to societal variables.

Applying these criteria to the history of the welfare state, Ashford (1987)[[31]](#footnote-31) argues that contemporary forms of the welfare state are the manifestations of complex and diverse compromises forged by political leaders and administrative officials. In her recent analysis of two early social policies in the United States, Skocpol (1992)[[32]](#footnote-32) also shows how governmental institutions, electoral rules, political parties and prior public policies’ have shaped the particular configuration of social provision, such as the Civil War pensions and pensions for widows with dependent children.

There are many variations within the State-Centered Model. The early researchers emphasized the relative importance of state factors, while recent analyses focus on the political institutional context as well as the autonomous role of state actors. Heclo’s Modern Social Politics in Britain and Sweden (1974)[[33]](#footnote-33) is one example of the research trends which distances themselves from a preoccupation with class factors. The influence of class factors upon social welfare policy is seen to be only a little relevance to policy outcomes. “Forced to choose one group among all the separate political factors as most consistently important, the bureaucracies of Britain and Sweden loom predominant in the policies studied” (p.301). For example, the origin of British unemployment insurance was not the product of parties, pressure groups, elections, but it evolved from a small group within the state.

Orloff’s Politics of Pension (1993)[[34]](#footnote-34) provides a political institutional approach, extending the early State-Centered Model. She argues that “state capacity to plan, administer, and extract resources is a precondition for the emergence of modern social welfare programs such as pensions and social insurance”. Using this approach, she shows that initiation of modern social provision for the aged in Britain, Canada, and the United States was the work of cross-class coalitions of liberal political entrepreneurs, social reformers and working class groups, and that the institutional context the expansion and transformation of state administrative capacities and the concomitant reorientation of political parties over the nineteenth and early twentieth century’s affected the possibilities for the formation of cross-class formation.

In this model, policy feedback is particularly important in understanding types of welfare policies in a country, because once policies are enacted and implemented, they change the public agendas and the patterns of group conflict through which subsequent policy occur. Extending Heclo’s argument that policy makers orient themselves to the legacies of prior state actions, Orloff (1993)[[35]](#footnote-35) clearly shows that processes of policy feedback-the ways in which the legacy of existing policy affects “policy debate, political coalitions, and administrative capacities, as well as the overall institutional context’ shape the character of policy innovation. Therefore, the process of policy feedback as well as institutional context determines the national character of modern social provision.

It is argued that the State-Centered Model seems to be relevant to the information of welfare policies not only the advanced capitalist countries but also in developing countries[[36]](#footnote-36). The development of social welfare policy has been viewed less as a product of the direct pressure of social forces or classes than as the initial action of a particular type of state attempting to cope with the central problems of economic development. Some researchers, like Malloy and Borzutzky(1982)[[37]](#footnote-37), argue that the relatively independent “patrimonial-bureaucratic” state in Brazil has used social security programs for the promotion of national economic development. Spalding (1980)[[38]](#footnote-38) also argues that in most of the developing world, where the dominant political tradition is interventionist and paternalistic, cohesive regime elites are called upon to act as innovators of social security programs which promote long-run system stability and national economic expansion.

**2.4 Main Features of Social Security Programs as part of Social Protection**

**2.4.1 Social Security Benefits**

The International Labor Organization Convention No. 102 of 1952 has set up minimum standard of social security. The Convention distinguished 9 types of benefits[[39]](#footnote-39).

**Old Age Pension: -** This is a regular payment given to a person in return for the service he has rendered up to his age of retirement. At present the retirement age in many countries is between 55 and 65 years. In the industrialized countries, it is 65 and above. There is also age limit for those who ask for early retirement. Many developed countries have achieved universal coverage for this benefit.

**Invalidity Pension:-**This is a payment for a person who has been retired because of sickness and is unable to continue work for not fulfilling the medical conditions required. This has to be proved by board of doctors.

**Survivors Pension: -** The Payment made to the family of the deceased. The survivors can be children, spouse or the parents either.

**Employment Injury Benefit: -** refers to payment given to a worker who has suffered from an occupational injury until he revives. It also covers the medical expenses. If the injury does not enable the injured to continue his work, a regular payment will be given.

**Maternity Benefit: -** Comprises the medical care provided for a pregnant woman both post and prenatal period and allowances of maternity leave.

**Sickness Benefit: -** This kind of benefit refers to the coverage of medical expenses made by a worker who is suffering from some kind of sickness not related with his work.

**Family Allowances: -** Refers to payments made to families with dependent children either by employers or by government, primarily to promote the welfare of the children.

**Medical Benefit: -** This kind of benefit provides free medical services for people especially for individuals who are covered.

**Unemployment Benefit: -** is a benefit provided for persons who are capable of working but are incapable of obtaining a suitable employment. Spending on their economic development, countries are expected to have one or more of these social security benefits for their people. They should be enacted in statutes as rights conferred to the people.

**2.5. Pension Systems as Part of Social Security**

The economic freedom and financial security during old age and retirement are of major concern to the employees, who, not only wish to provide themselves, but also for their families. The main aim of pensions is to give a reasonable amount of financial security to the retired employee. Rudrabasavaraj (1979) [[40]](#footnote-40)enumerated the following advantages of pension plans. They:

* . Attract and retain employees.
* Attract better class of people who stay with the organization, this helps in reducing turnover and recruitment costs.
* . Permit retirement of the superannuated employees.
* . Improve employee morale.
* . Promote employee goodwill and loyalty.

A pension plan, which is one part of social security, is a program set up by an employer, a labor union, or a government that provides regular income payments to retired payments meeting the conditions set forth in the plan. There are three universally accepted conditions; these are: **age**, disability and death[[41]](#footnote-41). A person may get an **old age pension** upon reaching some years of age, and disability pension or survivor’s pension for his dependents upon his death. Although these three kinds of benefits are referred to pensions as a whole, they cover the three benefits embodied in the social security. In earlier times a pension was viewed as a gratuity or reward for loyal service to an employee[[42]](#footnote-42)

The retirement system enables individual employees to live dignified, satisfying and secured life. The retirement system helps to release more of the creative energy and efforts of personnel making if possible more effective daily and long term performance in the service for which they are employed[[43]](#footnote-43).A person who spends his working life as an employee should have a privilege of getting an adequate pension on his retirement from services.[[44]](#footnote-44)

In his book titled Personnel Management, Edwin Flippo (1984)[[45]](#footnote-45) emphasized that effective retirement programs will reduce employee uncertainty, minimize worries about health, reduce the tendency to miss one’s old job, enables a more satisfactory arrangement of retirement income, and increase the amount of social participation on the part of the retiree. In Britain, state retirement pensions go back to 1908.[[46]](#footnote-46)In the United States, even non-contributory pensions were transformed from gratuities to legally enforceable corporate liabilities.[[47]](#footnote-47)

Pension plans differ from country to country on the basis of economic development. Modern attitudes to old age and increased levels of unemployment have led in a number of countries to legislation, which provides for flexible retirement. In other words, there may be no specified normal retirement age, but rather a range of ages during which retirement is permitted. As emphasized by International Social Security Association (1988)[[48]](#footnote-48), in Canada, a retirement age from 60 to 65 has been implemented with a deduction in the accrued pension for persons retiring before age 65. In France, the normal retirement age was simply reduced from 65 to 60.

Higher levels of unemployment have led to the development of pre-pensions whereby older workers can retire early and receive periodic payments until they are eligible to receive old age pensions.

**2.5.1 Pension Scheme Classification Criteria**

There are two broadly types of social protection for the elderly. The first comprises benefits that are available to everyone, either universally or subject to a means test. Such benefits are financed from general state revenue and constitute a form of social assistance (a social floor). The second type is an entitlement restricted to people who together with their employers or independently contributed to a pension fund during their working life. Such protection is in the nature of social insurance[[49]](#footnote-49)

Aside from this basic distinction, pension schemes also differ depending on how they are organized, their conditions of entitlement to benefits and their outcomes.

How pension schemes are organized basically depends on four sets of alternative policy options, namely, PAYG vs. fully funded schemes, defined contributions vs. defined benefits, public vs. private administration, and mandatory vs. voluntary participation. Current or planned reforms typically consist in shifting from one of those options to another.

**I) Pay-as-you-go vs. Funded Schemes**

In PAYG schemes, the retirement pensions paid out over a given period are financed from the contributions paid over that same period by those in employment (employees and employers). In funded pension schemes, the contributions are paid into a fund from which capital and interest accrued are then used to pay out pensions. Where funding is individual, the contributions of each participant are paid into a personal account from which the capital plus interest accrued is paid out in the form of a lump sum or an annuity upon the participant’s retirement. There are also collectively-funded schemes, in which pensions are financed from the capital and interest accrued to all the participants in the scheme. In this case, the amount of individual pensions depends on criteria such as seniority, length of contributory service and age at retirement.

**II) Defined-benefit vs. Defined-Contribution Schemes**

Under some pension schemes, benefits are determined in advance, e.g. as a percentage of a person’s earnings over a number of reference years for example, the last 10 or 20 years of work or as a percentage of lifetime earnings. In order to ensure that the scheme can afford to pay its defined benefits when the time comes, rates of contribution may need to be adjusted periodically in the light of demographic, actuarial or economic considerations. Conversely, other schemes predetermine the rate-or rates-of contribution, in which case the amount of benefits payable upon retirement depends on the specified rates(s), the number of years of contributory service and returns on investment.

**III) Public vs. Private Administration**

Social assistance schemes are financed by the state and normally also administered by the State. But the administration of insurance schemes may be either public or private.

**IV) Voluntary vs. Compulsory Schemes**

Participation in insurance as opposed to assistance-schemes may be compulsory bylaw or left to the discretion of those eligible. Experience suggests that effective social protection presupposes compulsory participation, since people with the lowest incomes may not be inclined to join a pension scheme voluntarily and those with the highest may not see the need, thereby depriving the schemes of its contributions. As a result, basic schemes are typically mandatory. Where available, supplementary schemes-the other “pillars” mentioned above-may be voluntary or compulsory, depending on national practice.

Pension schemes have three main objectives:

* Protection against poverty in **old age**;
* Provision of a retirement income, usually expressed in terms of an appropriate replacement rate for the earnings lost at the point of retirement;
* Protection of this income against the subsequent erosion of real living standards as the result of inflation.

A major issue concerning pension funds is their structure, and specifically, the means by which they are financed. Although there are many variants, the choices center around three main options.

* The role of the State, versus the role of private or occupational schemes;
* Whether the schemes are to be fully or partially funded, or financed by the state on a PAYG basis;
* Whether benefits are to be determined on a defined-benefit basis or in terms of defined contributions.

The public pension schemes of most developed countries are based on the PAYG system: benefits are partly universal flat-rate (as a protection against low incomes in old age), and partly related to earnings near the point of retirement (i.e. defined benefit). Such schemes are obligatory and government guaranteed; in effect, they are government programmes just like any other. Both contributors and beneficiaries trust the government to take whatever action is necessary (i.e. raise taxes or contributions) to ensure that benefits are paid as they should be, including any increases needed to keep pace with inflation. The advantage of PAYG schemes is that contribution rates, particularly during the years before the schemes have acquired a measure of maturity, are lower than they would be in, say, a fully funded scheme, since it is not necessary to build up a capital reserve[[50]](#footnote-50)

**2.5.2. Pension Benefits**

Most countries now have some form of social security programme for old-age protection which covers, if not all the population, at least sectors of it. There are a variety of scheme, spread over the various social security programme structures, and these includes flat-rate pensions employment related pensions, means-tested non-contributory pensions, and sums payable at specific ages under provident funds. Occupational (employer-based) pensions and private (personal) insurance pension plans are also being linked to some state systems [[51]](#footnote-51)

The types of pension schemes can be explained as follows:

**a)** **Occupational pension schemes** are pension arrangements setup by employers to provide income in retirement for their employees. Although the employer is responsible for sponsoring the scheme, it is actually run by a board of trustees-with the exception of most public sector schemes. It is this board of trustees that is responsible for ensuring payment of benefits. There are two types of occupational pension scheme: Final salary and money purchase.

Final salary schemes are defined benefit or salary related schemes. The amount of pension payable from such a scheme is dependent upon the pensionable service; final pensionable salary (earnings prior to retirement); and the scheme’s accrual rate:- The accrual rate is the proportion of salary that is received for each year of service. So, if the scheme has an accrual rate of 60, the member will receive 1/60th of his final pensionable salary for each year of service completed.

For example: pensionable service x pensionable

60

Money purchase schemes are referred to defined contribution schemes. The amount of pension payable from this scheme is dependent upon: the amount of money paid into the schemes by the member and the ‘annuity rate’ at the date of retirement. An annuity rate is the factor used to convert the ‘pot of money’ into a pension.[[52]](#footnote-52)

b) **Personal pension plan** is an investment policy designed to offer a lump sum and income in retirement. Personal pension plans are money purchase arrangements. The amount of pension payable when the member retires is dependent upon:

* the amount of money paid into the scheme;
* how well the investment funds perform; and
* the annuity rate’ at the date of retirement. An annuity rate is the factor used to convert the pot of money’ into a pension.

The member has a number of choices to make when purchasing an annuity:

* to buy a pension based on their life only which ceases when they die (known as a single life annuity) or a pension that also provides an income in surviving spouse or dependent on death;
* to buy a non-increasing pension or a pension that increases each year so its real value does not decrease;
* to buy a guarantee so, if death happens within a certain number of years, the balance of the unpaid installments are paid to a dependent.

These options come at a cost. As the member chooses more options, the lower his annuity will be. It is also possible to have Group Personal Pension Plans (GPPPs). By GPPPs, we mean a collection of individual personal pension schemes put together by a pension provider and offered to employees by an employer as a pension arrangement although the employer or the company makes the choice of the GPPP.[[53]](#footnote-53)

**c) The State Pension**

State Pension provision is classified effectively in two parts; the basic state pension and the state earnings related pension scheme (SERPS).

**I) The Basic State Pension.**

Qualification for the basic state pension depends upon one’s National Insurance contribution record. To qualify for the full basic state pensions one should have qualifying years of contributions or credits for approximately 90% of his working life. A qualifying year is a year with a National Insurance contribution record for each week of that year. The basic state pension is currently payable from age 65 for men and from age 60 for women.

**II) The State Earnings Related Pension**

This is a state pension additional to the basic state pension and the benefit from it will depend upon your earnings whilst you have been a contributor. The earnings that qualify to count towards this benefit are your earnings between what is known as the lower earnings limit and upper earnings limit. The qualifying earnings are called your middle tier earnings.

**2.6 Conclusions**

Social Security, as part of social protection, is considered as one of the responsibilities of governments rather than individuals. Social Security Programs have gained international recognition. To follow this up, an International Social Security Association is established. As mentioned earlier, there are nine (9) types of Social Security benefits. As pension is the existing Social Security benefit for the public servants in Ethiopia, the literature tends to emphasize that of pension. But what social protection responses are in place particularly for people out of the civil service? And to what extent do they reach older people? are vital questions which needs an overview. Thus, the next chapter will focus on social protection responses in the nation particularly for elders.

**Fig. 2.1: Flow of Funds in a Social Security Scheme as Part of Social Protection.**

**Contributions from**

**Employers**

**Contributions from insured**

**Persons**

**Penalty Payments**

**Investment Income**

**Government**

**Subsidy**

**Invested assets**

**Social Security Institution**

**Benefit payments**

**Investment expenses**

**Expenses on**

**Administration**

**Employment injury benefits**

* **Medical**
* **Temporary incapability**
* **Permanente incapability**
* **Dependent’s benefits**

**Long-term benefits**

* **Invalidity pension**
* **Old-age pension**
* **Survivor’s pensions**

**Unemployment benefits**

* **Unemployment benefit**
* **Dependant’s**

**Family benefit**

* **Family allowances**
* **Prenatal/birth grant**

**Short term benefits**

* **Medical**
* **Sickness**
* **Maternity**
* **Death grant**

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**CHAPTER THREE**

**3. THE DEVELOPMENT OF SOCIAL PROTECTION RESPONSES IN ETHIOPIA VIA ELDERS**

This chapter is devoted to examine the historic development and current practice of social protection schemes in Ethiopia including the scope of coverage and its progress.

**3.1. Background**

Older people are the world’s fastest growing population group. The dramatic increase in the number and proportion of this group throughout the world, whether in developed or developing countries, became a challenge to the social, economic and development of every country. But national governments and international development strategies often have little attention when it comes to planning for the problems, needs and potential of older persons. This is due to the misconception that older persons are viewed as dependents, economically unproductive, passive and hence irrelevant to involve them in the national development plan.[[54]](#footnote-54)

It is true that older persons are usually the poorest segments of a society and are vulnerable .However, they are also resourceful. They have a wealth of skills and experiences and they can actively involve in the development process of their country.

In Ethiopia, like in other developing countries, the problem of elderly is the most prevalent and wide spread phenomenon. Due to scarcity of data availability in the situation, there is no organized and systematic evidence indicating the socio-economic condition, livelihood, and trend in aging of the population .However, it is assumed that older people in Ethiopia are faced with a number of problems. The most vital causes of these problems are poverty and economic crises, poor health, lack of social security, and HIV/AIDS[[55]](#footnote-55).

Traditional supporting mechanisms have been the means through which most problems of older people were addressed for many years. It was a traditional and religious duty to Ethiopians to look after the aged, the sick and the disabled relatives. The blood relationship in Ethiopia was very strong that it was also a cultural obligation to look after the aged. The burden was not considered at all as the duty of the government. However, benefits consisting of a piece of land were being given to public servants as a reward for life service and gallant actions in the battle field.

Furthermore, various social associations through which people joined together in benevolent societies, with a purpose of providing members and their dependents with material assistance in the event of economic misfortunes have had a long history in Ethiopia. These associations continued to function even after the advent of industrialization and the development of urban centers.[[56]](#footnote-56)However, “although there is no denying of advantages of these associations towards tackling the problem of community in that the protection they afford their members covers only a small number of contingencies and also the benefit awarded is of a lump-sum nature and lacks continuity.”[[57]](#footnote-57)

During the reign of *Menelik II[[58]](#footnote-58)*, if a military servant gets old he had the right to demand the authorities to replace his son in his place. This was done so that the son would be able to take care of his old father.[[59]](#footnote-59) Pension benefits as such, started to become a national responsibility in a limited area during the reign of Emperor *Haile Selassie I*[[60]](#footnote-60). In December 1933, a bill containing the pensioning of old and incapable soldiers was introduced into parliament and which contained 16 articles marked the first legally established pension system in Ethiopia. The retirement age was fixed to seventy (70) years[[61]](#footnote-61)

**3.2 Situation of Old People in Ethiopia**

**3.2.1 Demographic scenario**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **Total** | **0-14** | **15-59** | **60+** | **% of 60+** |
| 1984 | 42828.5 | 20671.3 | 19438.3 | 2718.9 | 6.3 |
| 1985 | 44254.9 | 21585.3 | 20004.4 | 2664.4 | 6.0 |
| 1990 | 41689.4 | 25471.8 | 23585.6 | 2632.0 | 5.1 |
| 1995 | 60584.5 | 29177.8 | 28567.5 | 2839.0 | 4.3 |
| 2000 | 71379.0 | 33465.5 | 34727.3 | 3186.2 | 4.5 |
| 2005x | 84884.7 | 39799.6 | 41400.0 | 3685.1 | 4.3 |
| 2010 | 100802.0 | 47457.0 | 49069.0 | 4276.0 | 4.2 |
| 2015 | 118875.0 | 55480.0 | 58547.0 | 4848.0 | 4.1 |
| 2020 | 138,500.0 | 62896.0 | 70671.0 | 5283.0 | 3.8 |

**Table 3.1[[62]](#footnote-62): Actual and projected total population by age group, Ethiopia 1984-2020 (in millions)**

According to the census conducted by Central Statistics Agency (CSA), the total population of Ethiopia will reach 138 million by the year 2020. It has a total area of approximately 1 million square kilometers. About 84 percent of the population lives in rural areas. Administratively, the country is divided into nine regional states and two city administrations that are further divided into zones, *woredas* (districts), and *kebeles*.

**Fig.3.1[[63]](#footnote-63) Administrative Regions and Zones of Ethiopia**



As indicated in the table above the rate of population growth during the period 1984-2020 is very high. The same pattern can be observed for those people aged 60 years and above as estimated 2.7 million in 1984, projected to rise to 3.6 in 2005 and 5.2 million in 2020.

Further, according to the report of Ethiopian annual statistical abstract published in July 2006, out of the total number of 3.3 million older persons in the country 538,800 (16.33%) were urban dwellers and 2.8 million (83.67%) were rural dwellers. This indicates that the majority of the aged population lives in the rural areas (See the tables below).

**Table 3.2[[64]](#footnote-64): Proportion of Ethiopian older persons**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Description |  | Ethiopian population |  | Older persons |  |
| Total |  | 75067000 |  | 3341989 |  |
| Urban |  | 12172000 |  | 537528 |  |
| Rural |  | 62895000 |  | 2804533 |  |
| Female |  | 37452000 |  | 1664904 |  |
| Male |  | 37615000 |  | 1667085 |  |

**Table3.3[[65]](#footnote-65): Ethiopian older persons by age group, sex, urban and rural, July 2006**

|  |
| --- |
| **Age Urban Rural Total** |
| Male Female Total Male Female Total Male Female Total |
| 60-64 93610 104816 198426 519767 514962 1034729 613364 619777 1233141  65-69 66441 78952 145393 384165 368571 752736 450589 447523 898112  70-74 43093 54344 97437 263037 246846 509883 306113 301190 607303  75+ 40817 55455 966272 266226 240959 507185 307019 296414 603433  **Total 243961 293567 537528 1433195 1371338 2804533 1677085 1664904 3341989** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.2.2 Role and status of old people**

Many gerontological studies show that as changes take place in society the status and role of old people is also be altered.[[66]](#footnote-66) Changes in social norms and values, which impinge on the status and role of old people in society, are obviously of various kinds. The purpose of this section is, however, to consider how the status and role of old people has been affected by the changing conditions under three governments in Ethiopia. Accordingly, attempts will be made to understand the status and roles of the elderly under the monarchic rule of Haile Sellasie, the military Derg government, and the EPDRF –led government.

**3.2.2.1 Role and Status of Old People under the Monarchy**

Studies show that, old people were held with respect regardless of their social background or status of wealth during the monarchic rule. Whether they are rich, moderately rich, poor, or very poor they obtain respect from the society. In various parts of the country, no old people were in possession of vast land properties, but they had high social status and respect from the younger generation. Elders had a considerable social role and status during the monarchic rule of Haile Sellasie.

The social system during the king’s regime encouraged citizens to hold old people in respect. Old people during the monarchy played influential roles in the society and often served as advisers, arbitrators, and community leaders. Various public activities were not launched without consulting old people. When farming activities begin, members of the household consult older members of the household or the neighborhood about which field to plough first, which crop to

grow on a particular plot, or which plot to leave fallow. Some recall the position of old people during the king’s regime (Haile Selasie) as the superior social status.[[67]](#footnote-67)

**3.2.2.2 Role and Status of Old People during the Derg[[68]](#footnote-68) Regime**

As per studies, roles of old people began to diminish during the regime of the military dictatorship (Derg). Land was confiscated and became public property. Coupled with the change of government, the emergences of various mass organizations such as peasant association, youth association and women association have impinged on the status and role of old people. This happened because younger people were then given more and more public responsibilities. Consequently, old people began to lose their social status. They had little say in public matters. They were considered *yebekaw* or *adehari* (old fashioned or reactionaries).

The distribution of land to all community members on the basis of their family size deprived old people of their social empowerment. This in turn, has effect on the role and status of old people and downgraded the then existing socio- economic pattern. However, to some extent elders had various roles to play. They still had different activities in their family and community at large, especially in the arena of conflict resolution, marriage arrangement, arbitration, and religious services in the church etc, yet, some elders have got empowerment and given land and title in the bureaucracy of the peasant association. [[69]](#footnote-69)

**3.2.2.3 Role and Status of Old People during the EPRDF Administration**

During the EPRDF administration the status and role of old people have been reduced. Elders have faced quite a great deal of problems. The major reason behind is the redistribution of land, which deprived old people from their land. The declining trend in the role and status of old people which began in the Derg regime, has reached its peak in the EPRDF government[[70]](#footnote-70).

In agricultural societies, control over resources like land is positively correlated with the status

and role of old people. The same is true for the elderly people of nationwide**.** Thus, whenever

their control over land is lessening so is their status and role.

To summarize, old people commanded high respect during the Haile Selassie regime; because children were given land by their parents when they got married. So, they were obedient, loyal, and respectful to their old parents. This helped elders to be esteemed as important members of the community. During the Derg regime, on the other hand, land became the property of the public and all members of the community were allotted agricultural plots.

This has no doubt affected the status of old people. Besides, the formation of different mass organizations such as peasant associations, youth associations, and women associations had diminished the importance of old people. For example[[71]](#footnote-71), when people quarrel they went directly to *ferd shengo* (the court in the peasant association) where the cadres of the mass organizations preach the slogan *hulum equl new* (all people are equal). This also reduced the status and role of elderly citizens in the community.

Under the present government (the EPDRF led government) land has been redistributed. This further exposes the elders for very minimal holding of their land.

**3.3. Modern (Recent) Practices of Social protection in case of elders**

Despite the country’s long standing history of assisting the poor and the aged through traditional mechanisms, the state manages a large number of resource intensive actions that make up its defacto social protection strategy.[[72]](#footnote-72) A number of ministries are entitled to run different actions separately in a decentralized manner. This decentralized management system makes it unclear how efficient the total collection of activities are delivering on constitutional requirements.

**THE CONSTITUTIONAL RIGHT TO SOCIAL PROTECTION**

Article 41 of the Ethiopian Constitution declares:

Every Ethiopian citizen shall have the right to equal access to social services run with state funds. The state shall allocate progressively increasing funds for the purposes of promoting the people’s access to health, education and other social services. The state shall, within the limits permitted by the economic capability of the country, care for and rehabilitate the physically and mentally handicapped, **the aged**, and children deprived of their parents or guardians. The state shall devise policies designed to create employment of the poor and unemployed; issue programs designed to open up work opportunities in the public sector and undertake projects.

According to The African Union Social Policy Framework for Africa (2009), social protection comprises a set of actions including policies, legislation, social services, and social insurance designed to reduce either the risk of experiencing an economic or social shock, or to reduce the welfare loss after such a shock has occurred combined with actions aimed at alleviating extreme or chronic poverty.[[73]](#footnote-73)

The minimum packages provided through social protection should benefit children, informal workers, the unemployed, the disabled and particularly in our case the **older persons.**

**3.3.1 Social protection responses at international and regional level via older people**

**3.3.1.1 The two world assemblies on aging[[74]](#footnote-74)**

***The first world assembly on ageing***

Ethiopia was one of the 124 UN state members that attended the first world assembly on ageing that took place in Vienna, Austria in 1882. In the meeting, the General Assembly discussed the economic, social, cultural and humanitarian implications of the increase of ageing population and eventually came up with and endorsed “The first international plan of action on ageing” (Resolution no. 37/51).

In accordance with the UN resolution each member state is committed to draw up a national strategy and action plan on ageing. Ethiopia, for instance, has accepted the derivatives from the Vienna plan which includes, among others, the UN principles of older persons (independence, participation, care, self-fulfillment, and dignity), and celebration of 1 October as an international day of older persons. This day started to be celebrated worldwide in 1992 and at national level in 1993. Moreover, Ethiopia was an active focal point member in the UN to mark the international year of older persons.

A separate unit for older persons has been organized within MOLSA. The unit is responsible for designing and implementing plans and activities that target the improvement of quality of lives of older persons. Regional Labour and Social Affairs Bureau have been structured accordingly. The DSWP of Ethiopia formulated in 1996 is also a major policy achievement since the endorsement of the first plan.

***The second world assembly on ageing***

The UN General Assembly was convened for the second world assembly on ageing in 2002 in Spain, Madrid, and came up with an endorsed document “The Madrid International Plan of Action on Ageing” (MIPAA). Before the endorsement of the plan of action, Ethiopia has organized a consultation meeting in collaboration with Help Age International Ethiopia, the Ethiopian elderly and pensioners national association, partner organizations and relevant bodies to gather contextual ideas that may enrich the MIPAA document. To deliver the ideas at the assembly, an Ethiopian delegation comprising four members went to Madrid and adopted the plan of action with 159 representatives from around the globe.

***African Union Policy Framework and Plan of Action on Ageing***

Ethiopia was a participant on an expert meeting to develop the AU policy framework and plan of action on ageing in two sessions held in Addis Ababa, Ethiopia, and Kampala, Uganda. Being a member country of the African Union, it has approved the “UN policy framework and plan of action on ageing” in Durban, South Africa, in June 2002.

**3.3.1.2 Regional response**

At regional level, in the area related to social protection response five (5) broad types of programs have in the past been implemented, namely: the Ethiopian Food Security Project; the Voluntary Resettlement Program; the Federal Other Food Security Program (OFSP); the Productive Safety Net Program (PSNP); and the Urban Consumer’s Grain Market Stabilization Program.

**The Ethiopian Food Security Project[[75]](#footnote-75)** : This scheme stated in 2002 as a community support project with the objective of building the resource base of the community and through this raising the income of the poorest of the poor in the community. The scheme operated as a loan facility which works alongside the Productive Safety Net Program, and is aimed at enhancing poor people’s capacities to withstand future shocks. At the federal level, Ministry of Agriculture and Rural Development (MOARD), through their Food Security and Disaster Prevention and Preparedness Management Commission/ Office, implement the project. At Woreda (District) level implementation is by the Woreda Development Committee takes responsibility.

Target groups for the scheme are reported to be “the poorest of the poor”, identified through a community-led or *Kebele[[76]](#footnote-76)* Administration-supported wealth-ranking process. Targeting considers the degree of food insecurity in the Woreda, availability of human resources, gender balance in targeting (at least 25 percent of beneficiaries have to be women), and a maximum of 15 Kebeles in any given Woreda. On the other hand, before they are targeted, Woreda’s[[77]](#footnote-77) ought to have been food insecure for the previous ten (10) years and must be beneficiaries of the Productive and Safety Net Program (PSNP). Geographical coverage of the project is limited to 1,292 Kebeles in 93 Woredas for the regional states of Amhara, Tigray, SNNP and Oromiya.

**Analysis:**

* The requirement to be beneficiaries of the PSNP excludes **older people** who in the majority of cases labour constrained;
* The focus on specific Woreda and within those a limited number of Kebeles is bound to exclude large numbers of very poor people who are not residents in the selected regions; and
* Community targeting may be subject to manipulation by those who wield more power and influence at the community level.

**The Voluntary Resettlement Program:[[78]](#footnote-78)** This scheme’s principal objective is to assist households with chronic food insecurity to become self-reliant in food production in an estimated period of eight (8) months from the time the assistance is distributed. One of the key assumptions is that during the eight months there would be an adequate supply of rainfall and those households would exclusively be using their own labour to grow crops. The target group comprises of households that are chronically food insecure, even under normal agricultural conditions, and such food insecurity may be due to the fact that the households have consistently been affected by drought; tilling infertile and degraded land; or are working on very small holdings which are inadequate for them to produce enough food for the family. Voluntary registration, a form of self-targeting is used to identify beneficiaries, is carried out at the Kebele level in selected Woredas. Since commencement of the scheme in 2003, a total of 205,130 households comprising 1,299,239 people have voluntarily resettled within their respective regional states, although the numbers being registered per year have been progressively declining. Specifically a range of household utensils as well as agricultural inputs are provided to selected households. It is estimated that the total amount of money equivalent which is transferred to each beneficiary is approximately US$700 in the five years of the scheme’s implementation.

At federal level, implementation of this scheme is by MOARD, Disaster Prevention and Food Security Sector. At the regional/state level, regional, Woreda and Kebele food security offices manage the program. This is complemented by specialized public sector institutions in the areas of health, education, roads, water and sanitation, which operate under their respective mandates to deliver appropriate services.

**Analysis:**

* Self-targeting may result in only those with information about the scheme and those with confidence applying to be considered for them, which is usually not the case for **older people**;
* In the absence of specific criteria for qualifying, the chances of having a high number of inclusion errors are very high;
* **Older people**, because of the vulnerability they face and due to their long established attachment to land which they may have occupied for a long time, tend to opt out of resettlement, which will in effect systematically exclude them from any benefits that may have been anticipated; and
* **Older people** are often labour-constrained hence they are unlikely to directly benefit from this program.

**The Productive Safety Net Program (PSNP)[[79]](#footnote-79) :** This is a form of mixed cash and food transfer being delivered to 290 out of 630 chronically food insecure Woredas in seven (7) regional states (out of nine), and the rural part of Dire Dawa City Administration. The primary objectives of the scheme are: to smoothen food consumption needs of targeted households, protect household assets from being depleted, build assets at the community level with a view of promoting self-sustenance of the households and to contribute actively to production. (In principle the cash component comprises of approximately 70% and food comprises of 30% of the transfer, but actual determination of the proportions is based on analysis of the situation on the ground). The project is implemented by the federal government through its Food Security Directorate, Food Security and Disaster Management Sector, MOARD supported by NGOs. The regional states through their respective zones, Woredas and Kebeles, community watershed management committees undertake actual implementations of the PSNP public works in their respective areas of operation.

Households with abundant labour can access the public work component of the scheme, while those that are labour-constrained, such as older people, orphans, female-headed households, etc, would qualify for the direct support component of the scheme. A “suitable” cash/food split to be distributed is determined basing on the degree of availability of food in the Woreda. Cash and food transfers are made to targeted households and their members, focusing on those Woredas and households which have been on food aid for periods of between 3-9 months in a year and for a minimum period of three consecutive years. A standard “identification framework” is used in the selection of beneficiaries, and based on this the Kebele community identify the needy who either have abundant labour or are labour-constrained, while the Woreda task force approve the identified beneficiaries. In instances where the task force is dissatisfied with proposed beneficiaries it may ask for a retargeting in order to minimize both inclusion and exclusion errors. The amount of cash which is disbursed to beneficiaries is 10 Birr per day for a total period of six months, totaling to US$132 per beneficiary (including the transfer to the end users in the form of labour, capital and administrative costs, and 3% of total cost to cover regional and federal expenses). The cash transfer from federal to regional states is done every two months; monthly from regions to Woredas covering six months except Afar and Borena.

USD provides the food component (3kg of grain per entitled person per day for five days in a month over a period of six months) in targeted regions and urban areas (except in Afar regional state, Borena Zone in Oromia) where the distribution process continues for a period of nine (9) months.

By 2009 it was expected that a total of 8.3 million beneficiaries would have been reached, but actual achievement was 7,574,048 of whom 80-85% were public works beneficiaries, and the remaining 15-20% direct support beneficiaries and pastoralists in the more disadvantaged Afar, Borena, Somali and SNNP areas.

**Analysis:**

* Community targeting may in some instances be “hijacked” by more vociferous members of the community, which may simply entrench biases that community leaders or members may have about particular categories of the poor, such as **elderly persons**;
* The cash/food split for distribution adopted by the program might not be homogenously suitable for different age groups of the population, which may in turn disadvantaged **older people**;
* The prioritization of those Woredas and households which have been on food aid for periods of between 3-9 months in a year and for a minimum period of three consecutive years may leave out a considerable number of **older people**.

**The Urban consumer’s grain market stabilization program:[[80]](#footnote-80)** This program began in April 2005 with the objective to protect low income community members from the effects of price rises for wheat. The program is based on the understanding that wheat an important food item and works to stabilize the grain market, discouraged artificial price rises due to speculation and stockpiling and encourage a smooth flow of grains. The program was focused on urban centers in 12 regional states, including Mekele, Adigrat, Bahirdar, Gondar, Dessie, Kombolcha, Dire Dawa, Harar, Adama/Nazerth, Shashemene, Hawassa, Jimma, Nekemte, and Addis Ababa. It is financed by the Ethiopian government with support from international development partners. The program serves as a form of transfer of about 200 Birr/quintal subsidies to the consumer on the price of a quintal of wheat, and was in 2005 credited with bringing down the purchase price for a tone of wheat to the consumer from 500 in the open market to US$259.25. The main target groups are individual consumers who need stable food prices. And as of 2009 it was estimated that up to 3 million people, approximately 65% of the urban population, was benefiting from the program. The amount of transfer per beneficiary was estimated to be US$64 per beneficiary.

To achieve the objective of price stabilization, individuals organized themselves in consumer cooperatives that access wheat from millers. Between 2005 and 2009 a total of 7.5 million quintal had been supplied, and 3 million quintal was in the pipeline for delivery to market centers by the same year (2009). The mechanism used is to make the wheat available at subsidized prices at selling points at Kebele level through the shops and consumer’s cooperative societies. Wheat was also previously sold to millers at subsidized prices, although this practice has since April 2009 changed to one where the wheat is instead auctioned due to the improved grain markets. The scheme is implemented by the Ministry of Industry and Trade at different levels, from regional and city administration to the Kebele level.

**Analysis:**

* This is vital scheme for the “low-income poor” in urban areas; however it has the potential of marginalizing those who have very little purchasing power, of whom **older people** are a key category.
* While consumption of wheat either as bread or other food product is considerable in urban areas, the focus on this single food item has the potential to exclude those who do not use it as food; and
* Organization in consumer cooperatives which was the main basis for access to the wheat may also have excluded **older people** as they rarely have access to information or have the energy to seek out places where such organization is often done.

**Federal Other Food Security Program (OFSP)**[[81]](#footnote-81): This scheme started in 2004/05 with a federal government allotment of Birr 1 billion (in 2004/05) and 2 billion Birr since 2005/06 (covering both this program and the voluntary resettlement program). The objective of the scheme is to assist with the provision of agricultural extension services to households that are chronically food insecure. It targets chronically food insecure people who have had food gap for more than 3 months in the last 3 years as derived from 10 years data. It includes those who are ready and able to make best use of the agricultural extension package provided on a credit basis. The scheme operates in 8 regions (i.e. Tigrai, Amahara, SNNP, Oromia, Afar, Harar, Dire Dawa, and Somali) covers about 290 Woredas.

A vulnerability index is used to target beneficiaries, incorporating food vulnerability for more than 3 years; decline in soil fertility evidenced by a fall in crop yield; etc. Active participation of members of targeted communities is solicited in the form of neighborhood committees whose representatives form a task force comprising women, youth and Kebele administration. The list of proposed beneficiaries in targeted Kebeles is posted in a public place to enable further public scrutiny.

The ultimate of the scheme is to contribute to development of an agricultural skills base in order to enable acquisition of household assets which are necessary for exiting from chronic food insecurity. The purpose was that after this had been attained, the households would be able to access with a view to support the affected households to access other more demanding social protection instruments such as PSNP and FSP. At the federal level MOFED manages the overall budget of the scheme, while MOARD, Food Security and Disaster Management Sector, Food Security Coordination Directorate appraise and work out programmatic and financial plans. At the regional level regional states, work through Zonal, Woreda, and Kebeles manage the program at local level.

**Analysis:**

* The scheme mainly supports those with some assets, which **older people** may not in the main have especially in their older years.
* Due to the fact that this scheme supports agricultural activities it assumes that all beneficiaries have access to labour, which again is a key constraint for **older people**.

**3.4 How to pay for social protection**

In developed countries social protection has been paid by increases in the proportion of national wealth captured by tax collection. In 1900, perhaps 10 percent of GDP was taxed, but by 1965 the figure had climbed to 28 percent and by 2000 almost 50 percent. This increase has mainly been fueled by the need to pay for social protection. Can a course of increasing the tax burden on the Ethiopian economy, currently at 8 percent of GDP (but as recently as 2003 at over 16 percent) be advocated so that a greater proportion of resources are channeled to the poorest through various social protection interventions? Will this result in faster overall economic growth or as a drag on overall growth? And what will the role of development assistance be? [[82]](#footnote-82)

Ethiopia ranks towards the bottom of the scale in terms of the proportion of taxes collected. Most of the country is a tax free zone. Many parts of the country are only collecting tax through taxation of civil servants’ income at the source. Additionally, VAT is yet to be introduced in several regions. Therefore, how to cover for social protection is an important question needs answer.

**3.5 Conclusions**

* Ethiopia has a population with a continuous trend of growing; it is the second-most-populous country in Africa, after Nigeria. As a result, the nation is expected to accommodate even more elders in the future.
* Social protection is deeply rooted in Ethiopian society and traditional mechanisms are breaking down especially in urban area following the growing modernization.
* The role and status of old people in the nation have shown a dramatic change over the three forms of government administration. As far as the studies concerned, people had a high status and role during the Haile Selassie government that they commanded good respect and veneration. However, the role and status of old people had shown dramatic fall during the Derg regime and impinged on their role and status in general and their life situation in particular. Many findings argue that this is increasingly manifested during the EPRDF administration.
* Ethiopia has been an active participant at international level towards the development of social protection schemes. The two world assemblies on aging and the AU policy framework and plan of action on aging could be mentioned in this regard .The international efforts enable the country to draw up a national strategy and action on aging.
* Ethiopia has made great effort in its attempt to address issues of risk and vulnerability. Yet the main focus of the different programs and schemes is on supporting the active poor from extreme poverty. But the chances of older people for exclusion from such programs are very high

Thus, the next chapter will focus on the socio economic problems and the related coping mechanisms of elders. In addition, the services available will be discussed.

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**F VULNERABLE CHILDREN**

**CHAPTER FOUR**

**4. PROBLEMS OF OLD PEOPLE AND THEIR COPING MECHANISMS**

**4.1 Background**

Older people make up anywhere between 3.5 and 5 percent of the population of Ethiopia, comprising between 2.98 million and 4.26 people. Most of these have no form of secure income apart from that which is provided through their own families or money earned from their own labor. In fact only 500,000 older people, roughly 1.4 percent of the total population, have any regular public sector pension, although it is claimed that even this falls short of providing satisfactorily for their needs. Thus while older people in Ethiopia are highly respected within their communities, their livelihoods continue to face a host of risks and threats[[83]](#footnote-83).

Several reasons may be adduced to explain the challenges which are faced by older people. First, family and community support systems which they previously relied on are reducing. This is in part due to the death of relatives or separation caused by famine, war, disease and displacement and exacerbated by the nuclearisation of families, itself leading to a weakening of family and community support structures. In addition, marginalization of older people is increasingly becoming common in times of insecurity (particularly evident in Ethiopia as the country able to faces recurrent chronic disasters). In such situations of “stress”, older people are neither travel long distances in search of water, food or pasture for their animals, nor are they able to engage in daily labour or other income generating activities.[[84]](#footnote-84)

Old people face more problems than other age group in the country. When the capacity of a family to support their elderly becomes weakened and when modern way of life erodes inter-generational solidarity and the traditional support systems, the number of older persons with no families to take care of them will eventually increase. This situation forces older persons to lead their life in poverty and vulnerability. Poverty becomes more acute among older persons because once they are exposed to it; it becomes very difficult for them to come out of it. Health problems, lack of balanced diet, lack of shelter, unsuitable residential areas, absence of family and community support, absence of social security and social welfare coverage, limited employment and means of income generating opportunities are some of the factors that contribute to the poverty of older persons.[[85]](#footnote-85)

Therefore, this section attempts to describe the prime socio-economic problems of old people, the abuses they usually face, and the coping strategies they follow to mitigate their problems. In addition, factors that leads to the under mentioned problems and possible services in part of different bodies will be presented.

**4.2 Socio Economic Problems**

For the consumption of this section, elders are categorized in to three major divisions. The early elders, with a physical and mental capacity to deal with problems. The late elders with fragile physical and mental state as to perform activities for living and finally those in the middle taking a little bit from both.

**4.2.1. Food Shortage**

Due to a number of reasons elders who are labeled as poor and very poor suffer from food shortage. In rural areas, almost all members of the community above the age of 17 had a chance to possess agricultural plots, as a result of the 1997 land redistribution policy in the nation. The land redistribution left many elders with small holdings and less production. The reduced possession in some cases less than 0.75 hectare of land have thus faced some problems of food shortages.[[86]](#footnote-86) These categories of elders often have no oxen to plough their land. Even, elders who have one hectare or more and no oxen are regarded as poor because they faced food shortages. Even the problem becomes very grave from July to October, as the yearly produce is depleted at this time.

The gravity of the problems is the same for all old age in urban areas. Evidence indicates that the likelihood of augmenting their income by participating in different activities is rare compared with the younger-aged category. Coupled with food shortage they have also the problems of quality of shelter

**4.2.2 Shelter**

Housing is one of the problems of old people in the nation. Observation has shown that most of the huts of old people need maintenance. The poor and very poor categories are victims for this problem. The walls of some huts have not been daubed and thus could not protect the blowing of wind that in effect affects the health of old people. The roofs are not well covered to protect them against rains.

In urban areas, the situation is even worse that older people are exposed to live in slums and shanty areas where sanitation and infrastructure facilities are unavailable. Even for some, streets are the only place they can survive.

It is widely known that aging necessitates special services for disability which is most common in later life. Accordingly, elders are more likely than the young to need special facilities. As has been observed, both the traditional and government systems are not fully capable of providing these inputs. Besides, shelter and other related problems, the problem of toilet is the one to be mentioned.

**4.2.3 Latrine**

Many old people (including respondents in chapter 5) have stressed the importance of latrine, but they cannot dig them due to declining of physical power and the congested slum areas. The problem is even worse in urban areas where there is little or no waste deposal system for most households old people are living. As a result, using the open places and streets or nearby open dishes is a habitual practice. Which further anticipate series health issues.

**4.2.4. Health**

Health is one of the big problems of old people in the country. Most often children and elders are prone to health troubles. The most notable diseases prevalent are loss of sight. Other health problems elders’ face includes bronchitis, heart disease, abdominal discomfort, and malaria. Other than the above mentioned most of the health problems arises out of sanitation problems.

There is no health center in most of the nation’s rural areas. However, all most all members of the rural community can produce certificates from the *kebele[[87]](#footnote-87)* to be treated in the nearby hospitals. But as far as the reality concerns, even young people, let alone the elderly, have problems of easy access to hospitals because of transportation cost and lodging. So, patients prefer to live with their pains. In cities and towns, even though there is better health facilities, affordability become a bottleneck for elders to access medical facilities.

Among the categories of people, both elders and children’s are the ones who do not get any sort of medical treatment. This is because they are either unable to cross and access the long foot walks or cannot afford the minimum bills medical centers ask. As a result, it is not uncommon to witness elders with a belief of ‘It is better to die than travel along for long distance to unfamiliar places.’ It is my belief that many old people who would have been cured by medical treatment stayed at home with their diseases and become disabled.

**4.2.5. Burden of Caring Dependents**

In wider parts of the country, we find elders who are burdened with caring for their grandchildren and sometimes their offspring. This incident further worsen the condition of elders and there capacity to support themselves. (I.e. the case scenario of this can be witnessed in chapter 5)

Grandchildren and offspring depend on elders due to various reasons; among the reasons: due to the death and migration of parents to urban areas and due to family breakdown as a result of divorce are the prime ones. In some of the cases the death of some parents was caused by HIV/AIDS. The tough economic environment for females and wide spread unskilled laborers in urban slums creates conducive environment for commercial sex as a way out for most in dire condition. This further exacerbate HIV/AIDS pandemic which in turn left grandparents with more children to look after.

Consequently, with little or no means of survival elders are exposed to have responsibility for more mouth while the migrated children’s are not in a position to supply. This is attributed to the dire condition in cites for more earning or chronically sick off springs of HIV/AIDS in their continuous effort to feed the family.

**4.2. 6. Abuses in Old Age**

Findings of research have shown that a number of old people in the nation are victims of abuse. Neglect, exploitation, abandonment, and physical attack have been the major abuses which most elderly people face. Surprisingly, the majority of those who are abused live with the abusers and the abusers are relatives.

**4.2.6.1. Neglect**

Despite the respect older people get in greetings and public gatherings, contemporary situation indicates that elders are mainly neglected in different aspects. When they start talking nobody gives them attention. Old people want to talk about their early experiences, but some of them don’t have any audience, except perhaps their own peers.

Most of the middle-old and the late-old categories of whatever economic background, are the ones who have been most neglected. They are referred as *yebekachew* plural/y*ebekaw* singular (out-dated). They do not involve in many of the social activities. The following sayings which have been existed in the community reveal the prevalence of such kind of abuse in the community.

"iTÓK?“ Á[Ë l“ ›”É “†¨<" "An old man and an old *kuna[[88]](#footnote-88)* are the same."

""[Ì ›ÃuÌ" "Getting old is being useless."

Since kinship and extended family norms are common in the nation, some elders might not have given a proper diet. This might arise from the prioritizing system the families adopt based on productivity. For instance, elders who are suffering from some illness, which needs a special diet, are not treated well. Caregivers usually became reluctant in fulfilling or at least hearing what their fellow old people really needs.

Most of the time, old people deals with leftovers and served last after all members of the family. In some cases there are elders who lost their life due to neglect. The abovementioned proverbs of old people within the community reveals such kind of abuse.

As discussed above, the middle-aged and the late-aged are mainly the ones vulnerable to neglect for most in these categories of elders are frail due to the consequence of old age or disease. Therefore, they cannot participate in agricultural activities. Moreover, some of the middle-old and the majority of the late-old categories would not participate in various social activities such as in marriage arrangements, conflict resolutions, ritual practices, etc, as the young people consider them too old and forgetful. However, those who have relatively good health and good physical power have public audience and respect.

In urban areas, the same condition exists. Elders have small participation in social events. They have little events to do mainly go to church and be thank full for what they accomplish. Sharing and learning from their experience is very minimal.

**4.2.6.2. Exploitation**

The middle-old and the late-old categories of old people are victims of exploitation. Mostly women of these groups are prone to such abuse. Since these age categories are often vulnerable to poor health and poor physical conditions, they are unable to engage in some activities and depend on their relatives.

In case of rural Ethiopia collecting fire woods, looking after grandchildren and assisting in home chores are the main tasks the older women’s expected to fulfill as to win their survival. While for older men, assisting in agricultural activities and cattle keeping are parts of their responsibility. Due to the diminishing state of their physical power, they could not perform it on time. It takes them hours to accomplish labor oriented tasks. This in turn exposes the elderly to face with verbal abuse and to be helpless towards their own faith.

The same holds for urban dwellers, who engaged in unorganized sector of the economy as daily laborers, housekeepers, guards and the likes.

Other forms of exploitations some elders face is in the sharing of the produce (from their own plots they gave for someone on the basis of sharecropping) that they do not get what they deserve. Since the threshing area is too far in most cases they have no physical strength to walk a long hours. So they simply receive whatever they are given. This left no choice for the elders but to accept the exploitation.[[89]](#footnote-89)

There are cases where old people are exploited by being denied access to their properties. The belongings and the materials that old people maintain through hard work in their young age are mostly utilized or taken away by their closer relatives without their consent. In most cases they are not even beneficiaries out of it.

Since land is the most valuable resource in rural Ethiopia old people are subject to exploitation and denied access to their land. Mostly their children intimidate old people into submission. If old people dare to raise any question of rights, the children threaten them saying they would abandon them and go to urban areas. Old parents are therefore afraid of taking any action and submit. And others, sons or daughters, or other distant relatives, give false promises to old people who are already staying with caretakers. They promise them greater care and support. So the old people are deceived and give them land expecting to receive better care and support. But the promises often fail.[[90]](#footnote-90) .

The form of abuse discussed above have various forms, from forcing elders to participate in some activities beyond their physical ability to those emanates from less respect. Most of the elders who are vulnerable to such a form of exploitation have either small or no property. If they have enough land or wealth they may get good care and support. The other form of exploitation like denial of their access to property right or sharecropping is due to the consequence of advancing age. They are regarded to die soon so caretakers are anxious to withhold their property. Moreover, they are regarded as frail and do not report any transgression that has made against them.

**4.2.6.3. Abandonment**

Throughout the nation, there are elders who were abandoned by their supporters, mainly children. Children usually migrate to urban areas. Elders face a lot of problems when their close caretakers migrated to towns or unable to provide enough for the table.

Evidence has shown that migration to the city or towns is instigated by the example of those who migrated earlier. When those who migrated earlier come to visit their relatives, they tell their friends about the glamorous city life. So, their friends follow their footsteps. However, the main cause of migration of children in most rural areas seems to be poverty. Children thought that onwards they suffer from shortage of land or what they inherit from parents would not enough to establish their own household therefore the only option they have is to migrate to the urban areas.

**4.2.6.4. Physical Abuse**

It has been stated that some elders in the nation are victims of physical abuse. Though old parents tend to keep it secret, there are cases where their children, mostly their sons beat or attempt to bit them. It is not uncommon to witness or heard verbal assault mostly and in some cases physical abuse of elders by their correspondent caregivers among the community.[[91]](#footnote-91)

It is possible to argue that the cause of physical abuse is mostly emanates from poverty. This is because; today elders in nationwide do not have ample land or resources both in rural and urban Ethiopia. As a result, children feels the burden of their older parents whenever economic stress reduces their capacity of earning .This further triggers frustration on the children part and open the way for physical abuse.

**4.3. Abuse of Caretakers**

Some older people in the country are also perpetrators who abuse their caretakers. These are verbal abuse or physical force, pouting, manipulate, and invading privacy. It has been observed that some old people often yell at their caretakers. This seems an attempt to gain or maintain control.

As it has been observed, pouting is a frequent reaction of most elderly people. Being stubborn, turning a deaf ear, and / or wanting to be left alone are expressions ofdispleasure towards caregivers. Some of the aged also use manipulative mechanisms byshowing or feeling guilt. This is to gain sympathy as a result of their pains or frailties.[[92]](#footnote-92)

Moreover, elders invade the privacy of their caregivers. In most cases they tend to involve in their children’s business. Rather than giving opinions or expressing their own point of view, they tend to manipulate the views of their caregivers. This is mostly as to show their power in the house hold.

Those elders who perpetrate abuse against their caretakers are the middle-old and the old-old categories that have poor physical strength. They often practice this as mechanisms for receiving sustainable care and support.

**4.4. Coping Mechanisms**

Attributed to many reasons, elders living both in rural and urban community are facing incrementing problems. The assistance they get from kin groups have been changing over time. This is mainly related to the problem of scarcity of land, death of their supporters, absence of supporter due to their leaving the household through marriage, attending school, and ‘irresponsibility’, migration of supporters, declining state of the life of caregivers and the death and migration of supporter. In addition, the increasing industrialization and modernization in urban areas facilitate the nuclearization of families which left grandparents behind.

Concerning the coping mechanisms, regarding the above problems, elders use their children as coping mechanism, changed their occupation (and started begging), and take coercive action like making children drop out from schools.

Studies show that immediate kin groups, mainly children, are survival strategy of the elderly. As discussed with informants, among the categories of old age the middle-aged and the late-aged are vulnerable to the problem of ageing, especially the later one. In times of hardship in the society these categories of elders are also susceptible to socio-economic problems. The early-aged category would peruse various mechanisms to cope with the existing problems to a greater extent than the other categories.

As survival strategy, most of the early old category of poor or very poor finds employment as daily laborers in someone’s plots to clear up weeds or became a construction laborer in urban areas and send their children to the other well nearby or far city-to-do households to receive money or cereals for the payment of their children’s services.

The middle-old and the late-old categories that are poor depend on church alms; they often sit around the church compound to get food.

**4.5 Constraints of the coping mechanisms**

The findings show elders while coping up with the rising cost of living highly depend on expense minimizing strategies, as opposed to income maximizing ones. Additionally, most of their strategies are not applicable all the time and by all. Many of the strategies have serious downsides while others require them to strike a very delicate balance

**4.5.1 High Dependence on Expense Minimizing Strategies**

Although the elders have adopted a wide range of coping mechanisms as a response to the rising socio economic problems, almost all of the coping mechanisms are devised with two purposes in mind, which is minimizing expense and/or maximizing income. As the findings clearly show, the elders rely heavily on minimizing expenses such as: skipping meals, living in churches compound through beggary, eating left over’s and if possible living with close relatives. Minimizing expenses is more common than trying to raise income by means such as engaging in income generating activities that suit their condition. This is likely to be due to the fact that minimizing expense is relatively simpler and easier to control independently, whereas raising income is more difficult and dependent on external forces; in addition, their physical condition also constrained the activity for earning.

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**4.5.2 Not Always and Not for All**

Despite the long list of coping mechanisms, not all are convenient, suitable or consistent for all elders, for instance, living with close relatives such us children and extended family members. This is because for many they already lost such opportunity for various reasons. Not all take living together with close relatives as a coping mechanism, for some, mainly because of the difficulty in dealing with their close relatives.

The practice of skipping meals and beggary is also another mechanism that is not always working. This is because as for the first, the nature of the elders by itself needs proper caring while for the second, relying on others makes elders suffer from economical and emotional problems.

**4.5.3 Not without downsides**

Although the elders device coping mechanisms with an intention of solving their immediate problem, some of the coping mechanisms might have a more serious long term negative impact on their vulnerability. For instance, skipping meals and eating leftover are among the most commonly used coping mechanisms. These mechanisms have many downsides as the aging by itself requires getting not only regularly but also selective and nutritious food. However, the reality on the ground compels them to take keep their food expenses to a minimum other than meeting the standard expectations.

Therefore, considering the socio economic problems of older people and the constraints in their coping mechanism,

* What kind of social protection schemes are available for them? Or in other words,
* In what kind of support they can rely on?

as to survive and tackle the multidimensional challenges is a very vital question. The following are some of the efforts made by different bodies with different settings.

**4.6 Services for older persons**

**4.6.1 Government Support**

In the constitution of the Federal Democratic Republic of Ethiopian it is stated that the *state shall, within available means, allocate resources to provide rehabilitation and assistance to the aged and other vulnerable groups* (Constitution of the FDRE, 1995). At present 496,000 persons in the country are eligible for formal pension benefit from the Social Security Agency, (Social Security Agency, 1996)[[93]](#footnote-93)

In 1995 the Ministry of Labour and Social Affairs (MOLSA) was restructured and created a separate unit working to improve the quantity of lives of poor and vulnerable older persons. MOLSA has formulated a new developmental social welfare policy in which the welfare of older persons is one of the strategic areas the policy focuses on.[[94]](#footnote-94)

Currently, older persons receive institutional support in three homes for the elderly. Poor older persons who are leading their families at a subsistence level are financially subsidized on a monthly basis before they resort to begging. Some older persons are embraced in a credit scheme recently launched by the Ministry. Model senior citizens center is under construction in Addis Ababa on the land granted to MOLSA free of lease.[[95]](#footnote-95)

MOLSA is striving to raise public awareness and undertake advocacy campaign through various ways. One of the ways to promote public awareness is celebration of 1st October, International Day of Older Persons, which provides high impetus to understand the situation of older persons at a national and international level. On top of that, the 1999 International Year of Older Persons was colorfully celebrated throughout the year with different preparations[[96]](#footnote-96).

**4.6.2 Community support**

The community has a good and long standing tradition to support the elderly who are in need. Volunteer organizations, religious organizations, traditional organizations etc. are locally established and have started programs to deliver food, clothing, shelter, and run income generating ventures through the participation of healthy older persons. (A case scenario of such association will be presented in detail by the next chapter)

**4.6.3 International support**

Help Age International is providing technical support as well as material assistance to some local organizations and associations that are working with older persons.[[97]](#footnote-97) Ethiopia is closely working with the UN and African Union to exchange experiences and technical supports.

**4.6.4 Self support**

Older persons are being organized in different associations, self-help groups, income generating ventures, etc. through which they voice their potential and problems so that they could pass their remaining life pleasantly and contribute to the society.

Currently, there are more than 80 older persons’ and pensioners’ associations in Ethiopia that receive strong support from the government. They have eventually formed an umbrella organization by the name of Ethiopian Elderly and Pensioners’ National Association. It should, however, be stressed at this point that in spite of various efforts made so far to alleviate and minimize the needs and problems of older persons in Ethiopia through family, community, the government and voluntary services, it is still a challenge to reach the minimum level to improve the lives of the elderly. The major challenges include absence of networking and inability to streamline the activities of the concerned bodies in conducting in-depth studies, designing and implementing programs and projects, lack of implementation capacity, and absence of monitoring and evaluation systems.[[98]](#footnote-98)

**4.7 Conclusions**

In this chapter attempts have been made to discuss the socio economic problems of elders such as food shortage, shelter, toilet, health, and abuse in old age. Concerning abuse; neglect, exploitation, abandonment, physical abuse, and also abuse of caretaker were discussed. In the last section, discussion on coping strategies in times of difficulties and their constraints as well as the different responses of various settings towards the aforementioned problems also made.

It is not uncommon to see some of the aged face the problem of food shortage. The most affected groups are the poor under the middle-old and the late-old categories, because this group of elders could not augment their income by participating in other income-generating activities. The problem emanates mainly from scarcity of land and lack of skill in some professions.

The other problem of old people is shelter. Though the majority of old people have their own houses, the quality of the hut is very poor compared to those of the young generation. Some huts are not daubed and do not protect them against winds. Besides, most of them especially in the cities are found in congested slums where sanitation is almost impossible.

Latrine is another major problem of the elderly. Old age causes limited movement. Therefore, old people need proper facilities to defecate. But in most rural area and urban slums members of the community including elders use open place with no proper disposal as latrine; this is dangerous and precarious for safety. .

Elders are one of the most abused categories of the population. Some elders are vulnerable to neglect. Nobody gives due attention to frail old people. Most of them are regarded as’ old-fashioned’. Another form of abuse is exploitation. There are elders who are made to perform some activities, which do not suit their age or physical condition. Abandonment is still a form of abuse because of migration and non-migration issues.

On the other hand, old people also abuse their caregivers by yelling as a way to get sympathy or control, or resort to pouting. Being stubborn, turning a deaf ear, and wishing to be left alone are expressions of pouting. Manipulative behavior can also considered as abuse of caregivers. This usually involves showing a sense of fake guilt as a result of one’s pain or fragility. Old people also invade the privacy of their children.

Old people follow various coping strategies to mitigate their problems. Depending on children is the main form of survival strategy, especially for the middle-old and the old-old categories. Most poor old people of these categories also depend on church alms. The healthy, early-old category of elders can participate in other activities like construction sector as daily laborers and other jobs in the unorganized sector.

Mistreatment or abuse in old age depends on property rights. The ‘haves’, are treated relatively better than the ‘have not’s and in most cases conflict occurs in claiming scarce resources mainly land or other valuable property. Therefore, “conflict theory”[[99]](#footnote-99) is applicable in this regard. Moreover the indirect effect of “modernization” [[100]](#footnote-100) has also threatened the life of old people. And hence, modernization theory can also be applied in such a case. This is best exemplified by the trend how old people’s caregivers leave their old parents behind and migrate to urban areas.

Therefore, services for older persons through various established settings are very vital in assisting the elders and utilizing their skill and experience to better outcome.

The next chapter further elaborates the services for elderly by going through the functioning of a selected association as to reflect the institutional glimpse.

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**PART THREE**

**CHAPTER FIVE**

**5. THE CASE STUDY OF INSTITUTIONAL CARE AND SUPPORT IN ‘YEWEDEKUTEN ANSU’ (RAISE THE FALLEN) ASSOCIATON**

This chapter is devoted to the presentation and analysis of case study of the aforementioned association from community support settings. In order to have relevant information about the subject; organizational profile, the objectives, major activities, limitations, and other relevant documents are used as data sources. In addition, key informants were interviewed by the researcher. The interviewees were selected intentionally by the researcher upon their familiarity with the issue and related matter.

**5.1 Background**

In Ethiopia, as in most traditional societies, a strong culture of caring for orphans, the sick, the disabled, and in our case the **elderly** and other needy members of the community by nuclear and extended family members, communities, churches, and mosques has existed for centuries. Based on cultural and religious beliefs, provision of care to destitute, abandoned, and vulnerable elders has been seen as the duty of the extended family system among most of the ethnic groups in the country. Thus, elderly related welfare services in Ethiopia emerged as a result of traditional practices among the various ethnic groups.

The advent of urbanization, recurrent drought, famine, and HIV/AIDS has claimed a heavy toll on human life in Ethiopia during the past three decades. As a consequence, thousands of elderly have been left unaccompanied and in need of care. The severe drought of 1984-85 is recognized

as the catalyst for the proliferation of institutional care as well as organizational support in Ethiopia[[101]](#footnote-101). Some elderly care institutions and many organizational support groups were established by both governmental and nongovernmental organizations in response to the drought. Prior to this period, very few institutions were initiated and these were mostly faith-based, supported by local elite philanthropists.

In an effort to find an immediate solution to the growing numbers of unaccompanied older people, organizational aid and institutional care was seen as a quick alternative to family-based care, particularly for those elderly who were left unaccompanied as a result of the death of their immediate care takers (children or close relatives) from famine and those who were put into temporary shelters, this in much fertile the ground for most of the institutions and aid organizations operating today.

It is important for the context of this study to define what is meant when using the term “institutionalization,” and organizational aid as well as to identify common elements of institutional care and organizational support. Institutionalization refers to an establishment founded by community based organization and faith-based organization to give care for unaccompanied elderly while as for organizational aid, it is the related support rendered to the elderly in term of money or kind.

**5.2 Objectives of the study**

**5.2.1 General**

To assess the living condition of elderly and the related care and support activities of the association under study which helps to have a glimpse of organizational effort at the national level.

**5.2.2 Specific**

* To understand the general living condition of elderly at the aforementioned association.
* To assess the belief, attitude and experience of the elderly on methods of care and support.
* To assess resources available to the association for the care and support.
* To assess the organizational and documentation system related to care and support practices.
* To assess the needs of those people (elderly) living with the care and support.
* To evaluate the existing programs or activities of the association on care and support in relation to the national policies and programs.

In relation to the objectives the following major research questions were outlined:

* What kind of beneficiaries come to this organization and why?
* What are their knowledge, attitude and experience on care and support activities?
* What kinds of care and support activities are provided in the organization?
* What are the needs of the target beneficiaries (elders)?
* What are the organizational structures and documentation systems in the organization?

**5.3 Findings**

This section of the chapter is devoted to explain and assess the functioning of the under mentioned association as to catch up with the instant care and support programs rendered in the community setting

**5.3.1 Case Study of ‘Yewedekuten Ansu’ (Raise the fallen) Association**

**5.3.1.1. Historical Trend**

**History of the Institution:** According to key informants, since community support, through religious activities, for destitute is a long standing tradition in the nation, the ‘Ethiopian Orthodox Tewahido Church’[[102]](#footnote-102) encouraged its members to help those in need around the established churches nationwide. Therefore, following the need for systematic and organized support for vulnerable old people around ‘Entoto Kidanemihiret Church’[[103]](#footnote-103), other than the scattered philanthropic activities, ‘Yewedekuten Ansu’ (Raise the Fallen) Association came into existence. The activity was started with simple care and out of concern feelings and raised to the need of becoming legally registered with Ministry of Justice in 1998 as to consider a well-established supporting system.

**Objectives:** To improve the quality of life of older people around the church by addressing their socio-economic and health needs regardless of their cause of destitution.

**Organization and Structure:** The association has the following organizational structure. At the head, there is General Assembly, with members from the community and ‘Entoto Kidanemihiret Church’ senior staffs (i.e. religious fathers). The assembly is responsible for supervising and guiding the association in church’s teaching. In addition, alerting the community about the association functioning in worship gatherings and encouraging members of the church to assist in any possible way is part of its duty. Under the general assembly, the board of management pursues the awareness and fund raising activities even in a strong and frequent manner. The management committee in turn is responsible for the day to day functions of the association and surprisingly is combination of professionals rendering their services voluntary with no payment as to accomplish the association’s objectives.

**5.3.1.2. The type of elderly coming to the association**

According to the key informants, various kinds of people are coming to ‘Entoto kidanemihiret Church’ seeking for assistance. Demographically: males, females, children, the youth, **the elderly** come to the place. According to the informants, the predominant numbers are vulnerable elders compared to others. Various kinds of old people from different ethnic groups and historical ground are coming to the place. It was reported that the people are coming not only from Addis Ababa but also from different parts of the country.

The association is particularly established to function in Addis Ababa, ‘Gulele sub city administration’[[104]](#footnote-104), by the near ‘Entoto Kidanemihiret Church’ where there is a highest concentration of vulnerable elders left with no choice but beggary.

The association is able to provide care and support for 65 vulnerable elders directly and assist their families and care takers (if any) indirectly through the program activities.

Vulnerable elders (VEs) at the area are not expected to reveal why and how they got there. Elders with different kinds of reasons and who had gone through different ups and downs came to this place. For example, destitute elders with disease of Asthma, TB, blood pressure, diabetic, gastric, etc are came to this place as to find cure atholy water site in the church. Others came because they have no place to stay or a food to eat and believe that the house of God is a place they can survive despite their difficulties.

After coming to the place and join the association, the duration of the stay may differ from individual to individual. According to key informants, especially those coming for cure out of the holy water go back within few days to months after accomplishing what they came for. And there are people who stay for years. On the other hand, the other key informants have said there are also those destitute elders staying for a longer period because of economic reasons.

***Participants Characteristics***: The following table, (Table 5.1) shows some demographic variables of the vulnerable elders (VEs). As Table 5.1 shows five ethnic groups are mentioned though ‘*Amhara*’ [[105]](#footnote-105)is predominant. Only one has a close care takers even though they cannot assist because of economic constraint. Economically, almost all are with no income source for self-sufficiency and some of them even have dependent grand children who lost their parents out of HIV/AIDS.

**Table-5.1:** **Socio-demographic information of the vulnerable elders (Total # is 17)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Characteristic** | **Categories** | **Number** | **Percent** |
| Age | 55-60  61-65  66-70  71-75  76-80  >80 | 3  4  5  3  2  0 | 17.65  23.53  29.41  17.65  11.76  0 |
| Sex | Male  Female | 6  11 | 35.29  64.71 |
| Economical  Status | Self sufficient  Dependent | 0  17 | 0  100 |
| Ethnicity | Amhara  Oromo  Tigrie  Wolita  Guraghie | 11  2  1  1  2 | 64.71  11.76  5.88  5.88  11.76 |
| Religion | Orthodox | 17 | 100 |
| Marital Status | Single  Married  Divorced  Widowed | 3  1  5  8 | 17.65  5.88  29.41  47.06 |
| Dependents | None  Dependents | 13  4 | 76.47  23.53 |

**5.3.1.3 Reasons for going to the association / Beneficiaries Perspective/**

The destitute elders had various reasons for going to ‘Yewedekuten Ansu’ (Raise the Fallen) association, which is listed in to the following five categories:

***A) Related with religion and holy water services rendered in the church*** such as

***-*** The belief to be cured,

***-*** To get confessed and die there,

***-*** To make confession, receive the penance and die there,

***-*** To strictly follow the religion and to amend the life path and

***-*** To solve the evil spirit problem.

***B) Non- disclosure*** such as to escape the stigma and discrimination associated with some diseases.

***C) Encouraged by others*** such as advised by people and/or pushed by the community around the area.

***D) Hearing testimonies*** such as hearing that people are being cured***,*** hearing and reading about the miracle and hearing the fame. (I.e. this is especially true for those vulnerable elders (VEs) with chronic diseases.)

*E)* ***Economic scarcity*** such as the inability to cover for basic needs.

Let’s hear some of the voices of the vulnerable elders (VEs): A destitute elder (male) from the association said the following:

“*I came here because I heard that the holy water here (i.e. in ‘Kidanemihiret church’) is curing. Since I don’t have money or place to stay, with the help of a good young man, I managed to stay in the association. I got relived when I see many people in my age here.”*

*“I came to the place because I lost my daughter and her husband by HIV. People told me that the association will assist me and my grandson. I came here to get confessed at the church and settled my child’s future through assistance from the association.”(A female respondent from ‘yewedekuten Ansu’ (Raise the fallen)).*

**5.3.1.4 Belief, attitude and experience on care and support activities**

All the interviewed destitute elders are beneficiaries of the association. Asked about their belief in the care and support activities they spoke of its vitality but scarcity regarding its sufficiency. They all believe that the association’s activities are very vital in assisting them to lead a consolidated spiritual and economic life. Significant numbers of the respondents have experiences of utilizing the services for long. Some of their voices are as follows:

*“The assistance and aid is very essential, I have no words but thank you. Many people of my age got help due to blessed personals behind the association. Many have witnessed this. The service is quite good but needs more assistance from the community for its consistency. And I believe that this will come true with the will of God.”(A Female respondent at the association).*

*“The care and support gave me greater changes. You see the change whenever you remember the hardships you passed during your dark days. I am not saying that everything is perfect. There needs to be an effort to fulfill the gaps in terms of clothing, food, sanitation, etc… But I certainly believe that the service is passionate and all of us are great full.” (A Male respondent).*

The respondents consider the service rendered as essential and they are thankful about it. Most of them have mentioned, despite the great full care and support there is a need to work towards its consistency and filling the observed gap regarding some items mentioned above. It is based on this that they are explaining their belief and attitude about the care and support activities.

**5.3.1.5. Staffing**

In this regard, according to the key informants, the association strongly encourages voluntary contribution as to save more administrative expenses and allot more in the operational activities. Following this, advisory committee from the community and church, community leaders and various professionals are playing key roles in providing support for primary beneficiaries (Elderly).

The staffing composition of the association can be detailed as follows:

**Religious fathers:** Since most of funding of the association emanates from members of the church, religious fathers from ‘Entoto Kidanemihiret Church’ are strong participants in the activities of the association. The religious fathers have a responsibility of:

* Practicing designed goals which are formulated on the basis of concrete findings.
* Focusing on those association’s issues which needed advocacy and awareness campaigns.
* Consulting the beneficiaries (Elderly) and give them advise in their hard time.
* Evaluating and following the practical utilization of the service rendered and facilitate a solution for practical gaps concerning the activities undertaken.

**Management staffs:** Consisting of financial and operational professionals, have the following roles:

* Following the conditions of elderly (beneficiaries) through task meeting sessions.
* Checking the well-being of beneficiaries (Elderly) and related services.
* Monitoring beneficiaries (Elderly) follow-up scheme and its functionality.
* Following the practicability of guide lines and principles of the association.

**Care givers coordinator:** has a responsibility of:

* Following beneficiaries (Elderly) on a daily basis and report their progress.
* Coordinating staff caring tasks.
* Checking the fulfillment of care givers standards.
* Solving the social in convince of elderly.
* Encouraging readiness to optimally practice the principles in the association, and
* Following closely the proper utilization of material inputs.

**Care givers/Takers:** has a task of:

* Designing caring plan schemes for beneficiaries.
* Evaluating and identifying the socio-economic problems of beneficiaries and closely follow up their improvements.
* Developing general information regarding the care and support program activities.

**Reasons for going to the association /Staffs Perspective/**

According to the staff members, the program component targets those destitute elders and their households affected by chronic illness and economic hardships to support themselves. It recognized that institutional care and support is central for the development and positive contribution of elders because:

* Elders spend a major portion of their working hours in the institution.
* The association’s shelter is a place where learning and behavioral change take place. particularly through religious teachings.
* The association is a place where elders become socialized and earn affection and support.
* All support programs for elders encourage them to attend and remain in churches and social activities like experience sharing with current generation.
* The association is a place where elders at risk often deal with various socio-economic and psychological problems.

**5.3.1.6. Organization and documentation system**

**Admission process:** In order to settle down the dissatisfaction and complain from stake holders and the community at large, the association always arranges workshops with the community members to set and reconsider the selection criteria. This measure, as per the informants, helps to clarify the complains over a period and to gain trust from the beneficiaries, stake holders and the community at large.

The admission process involves:

* Issuing member cards for new beneficiaries (i.e. destitute elders) and fill up the form needed with their consent.
* Showing beneficiaries the exact place they need to go and show how to process the procedures.
* Registering clients card destination and pass the information when needed.
* Identifying correctly candidate beneficiaries (elderly) via the selection criteria.
* Assessing candidate beneficiaries (destitute elders) condition and monitoring their credibility in collaboration with the advisory committee.

**Documentation system:** Enables the smooth functioning of the service rendered by facilitating, recording and keeping the first hand information. One of the observable documents at the association is the admission ledger. The information gathered helps in designing and organizing a well-structured care and support programs. The documentation process in the association involves:

* Performing proper documentation of beneficiaries (destitute elders) properly.
* Establishing new folder for new beneficiaries (if any) and checking their proper registration.
* Monitoring files and recording their arrival.
* Accepting returned files by counter checking their fulfillment.
* Preparing weekly report regarding its functioning.
* Keeping the neatness of the room and taking extra care for the documents under the section.

**5.3.1.7. Care and support activities**

The institutional care and support programs delivered in both governmental and nongovernmental organizations are very minimal, considering the wide spread problems vulnerable elders facing at the national level. For instance, the government offers such services only in three homes across the country[[106]](#footnote-106), which can be considered very limited. While as far as the community supporting efforts concerned, to narrow the existing gap, ‘Yewedekuten Ansu’ (Raise the Fallen) association is playing its respective role in the North Eastern part of Addis Ababa around ‘Entoto Kidanemihiret Church’.

The association is organized with four shelter homes out of which the two homes are rented from the Kebele administration and the rest two are rented from individuals with minimum price.

The care and support activities under the association involve:

* **Moral and ethical support:** the association conducted such a support program for its beneficiaries through religious teachings as to assist them through their dark days. One of the female respondents at the association said: “*we are told that if we follow God’s way and teachings then, we will be strong enough to stand for ourselves in difficult time*.”
* **Community mobilization:** As per the key informants, the advisory committee, religious leaders, community leaders and other voluntary active members of the community attended the mobilization activity.

The objectives of the community mobilization activity were to:

* Develop basic skills, methods and strategies for implementing effective community mobilization approaches for the care and support of vulnerable elders in the area.
* Develop the commitment and efforts of care givers and other association’s community members to mobilize the community for support and care of vulnerable elders and in turn to better of the services rendered and accommodate more beneficiaries in the association.
* **Psycho-social support:** Since the beneficiaries, under the association, going through hardships and difficulties, psycho-social support activities were conducted. The objective was to build the capacity of beneficiaries and their contribution as productive citizens.
* **Monitoring and evaluation:** According to the key informants, training on monitoring and evaluation of activities was conducted for three representatives from the association. This training enables the association to maintain rapport and evaluate various activities.
* **Financial management training:** As per other key informants, association’s members benefited from training in financial management arranged under the program. The training enables the association to plan, implement, control and manage financial resource optimally.
* **Material support:** Support in terms of food, shelter and clothing were delivered to the beneficiaries. Among the beneficiaries, one of them stated the following *“all the necessary basic needs are fulfilled to us by them (the association). If they were not here to help us, we would have died earlier not by the disease but with the starvation.”*
* **Health:** In regard to health issues, linkages with government and nongovernmental health institutions were formed, and thus through the institution’s beneficiaries have received the services needed.

In general, the association has obtained basic knowledge and the above **resource**sfor help, and extends the maximum possible energy to provide support and care for vulnerable elders (VEs) in the community setting.

**5.3.1.8 Needs and problems of the beneficiaries**

Despite the continuous effort to provide the needed services, the key informants identified and prioritized the following major problems:

* Economic problems including insufficient funds to cover material support, basic needs (water, food and sanitation) and expansion activities. A female respondent at the association said the following. “*When I get sick, I don’t eat, at that time I need to eat salad and the like. But here you always* get *the same type of food. This is difficult. I will get hurt due to not getting the food I desire to get.”*

And again a female respondent said the following, “*The disease as well as the aging requires us to eat various kinds of foods, but at this moment from where can we bring money? Therefore* *we need to have money. The organization [named ‘Yewedekuten Ansu’] couldn’t* *provide us all what we need like meat, egg, milk etc. So I wish people either* *individually or in a group [can] support us in this regard.”*

* Social stigma[[107]](#footnote-107) problems especially those beneficiaries lost their close care takers by HIV/AIDS. A female respondent said the following regarding her social detachment, “*I have no family or helper except God. My relatives used to visit me but they are not doing it anymore. It upsets me but I have left all behind. I didn’t consider this as a problem now, since God is feeding me from different directions.”*
* Psychological problem which include problems of inferiority and depression. *“The people, who were friends with me, when my daughter was alive, stigmatized me now. You can cover feces with a hard paper but they didn’t consider and treat me even like that. One of my neighbors prohibited her child playing with my grandchild. There is a serious stigma among my neighbors. They sweep even my footsteps. They are not comfortable to hang their clothes on the wire (rope) that my clothes were hung. I don’t wish such a misery happened to people.” (A female respondent)*.
* Health problem which include lack of medical care and support.

**5.3.1.9 Expected future activities**

As per the key informants, regardless of the constraining problems the association faced, the following activities are expected to take over:

* To develop association-based income generation and fund raising activities. This includes preparation and sale of lotteries, fund raising through a charity box, contacting community members in spiritual celebration and developing a tie with NGOs.
* To engage more professionals voluntarily as to deliver more advancement and efficient psycho-social and health related support to the beneficiaries.

**5.3.1.10 Policy and program of the government[[108]](#footnote-108)**

Despite the absence of an organized policy document, the government has been running different programs and activities through different ministries. National wide article 41 of the constitution grants the right to social protection. In addition, the African Union and UN social protection framework has been used as vital input.

When we come to program implementation of the association, according to the key informants, the association functions within the rarified guidelines and principles by the Ministry of Justice. Moreover, the selection criterion is made based on participatory method including the advisory committee and members of the community.

**5.3.1.11 About Caregivers**

* **General**

There are no professionally paid caregivers assigned by the association. But, there are some caregivers serving with minimal expenses and there are many who are serving voluntarily. The later ones include elders with a good physical condition, other volunteers and also caregivers from NGO’s. Mostly the caregivers that are interviewed do not have any formal training. They are doing it out of experience. The chairman of the association who is also a caregiver describes the situation as follows:

*“We support everyone equally whether he is chronic patient,* ***destitute elderly****, TB patient etc. we support all of them equally since they are in problem and since they are human beings. However, we don’t give special attention to AIDS patients than others because doing this is creating another problem. Many people nowadays, seeing the special support to PLWHAs, are saying “it would have been good if I were AIDS patient . . .”*

* **Reasons to be engaged on the duty**

Asked about their reasons of engagement on the duty of care giving on voluntary basis they gave various reasons. The female caregiver said,

*“We don’t know about the future, what it brings. I will be also a victim tomorrow. I believe that ‘man’ has to be helped since he/she is human like me. I believe that God helps you by sending a man to help you, not He himself.”*

Other caregivers stated three points for their engagement on the duty. The first one was the thought that they were sick and helpless like these people secondly, the pity and sympathy they had to them and thirdly they said that the training once they took from Pro Pride on care giving has initiated them further to pursue on the activity.

* **Challenges and Problems encountered**

The caregivers raised the following two major problems. The first one is the inadequacy of the collected money to conduct the work satisfactorily. The second problem is that the work is becoming a burden to them since there are few volunteer caregivers. It is indicated that the care-giving requires labor to carry and move the weakened elders from place to place.

Asked about their feelings whether they have been doing the job right. Most of them replied that they don’t feel they are doing enough. They confirmed that they are doing the care giving on their spare time and it is not enough for target beneficiaries.

Therefore, the caregivers are doing a huge task on voluntary basis, but their capacity differs from individual to individual. Though they have various noneconomic motivating reasons, they didn’t deny the need to get some incentives in the form of money or training or other encouragements.

**5.4 Conclusions**

• Quality care is compromised in the association, due to limited financial resources, lack of professional care, and minimal awareness about elderly issues.

• Some beneficiaries in the association are subject to discrimination from community members, experience psychosocial problems, and are frequently subjected to psychological abuse and exploitation while among the community.

• Implementation of care and support program initiatives that combine church’s teachings and association’s income strengthening scheme appear to have positive effects on preserving institutional capacity.

• Efforts targeting the creation of a family-like atmosphere, through assisting one another, community integration and training of institutional staff, and clear understanding of and adherence to minimal standards of care appear to have a more positive effect on beneficiaries.

• As for care givers and other stakeholders, there is a general lack of understanding of the relevance of consequent updates and training in institutional care and support.

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**PART FOUR**

**CHAPTER SIX**

**6. SUMMARY, CONCLUSION AND RECOMMENDATIONS**

This chapter deals with the highlights of the study and conclusion that derived from the findings. The chapter ends with recommendations that were made on the basis of the findings.

**6.1. Summary**

In this study, an attempt has been made to assess the extent of the practices and problems of social protection via elders, especially with the related socio economic problems older people are facing in Ethiopia. The study has attempted to answer the basic objectives of the study indicated in chapter one. The development of Social Security as part of social protection against different perspective features of Social Security Programs, pension systems as part of Social Security with their classification criteria and pension types were stated in the review of the related literature. Modern Practices of Social protection as well as the different related responses regarding elders in the nation, and how to pay for it was briefly discussed in chapter three. The roles and status of elders in three different regimes (Haileselassie’s monarchy, the Derg era and EPDRF-led government) and the difficulties they are facing were covered under this chapter. In chapter four, the socio economic problems of older people and their coping mechanisms were discussed in addition to the services available to them following the constraints they are facing. As is shown in chapter five, a case study were conducted in a particular association ‘Yewedekuten Ansu’(Raise the fallen) as to catch a glimpse of the institutional care and support available to elders. An instrument questions were developed by the researcher for the interviewees to obtain facts known by these key persons and opinions they have.

As is reported in the same chapter, twenty eight (28) interviewees were purposely selected by the researcher and all of them were interviewed. The gathered data were presented, analyzed, and then, the following findings were identified based on the data obtained through the structured interviews and document review.

* The findings show that the care and support programs rendered in the association are not sufficient for beneficiaries to confront their difficulties in day to day. Most of the beneficiaries, even they are glad of the services rendered still expected more from the community, this emanates from the fact that the Ethiopian Social protection scheme is found its root within the traditional kinship and community support system.
* The facts revealed that, such an association is the destiny points for vulnerable elders.A number of destitute elders are coming to the association to live out their final days by exercising spirituality. The response given from members of the association to those elders with socio economic difficulties is evidence that religious based community institutions have opened their doors and their hearts to them.
* Community members, organization’s staff, and some stake holders have a positive perception of institutional care and are not aware of the negative effects of institutionalization.
* Though it is found to be inactive, the findings also show the necessity of the existence and involvement of the beneficiaries in policy decisions, board of management and delivered services.

**6.2. Conclusions**

We have examined the state of Social Security as part of social protection, the experiences in other countries, the development of Social protection responses in Ethiopia including the practices, socio economic problems of older people and their copping mechanism.

The review of the related literature has pointed out a wide coverage of benefits and an overall sensitive approach to the **aged** or those who are incapacitated to work. On the contrary, the Ethiopian pension scheme did not take any significant measure to widen its coverage. Since its establishment, it appeared to entitle pension benefits only for 0.69% of the total population[[109]](#footnote-109). We argued that Social Security is a protection against economic insecurity. In this connection pension schemes in Ethiopia, both the traditional and the modern approaches tried to safeguard the employee and/or his family. But the payments made by the scheme for about 95% of the beneficiaries are found to be very much less than the minimum wage set by the government.[[110]](#footnote-110)

Historical development of Social security reveals that Social Security is a subject or responsibility of the government. International provisions rules for the state parties to recognize the rights of everyone to Social Security. But despite the increasing number of elders in the nation, it is not clear how the countries de facto social protection programs are contributing to wards national development.

The role and status of old people in the country have shown a dramatic change over the three forms of government administration. Studies show that old people commanded high respect during the Haile Selassie regime; because children were given land by their parents when they got married. So, they were obedient, loyal, and respectful to their old parents. This helped elders to be esteemed as important members of the community especially in rural areas.

During the Derg regime, on the other hand, land became the property of the public and all members of the community were allotted agricultural plots. This has no doubt affected the status of old people. Besides, the formation of different mass organizations such as peasant associations, youth associations, and women associations had diminished the importance of old people. For example, when people quarrel they went directly to *ferd shengo* (the court in the peasant association) where the cadres of the mass organizations preach the slogan *hulum equl new* (all people are equal). This also reduced the status and role of elderly citizens in the community.

Under the present government (the EPDRF led government) land has been redistributed. .As a result, elders lost their social status again. It is possible to argue that the ‘social labeling theory’ can be substantiated in this regard. This somehow caused old people to lose their influence in society because land is central in economic activities of the rural area and loosing this resource in some reason or the other end up elders with no economical and social credibility.

Regardless of country’s effort (both locally and internationally) towards the development of social protection for elderly, a large proportion of the current funding for social protection in Ethiopia comes from external sources and within that, from the most unstable source, humanitarian budgets.

The various social protection responses concerning the vulnerable parts of the community: The Ethiopian food security project, the voluntary settlement program, the urban consumers ‘grain market stabilization and the federal other food security program tends to focus on the active population and are not adequately addressed the needs of older people, not least because such people are either labor constrained or are without productive assets.

Despite the economic growth the country registering with the last couple of years, how to pay for social protection is still a question needs to be answered. As per martin Ravallion[[111]](#footnote-111) , there are not enough “rich people” defined as people who would not be considered poor in developing countries, to be able to lift, through a redistribution of their incomes via taxation, those living below the poverty line. Resources for social protection would have to come from a combination of taxation of the “rich” combined with taxes enforced on the “middle class”.

The definition of old age includes quite large span of age groups and it is unwise to regard older people as a single category. Consequently, categorization should be made to get rid of the problem and this call for policy to classify old people into three age groups: early-old, middle-old, and late-old. It is obvious that most of the middle-old and the majority of the late-old have poor physical strength to participate in some income generating activities to cope with the existing problems as discussed in this paper. Therefore, dividing the elderly into such age brackets may help to address problems of the specific group.

A number of elders at a national level have various problems and needs, which cannot be addressed by them or their caretakers due to existing poor socio-economic state in the community. Therefore government or non-government organization should create options to address their problems. There needs to be a clear policy that prescribes intergenerational links so that elders may not be marginalized and their socioeconomic well-being could be maintained.

As explained extensively in the thesis, old people have established coping strategies as to deal with their socio economic problems, which include persistent visits to religious institutions. Becoming religious to attain a high level of spirituality gives old people comfort and most of the poor older people have access to food sharing and alms around churchyards whenever there is religious feast. Living with close relatives and working in labor intensive engagements especially for early old age categories are another survival strategies.

Due to less job opportunity following the in competitiveness of elders in the labor industry, less chance of working at all, the rising cost of living and abuse and conflict with close relatives there are even constraints in their coping mechanism.

As to deal with the above constraints various services: government support, international assistance, self-support efforts and community support systems are available to vulnerable elders. Especially, the involvement of community based institutional care and support programs is vital following the development of other alternative care options has not grown at the same pace.

Finally, related to the above community based institutional care and support, I would like to reflect the following regarding the assessment of ‘Yewedekuten Ansu’ (Raise the fallen) association. The assessment gave me a greater experience in understanding the elders at the association’s. Almost all of them were willing to share their life experience according to the lists of questions although claiming that all the information given by them is frank and candid is difficult. The assessment would contribute in the attempt to understand the elders’ problem and living situation in the institutional care. Since thousands of elders have alarming socio economical problems, it is the believe of this study that, a due attention by researchers and human service giving organizations has to be given

**6.3. RECOMMENDATIONS**

In view of the findings and the conclusion of the study, the following recommendations are suggested in the hope that would help for policy interferences as to reach for a better social protection schemes for elders.

**Policy**

* Since Government is responsible for Social protection, it would appear to revise its scattered social protection programs at various ministries. Therefore government should create options to address the problems related to elders. There needs to be a clear policy that prescribes intergenerational links so that elders may not be marginalized and their socioeconomic well-being could be maintained.
* Key governmental ministries should work collaboratively to develop protocols for specific processes and responsibilities, such as accreditation, supervision, and monitoring.
* Sharper analysis is needed in the situation of elders that may lead to development of policies and programs at least by the community based associations and nongovernmental organizations and later on at the state level. This would have a paramount significance in the process of social change i.e. realization of the socio economic problems relabeled to elders.
* As a policy, there should be counseling program to vulnerable elders since there are extensive emotional and psychological problems as mentioned earlier.

As far as the civil servants concerned, the amount of payments to regular pensioners and survivors is found to be unsatisfactory since basic salaries of government employees had been relatively lower for a long time. Therefore, it is recommended that the amount of retirement benefit be increased and pension payment progression be implemented either, in the form of annual increment or by market assessment.

Regarding the responses of social protection towards elders other than the civil service, government should include vulnerable elders in program design, implementation, and monitoring and impact evaluation.

Reviewing and reforming the existing social protection programs through prioritizing the needs and socio economic problems of the vulnerable parts of the community particularly **the aged** in our case is vital.

**Care within the associations**

Since a particular experience in ‘Yewedekuten Ansu’ (Raise the fallen) is a reflection of national scenario, the following recommendations were made:

* Appropriate and efficient database systems should be used by responsible governmental institutions as well as by the care institutions. At a minimum, data should include name, how, where, and why the elders entered the protection system; family history; specific reasons for entry into institutional care; case plan; special needs (if appropriate); exit date; and follow-up.
* Those involved in institutional care, as well as community members, stake holders’ and close relatives/care takers of vulnerable elders, should be made aware of the negative effects of institutionalization via public awareness campaigns.
* Shelters for elders should be encouraged to improve their level of care, based on internationally and nationally recognized standards. Such changes could include incorporating convictable rooms or homes suitable for groups; promoting linkages and participation in local communities; ensuring that a protection policy and accompanying mechanisms are in place; providing appropriate psychosocial support, education, and developmentally appropriate care; and providing support and skills training to facilitate successful transition for elders exiting care

**Concerning programs and projects of the association**

The following interventions are needed:

* Training for association servants in guidance, counseling and nurturing skill should be rendered in specific interval.
* Some of the able elders want to get a job shows an interest to generate income, based on this part of their strength we should look for a way that they could get employment opportunity. Income generating activities can be introduced at the association and in the church areas since it is a bit far from the city. But a thorough assessment on the market and other issues has to be made. The association in this regard, could work on this point since there are various volunteer educated and experienced people
* Due to the care and support given so far, many people are feeling strength and vitality; it has to be further strengthened with necessary support. Volunteers at the association have to be encouraged with the necessary incentives and training. There is a need for education and training to local caregivers. The nongovernmental organizations and the community at large could do these things. Together with this, there is a need to mobilize further the philanthropic individuals and others, which are supporting the vulnerable elders through different means.

**Concerning social work education**

* At a minimum, all elders care institutions must have individual case plans for every elder. Case management can be applied to the association, because the people coming there have many needs that have to be addressed. Some want to be helped for economical reasons, some want to spend their last time in spirituality, still other came for psycho social reasons, many of them do not get enough basic needs and some others have illness problem. So by doing further assessments on the site and by developing a care plan for each individual or groups of individuals, linking the clients to potential service giving organization is a necessary social work duty. Monitoring and advocacy can be done in relation with this case management. In order to accomplish this, however, standardized case management assessment instruments and program structures have to be prepared at least by the church and volunteer professionals.
* We can advocate for support services that take seriously the needs of vulnerable elders and their supporters (caregivers) around ‘Entoto kidanemihiret Church’ areas. For this, the type of community based help given at the association has to be recognized and documented. It has to be advocated and may be lessons can be taken from these areas.

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10. **It is a monastery with long standing history and tradition of orthodox Christianity established in 492** [↑](#footnote-ref-10)
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88. **It is a bucket like property, usually made of metal, used to measure cereals.** [↑](#footnote-ref-88)
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101. **Source: Improving Care Options for Children in Ethiopia through Understanding Institutional Child Care and Factors Driving Institutionalization, 2010.** [↑](#footnote-ref-101)
102. **It is the oldest religious institution as far back as the 4th century.** [↑](#footnote-ref-102)
103. **One of the oldest monasteries established in 492 at the north eastern part of the capital Addis Ababa.** [↑](#footnote-ref-103)
104. **It is one of the ten sub-cities the capital administration organized.** [↑](#footnote-ref-104)
105. **It is the second largest ethnic group in the nation.** [↑](#footnote-ref-105)
106. **Source: People at Risk, 2011 (Quoting Lwanga Ntale and Charles Knox), these homes were founded during the 1960s and they are only able to accommodate 350 older people in three regional locations, and the quality of their services are reportedly very poor.** [↑](#footnote-ref-106)
107. **Source: Encyclopedia of Social problems, 2008. A social stigma is any social marker that refers to a deviation from the norm. It can be a trait that the general population deems unacceptable or undesirable or a mark of disapproval based on undesirable beliefs, ideas, behaviors, or even personal characteristics.** [↑](#footnote-ref-107)
108. **Source: Inter-Generational challenges in Ethiopia, 2010 (Quoting Assefa Baleher), especially the Developmental Social Welfare Policy formulated by FDRE in 1996 with features of development, prevention and rehabilitation aimed at promoting the social services in the nation. Particularly, the case is true in addressing the care and support for elderly.** [↑](#footnote-ref-108)
109. **&110** **Development of Social Security,2003( Quoting Abebe Mesfin, unpublished)** [↑](#footnote-ref-109)
110. [↑](#footnote-ref-110)
111. **World bank,2009** [↑](#footnote-ref-111)