HelpAge International

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Vulnerability of Older People in Ethiopia

The Case of Oromia, Amhara and SNNP Regional States

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European Commission

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HelpAge International in Ethiopia

Addis Ababa

HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives.

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PART IV: CONCLUSION AND RECOMMENDATIONS

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Federal Ministry of Labour and Social Affairs, Regional States' Labour and Social Affairs Bureaus of Oromia, Amhara and SNNP, Regional States' Health Bureaus of Oromia, Amhara and SNNP, Regional States' Land Administration and Environmental Protection Bureaus of Oromia, Amhara and SNNP, Regional States' Women, Children and Youth Affairs Bureaus of Oromia, Amhara and SNNP, Regional States' Micro Finance Institutions of Oromia, Amhara and SNNP, Regional States' Food Security, Disaster Prevention and Preparedness Bureaus of Oromia, Amhara and SNNP, Regional States' Cooperatives and Urban and Industry Development Bureaus of Oromia, Amhara and SNNP as well as the Ethiopian Elderly and Pensioners National Association

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Acronyms

BoCYWA	Bureau of Children, Youth and Women Affairs
BoE	Bureau of Education
BoFED	Bureau of Finance and Economic Development
BoLEP	Bureau of Land Administration and Environmental Protection
BoLSA	Bureau of Labour and Social Affairs
BoUID	Bureau of Urban and Industrial Development
CBO	Community-Based Organisation
CSA	Central Statistical Agency
DSWP	Development Social Welfare System
EC	Ethiopian Calendar
FGD	Focus Group Discussion
HH	Household
IGA	Income Generating Activities
KII	Key Informant Interview
MDG	Millennium Development Goal
MFIs	Micro and Finance Institutions
MIPAA	Madrid International Plan of Action on Ageing
MoE	Ministry of Education
MoH	Ministry of Health
MoLSA	Ministry of Labour and Social Affairs
NGO	Non-Governmental Organisation
NPAOP	National Plan of Action on Older People
OP	Older People
OPA	Older People's Association
OVC	Orphans and Vulnerable Children
PL	Pit Latrine
VIP	Ventilation Improved Pit Latrine

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Executive Summary

According to the UN definition, older people are those people whose age is 60 years and above. This also corresponds with Ethiopia's official retirement age.

In the past, older people in Ethiopia used to be treated with respect and love, and they received support from their families, relatives and the community. Nowadays, older people without means are forced into begging for lack of family and community support. Urbanisation and "modernisation" are also eroding the traditional culture of inter-generational solidarity and support.

Poverty has become more acute among older people and it is much more difficult for them to come out of it. Ill health, unsuitable residential areas, diminishing family and community support, limited social security services, lack of education and training opportunities, limited employment and income generating opportunities, and lack of balanced diet and shelter are some of the factors contributing to the poverty of older people.

Given this situation, the general objective of this study is to provide comprehensive information on vulnerabilities and coping mechanisms of older people in Oromia, Amhara and Southern Nations, Nationalities and Peoples' Regional States. The study is expected to serve as background and guide for government agencies, donors, international agencies and NGOs in developing better-targeted assistance programmes and projects.

Multi-phase approaches were used to collect primary data from individual sample respondents. This approach includes the following: review and assessment of the project/organisational context; review of external documents; identification and review of best practices; review of government policies and strategies; consultation with stakeholders; qualitative and quantitative field survey; data synthesising and reporting.

Documents reviewed include relevant studies undertaken by the Federal Government, the Regional Governments, Zonal Administrations, *Woreda* (district) Administrations as well as research institutions and other actors. The strategic plans and annual reports of regional older people associations and Bureaus of Labour and Social Affairs (BoLSA) have also been reviewed.

The study team identified the best practices of livelihood security programme models and approaches in the regional states and in the country as well as elsewhere in Africa. These were used as conceptual framework and benchmarks for the assessment of the needs and vulnerability of older people. The reviews have enabled the team to develop instruments for assessing older people's empowerment at regional, national and international levels.

Stakeholders, including HelpAge International's programme staff, regional officials, *woreda* and *kebele* officials, community leaders as well as interest groups, and civil society organisations in Ethiopia have been consulted using a questionnaire and checklist developed by the consultant for this purpose.

The team applied both qualitative and quantitative methods in generating primary data at field level. Quantitative data was gathered through a structured questionnaire from sampled older people's households living in the regions. Qualitative data was collected through key informant interviews with

representatives of relevant institutions and focus group discussions (FGDs) held with representatives of older people and other community groups.

All the information collected from the field using survey tools was compiled daily and checked with the other information sources, including through a validation workshop. Representatives of government line offices, older people associations, etc., participated in the workshop and prioritised the needs and challenges based on pair-wise ranking.

Demographic Characteristics of Survey Respondents

The individual survey questionnaire involved Older people ages 60 years and above. The total sample size was 423 (154 in Oromia, 168 in Amhara and 101 in SNNP Regional States).

From the total surveyed sample, 58% in Oromia, 48.8% in Amhara, and 37% in SNNP were male and (42% in Oromia, 51.2% in Amhara, and 63% in SNNP were female. The distribution of respondent older people by age group shows that 53% in Oromia, 49% in Amhara, 29% in SNNP were above 70 years; 27%in Oromia, 25% in Amhara, and 24% in SNNP were between the ages of 65-69; and 20% in Oromia, 26% in Amhara, 47% in SNNP were between the ages of 60-64.

Concerning religion, 87.7% in Oromia, 78.6% in Amhara, and 43% in SNNPR were Orthodox Christians; 7.1% in Oromia, 21.4% in Amhara and 43% in SNNPR were Muslims; 4.5% in Oromia and 21% in SNNPR were Protestants; 0.6% in Oromia were Catholic; 3% in SNNPR were the followers of other types of religion.

With regard to ethnicity, it was found out that the majority of the surveyed population (58.4%) were Oromos, 25.3% were Amharas, 5.8% Tigres, 8.4% Gurages and 1.9% Wolaitas in Oromia Regional State. A significant majority of the sample respondents (95.8%) were Amharas, 2.4% Oromos, 1.2% Tigres and the remaining 0.6% were Gurages in Amhara Regional State. In SNNP, 23% were Halabas, 23% were Sidamas, 16% Wolaitas, 12% Amharas, 11% Gurages, and the remaining 6% were from other ethnic groups of the country.

Among the surveyed population, those married were 66.9% in Oromia Regional State, 52% in SNNPR and 36.9% in Amhara Regional State. Widows/widowers were 24%, 19% and 33% in Oromia, Amhara and SNNP Regional States, respectively. Divorcees were 33.9% in Amhara, 3.9% in Oromia and 15% in SNNP Regional States.

Concerning educational status, 37.6% of the total respondents in Oromia, 33.4% in Amhara and 8% in SNNP were literate.

Current Housing Condition of Older People

OP households living in rented *kebele* or private houses were 47.6% in Oromia, 54.2% in Amhara and 63% in SNNP Regions. In Oromia 8.7%, and in Amhara Region 11.3% lived in other shelters (mosque/church); however, no data was available for SNNP.

Problem of access to shelter, including shortage of houses to rent, and poor condition of the houses were identified to be among the most important

concerns of poor older people. Focus group discussions in three regions also indicated that most of the poor older people lived in very old houses.

Access to Water Supply

In Oromia Region, 47.4% had tap water in the house/compound; 33.1% got water from public collection point; 13% purchased from individuals; the remaining 6.5% (all rural) used water from unprotected sources such as wells, streams and flowing rivers.

In Amhara region, the main sources of domestic water for the majority (87.5%) is from tap water and the remaining 12.5% got it from unprotected sources such as wells, streams and flowing rivers. About 28.6% of the respondents used tap water in their houses or compounds, 36.9% from public collection point, 22% purchased water from individuals.

In SNNP, the main sources of domestic water for the majority (85.7%) of the surveyed rural respondents were ponds and rivers, with safe water supply coverage being for 14.3% of the respondents.

Access to Sanitation and Hygiene Facilities

Availability of latrine facility was 81.2% in Oromia, 71.4% in Amhara, and 89.7% in SNNP; latrine utilisation drops to 74.7% in Oromia, 66.7% in Amhara, and 83% in SNNP Region.

In Oromia, only 0.6% (urban only), in Amhara 16%, and in SNNP 3% have shower facilities. However, 47.4% in Oromia, 58.3% in Amhara, and 21% in SNNP used their compound to take shower regularly.

Older People's Health Status and Access to Health Services

The Oromia survey result indicates that 31.8% suffer from one or more types of impairment, i.e., visual, physical weakness, hearing, and mobility due to ageing. In addition, 35.7% mentioned that they suffered from chronic diseases such as eye diseases, respiratory diseases, urinary diseases, heart diseases, hypertension, and neurological problems.

In Amhara Region, among all respondents, 54.2% reported that they were currently affected with one or more types of impairments. These include 38.5% suffering from physical weakness; 31.9% from visual problem; 14.3% from mobility problem; 8.8% from hearing problem; and the remaining 6.6% from mental problem.

In SNNP, 41% reported having one or more type of impairments such as visual, physical weakness, hearing and mobility problems due to ageing. A majority, 28% of the total respondents (with higher prevalence in rural areas) had visual impairment, while 18% physical weakness, 14% hearing and 6% mobility impairments that affect their day-to-day activities. In addition, 44% suffered from chronic diseases.

HIV and AIDS

The majority of the respondents in the three regions were in the age group of 60-69 or more. Among these, 24.7% in Oromia, 48.8% in Amhara, and a majority in SNNP have confirmed that they had heard about HIV and AIDS.

With regard to older people's knowledge about the modes of HIV transmission, 21.4% and 11% in Oromia Region were able to identify three and four modes of HIV transmission, respectively. In Amhara Region, 34.5% mentioned HIV transmission through sexual contacts, 27.3% identified three modes of HIV transmission, 24.8% mentioned two modes of HIV transmission, and 7.3% identified the four modes of HIV transmission.

In SNNP, only 23% and 9% were able to identify three and four modes of HIV transmission, respectively. About 17% identified two programmatically important ways of preventing HIV and AIDS while 4% identified three ways of preventing HIV and AIDS. From this, one can understand that there was no deep awareness of HIV and AIDS transmission and prevention among the surveyed older people.

In Oromia Region, 7.8% of the respondents have confirmed that they cared for a person living with HIV and AIDS (PLHIV). About 12.3% have lost due to AIDS a person who was supporting them while 8.4% reported caring for AIDS orphans.

In Amhara Region, 14.4% currently care for HIV patients, while 8.1% care for orphans who lost their parents due to AIDS, and 48.1% of them responded that they knew people practicing traditional healing.

In SNNP, 5% of the respondents have confirmed that they care for a HIV patient. About 8% have lost due to AIDS a person who was supporting them, while 5% have disclosed their caring for AIDS orphans. From the findings, it seems that older people have not been highly affected by the impacts of HIV and AIDS. However, only one-fourth of the respondents know older people who are engaged in traditional healing practices.

Access to Education and Skills Training

Only 9.7%, 9.5%, and 7% received short-term training in Oromia, Amhara and SNNP Regional States, respectively.

In Oromia Regional State, 55.2% have an interest in skills training. The types of the trainings identified by the respondents are: handicrafts, income generating activities, and agriculture/livestock production, in priority order.

In Amhara Regional State, 35.1% showed interest in skills training, in areas such as: handicrafts, HIV and AIDS care, and primary health care.

Overall, a great number of respondents have no interest in taking short-term skills training due to health problems, lack of awareness of the benefits, physical frailty, lack of work opportunities for older people and lack of money.

Credit Facilities and Services

In Oromia Regional State, despite the government's facilitating credit services under special terms and conditions, older people's access to credit service was found just 9.1% in the survey area. In Amhara region, older people who received credit facilities were only 3%. In SNNP also, older people accessing credit service in the survey area were only 7% of the respondents.

Source of Income of Older People

In Oromia Regional State, the major income for 31.8% (urban only) of the respondents is pension; 22.7% (all in rural areas) from agriculture, 18.8% from remittance from relatives, 15.6% (urban only) from house rent, 11.3% from casual labour, 9.1% petty trade, 7.1% from begging, 4.5% from mixed agriculture, another 4.5% from livestock rearing and 3.9% from care and support from families. In Amhara Regional State, most older people are dependant on either their own family or relatives or the community. In SNPP Regional State, the older people's major income is from petty trade (14%), followed by livestock rearing and remittance from relatives.

Care and Support

Families are still believed to be the main source of care for older people. Older people without family support end up begging in the streets or living in destitute condition around places of worship. Care and support is received by 71.1% in Oromia, 66.1% in Amhara and 57% in SNNP. Overall, family members and relatives, community members, government institutions, and NGOs are the main sources of care and support, including food, shelter, clothes, cash, medication and the like. Still, an all the Regions, a good number of older people feel lonely though optimistic about the future.

Food Security, Nutrition and Coping Mechanism

In all the sample regions (Oromia, Amhara and SNNP), food shortage is the most serious problem in urban and rural areas. Reasons include: lack of family and community support, little or no income, inflation in prices of food and other basic necessities, ill health and inability to pay medical expenses, lack of access to employment or income generating activities and absence of organisations that assist older people to engage in income earning activities.

In Oromia, Amhara and SNPP Regions, the majority of the respondents revealed that they had experienced food shortage for themselves or their families for the last three months. Their coping mechanisms during food shortage include reducing food consumption or staying the whole or night without food or opting for poorer quality food or even substituting food item with wild plants and sending children to live with others.

Rights to Protection and Participation

In Oromia, Amhara and SNNP Regions, older people reported experiencing discrimination with respect to social services, within the households and the community. They also experienced various levels of violence in both urban and rural areas. However, the majority of them were also free to express their feelings at the household level.

Part I
Introduction

As indicated by Aboderin (2004), poverty has become more acute among older people because it is much more difficult for them to come out of it once they are exposed to it. Health problems, lack of balanced diet, shelter, unsuitable residential areas, absence of family and community support, limited social security services, absence of education and training opportunities, limited employment and income generating opportunities are some of the factors contributing to the poverty of older people.

In view of the above, the overall objective of this study is to contribute to poverty reduction and sustainable development in Ethiopia by providing comprehensive information on vulnerabilities and coping mechanisms of older people in Oromia, Amhara and SNNP Regional States and exploring options for linkages to existing service and assistance programmes.

1. Methodology

Multi-phase approaches were used to collect primary and secondary data from individual sample respondents. The multi-phase approach includes: review and assessment of the project/organisational context; review of external documents; identification and review of best practices; review of government policies and strategies; consultation with stakeholders; qualitative and quantitative survey; data synthesising and reporting.

The external documents pertaining to older people's empowerment and their associations have been reviewed. Earlier studies and documents produced by the Federal Government, the Regional Government, Zone Administration, *Woreda* Administration, research institutions, and the regional older people's associations have been reviewed.

1.1. Qualitative Method

The qualitative approach was used to understand processes and conditions as t perceived by older people or their associations, implementing partners and other stakeholders. The qualitative data were collected through focus group discussions and key informant interviews (KII) with relevant institutions. From the three regional states, nine FGDs (six male and three female FGDs), forty-two KIIs (fourteen in each region) and field observations were conducted after the review of the project context and in consultation with HelpAge International at the beginning of the assignment.

1.2. Quantitative Method

The quantitative data were gathered from secondary sources and baseline surveys. The secondary sources were government records, statistical and

evaluation reports. For the baseline survey, the household-level data were collected using semi-structured questionnaires.

The total sample size for quantitative survey has been determined by taking the alpha level (α=0.05) that represents 5% risk or 95% confidence level, and 5% margin of error (d=0.05) at estimating the population parameter. An estimate of variance is taken as p=0.5, assuming that the population is split 50/50. Accordingly, the sample size is determined using the following sample size determination formula.

$$n = \frac{[(Z\alpha/2)^2] \; X \; [P(1-P)]}{d^2}$$

Where:

n= sample size

$Z\alpha/2$= 1.96 at 95% confidence interval using Z- distribution

P= Population proportion =0.5

d= Precision error between sample size and population parameter

Furthermore, provision is also made to allow 10% non-response and compensation for the loss of accuracy resulting from sampling design.

By employing this formula in Oromia, Amhara and SNNP Regional States, an optimum sample size is found to be, 154, 167 and 101 households, respectively, and assumed satisfactory to characterize the study population from identified statistical inference. The sample size has been further subdivided into each homogenous group of study unit defined using the sampling frame. The study design follows a multi-stage sampling procedure where study areas are determined purposively by taking into consideration the geographic location, time and cost within the study of the sample areas.

All the information collected from the field using different survey tools was compiled daily using the format provided for each topic. The consolidation and formulation of the actual data collected have been undertaken daily. Furthermore, all the information collected has been checked and re-checked with the other information sources. Triangulation of data from different sources was one of the checking mechanisms.

Part II
Literature Review

2. Conceptual Framework: An Overview

2.1. Older People and Vulnerability

Vulnerability, i.e., the susceptibility to harm, results from an interaction between the resources available to individuals and communities and the life challenges they face. Vulnerability results from developmental problems, personal incapacities, disadvantaged social status, inadequacy of interpersonal networks and supports, degraded neighbourhoods and environments, and the complex interactions of these factors over the life course. The priority given to varying vulnerabilities, or their neglect, reflects social values. Vulnerability may arise from individual, community, or larger population challenges (David and Jennifer 2012).

As defined by some scholars, vulnerability is a term used to describe exposure to hazards and shocks. People are more vulnerable if they are more likely to be badly affected by events outside their control. It involves a combination of factors that determine the degree to which someone's life, livelihood, property and other assets are put at risk by a discrete and identifiable event (or series or cascade of such events) in nature and society.

Regarding the dimensions of vulnerability, Yates and Chiwaka (2004) have this to say:

> Dimensions of vulnerability: social, generational, geographic, economic and political processes that influence how hazards affect people in varying ways and with different intensities. Some groups are more prone to damage, loss and suffering in the context of differing hazards. Key variables explaining variations of impact include class, occupation, ethnicity, gender, disability and health status, age and immigration status and the nature and extent of social networks. Changing the social, economic and political factors usually means altering the way that power operates in society…. Vulnerability can be increased through entitlements, political powerlessness or social exploitation and discrimination. The interactions of the different factors of vulnerability will determine people's capacities, access to resources and ability to realise their rights. … Some groups of people tend to be more vulnerable than others.

Hutton (2008) describes how the situation of older people differs by saying, "While older people vary greatly in their health status and ability to adapt, the risks to this population in emergencies remain significant. By one definition, ageing refers to a progressive loss of adaptability so that the individual becomes increasingly less capable of coping with life challenges."

HelpAge International (2000) considers poverty as "the enemy of older people's independence" and concludes:

> Older people are consistently among the poorest in all societies, and material security is therefore one of the greatest preoccupation of old age. Many experience the same lack of physical necessities, assets and income felt by other poor people, but without the resources that younger, fitter, and more active adults can use to compensate. ... The prevalence of poverty among older people is also linked to educational levels, including differing level of literacy. Lack of material means is not the only problem of poverty. Another consequence is the inability to participate effectively in economic, social and political life. Older people living in poverty find themselves socially excluded and isolated from decision-making process. This affects not only their income and wealth but also contributes to poor housing, ill health and personal insecurity.

Nevertheless, the vulnerability situation of the different groups of older people (for instance, men and women, those with a home and homeless) may not be the same. Thus, Yates and Chiwaka (2004) note:

> Vulnerability is gender differentiated. The way women experience vulnerability is many times different to men due to socially constructed gender roles and power relations. Factors, such as lack of access to and control over basic resources and lack of entitlements, amplify women's vulnerability and undermine their ability to cope with effects of disasters.

Accordingly, this study attempts to identify what it is that makes the target older people more vulnerable, how the situation of the different categories of older people varies, and what should be done to reduce their vulnerability.

2.2. Ageing and Society

Ageing and the situation of the older people is one of the emerging concerns in demography, both globally and regionally. This concern is also being progressively pushed to the top of the development policy agenda due to changed and changing characteristics of the global and regional demographic distribution in terms of age. Not only has the world witnessed a dramatic increase in its total population, from 2.5 billion in 1950 to 6.9 billion in 2010, and projected to balloon to 9.1 billion in 2050 (UNDP 2008), but it has also experienced a dramatic increase in the proportion of the ageing population. The latter is particularly true of the developed region of the world, and the developing and least developed regions are following suit in the coming decades with falling fertility and mortality (CSA 2010).

The number of older people in sub-Saharan Africa is projected to rise sharply from 37.1 million in 2005 to 155.4 million in 2050 – a more rapid increase than in any other world region and for any other age group (UNDP 2008).

Population ageing and rising exposure to modifiable risk factors, such as tobacco use, an unhealthy diet and a lack of physical activity, are fostering a growing burden of age-related non-communicable diseases in sub-Saharan Africa. Most prominent among the diseases are hypertension, diabetes, heart

disease and stroke. Available data suggest that heart disease and stroke are the leading causes of mortality among older adults in sub-Saharan Africa (WHO 2005 and 2006).

With regard to the trend of older people in Ethiopia, the proportion of older people out of the total population is not showing an increase as expected in the globe. The reason for this might be the existing higher rate of fertility in almost all parts of the country. Though the proportion of the elderly is not increasing, their absolute number has increased over the past 30 years (CSA 2010).

2.3. Some Relevant Policy Documents

In response to the broad ageing and health trends, two key recent frameworks - the United Nations Madrid International Plan of Ageing 2002 (MIPAA) and the African Union Regional Policy Framework and Plan of Action on Ageing 2003 (AU Plan) - call on governments to forge policy action to promote older people's health and advance well being into old age. The frameworks, to which all sub-Saharan African countries are signatory, emphasize a need for measures to advance health service provision and training in order to ensure effective, fully accessible, prevention, control and management and disability care for age-related Non- Communicable Disease.

Fuelled by MIPAA and the AU Plan, the Ethiopian government has adopted national laws, polices and strategies to respond to needs of the elderly. The 1995 Constitution of the Federal Democratic Republic of Ethiopia (FDRE) also addresses the issues of older people. Some of the conventions and the country policies and strategies, such as Developmental Social Welfare Policy (DSWP) and National Plan of Action on Older People (NPAOP), are discussed in brief as follows.

2.3.1. UN Principles for Older People

In 1990, the UN General Assembly designated the 1st of October each year as the "International Day of Older People". In 1991, the Assembly adopted the "United Nations Principles for Older People", encouraging governments to incorporate them into national programmes whenever possible. The Principles include: Independence; Participation; Care; Self-fulfilment; and Dignity.

The goal of building a society for all ages was endorsed by the General Assembly of the UN in connection with the designation of International Day of Older People (IDOP). This decision, together with the existing favourable situation in Ethiopia, creates an opportunity for older people to use their knowledge and experience towards the development of the country. In light of this, it is believed that the associations of older and retired persons that are flourishing these days can have significant contributions to development.

The UN General Assembly, in its various resolutions, underlined that all the necessary efforts should be made to protect fundamental human rights without discrimination. Based on these resolutions, there are now many decisions, principles, directives and conventions adopted with a view to enabling different sections of the society to proper attention according to their

problems and interests. The UN principles for older people's independence, participation, care self-fulfilment and dignity are being exercised in Ethiopia and many other countries.

2.3.2. Madrid International Plan of Action (MIPAA) on Ageing

Older People and Development, Advancing Health and Well-Being into Old Age, and Ensuring Enabling and Supportive Environments are the three priority directions of the (MIPAA). The document places on governments the responsibility of putting into action the recommendations listed in the plan of action. In addition, the political declaration endorsed by 159 member states emphasises the need to see problems of the elderly as being related to social and economic rights, and building a society for all ages that enables the elderly to participate actively in economic, social, cultural and political activities.

2.3.3. African Union Policy Framework and Plan of Action on Ageing

The AUPFPAA approved by the African Union summit following the MIPAA, focuses on the need for improving the quality of life of the elderly. It also urges African governments to translate the resolutions adopted at the international level into action by incorporating them into their national programme.

The African Union Member States undertook, *inter alia,* to ensure that the needs and rights of older people are integrated into all existing and new policies in all sectors, and to enact legal provisions that promote and strengthen the role of the family and the community in the care of its older members.

2.3.4. Growth and Transformation Plan

The social welfare programme focuses on protecting the rights of and creating opportunities for participation of disabled and elderly people so that they contribute fully to the development process as well as to political, economic and social activities in the country. Social welfare initiatives focus on preventing the recurrence of social problems that arose previously in the society.

Programmes that aim to benefit the elderly need to ensure their dignity, freedom and social status and focus on providing care and support for the elderly in the community and hence maintaining close family and social ties.

Two main targets for social welfare are set in Growth and Transformation Plan (GTP). The first concerns establishing a standard social welfare scheme involving government, non-governmental agencies, the elderly and people with disabilities in the preparation and delivery. The second target refers to increasing the coverage of social security services based on the envisaged scheme. Based on this standard social welfare system, the number of disabled people who benefit from physical rehabilitation and support, of people who have access to social welfare, and older people who receive capacity development and awareness creation training, will be increased through the coordinated efforts of the community, people with disability, the elderly, the government and non-governmental agencies.

All implementation plans need to focus mainly on community-based welfare systems. From this perspective, implementation strategies for social welfare during the plan period are to create a knowledge and experience-sharing environment supportive of the elderly and help them to contribute to the country's development processes. Social welfare authorities will collaborate closely with and coordinate social welfare programmes to care and support the elderly with stakeholders who are engaged in these programmes. NGO care and support programmes for the elderly will be encouraged. Disabled people will be encouraged to participate fully in economic, political and social development activities. Special attention will be given to children with special needs and assistance will be provided to help them start and continue schooling. Government will take steps to ensure that people with disabilities have equal job opportunities and participate in economic development without discrimination or stigma. Measures that minimize barriers to the movement of people with disabilities, for instance in schools, homes, recreation centres and health facilities will be taken. Special support for disabled people with mental and physical needs will be provided. Training and rehabilitation programmes will be provided and communities' participation in social welfare programmes enhanced.

2.3.5. The FDRE Constitution

Article 41(5) of the FDRE Constitution states that "the state shall, within available means, allocate resources to provide rehabilitation and assistance to the physically and mentally disabled, the aged, and to children who are left without parents or guardians". Hence, the FDRE Government is aware of the vulnerability of older people in the country.

2.3.6. Developmental Social Welfare Policy (DSWP)

The Ministry of Labour and Social Affairs (MOLSA) has been mandated to study ways and means of assisting older people and persons with disabilities; it implements these in collaboration with relevant bodies.

The DSWP has set six strategic issues concerning older people. The main strategy of the policy is adopting an integrated approach through which it encourages participation of other sectoral offices and in particular to expand social security services throughout the country.

The strategic issues concerning older people are as follows:

- Appropriate social and cultural climates shall be created to ensure that society benefits from the accumulated wealth of the social and cultural experiences of the elderly as well as to assist them to adjust to changing situations in the country;
- Efforts shall be made to strengthen and reinforce all positive elements in our culture and society, especially the integrity of the family aimed at guaranteeing the security and welfare of the elderly;

- Arrangements shall be made for the elderly without any material and psychological support to receive appropriate social security services and assistance in the communities where they live;
- In order to guarantee the material and social wellbeing of the elderly, social security programmes shall be extended to groups hitherto uncovered, and appropriate laws and regulations shall be promulgated and enforced;
- A follow-up mechanism shall be created to ensure that services that are aimed at ensuring the security and wellbeing of the elderly are comprehensive; and
- All efforts by non-governmental organisations, voluntary associations and community action groups desiring to establish services to assist and support the elderly shall be encouraged and supported.

2.3.7. National Plan of Action on Older People

The National Plan of Action on Older People (NPAOP)/1998 – 2007 E.C./ has been developed to improve the standard and quality of social welfare service of Ethiopia's older people in ten consecutive years. Its main goals are:

- Expand and strengthen services for the elderly based on community participation.
- Encourage the elderly to make use of their rich experience in bringing about development.
- Make the rights and interests of older people part of development plans and poverty reduction strategy.
- Identify issues related to the elderly and work on them by listing specific objectives and activities.
- Coordinate concerned governmental and non-governmental organisations to enable them to contribute their share in realising the objectives of the programme.
- Facilitate conditions to solicit support from abroad through promoting issues of older people of Ethiopia at national and international levels.

This plan of action has set two priority directions: Development aspect of ageing and Humanitarian aspect of ageing. With regard to the development aspect of ageing, it is believed that older people are capable of participating in the social and economic development of their country if they are given the chance. With regard to the humanitarian aspect of ageing, it is important to create environments conducive for older people to lead a dignified life with their rights protected and their basic needs fulfilled.

Part III
Analysis of Findings

3. Discussion of Results

3.1. Major Characteristics of the Survey Respondents

The survey respondents were older people aged 60 years and above, and numbering a total sample of 422 persons in all the three Regional States (see table 1).

Table 1. Demographic characteristics of survey respondents

Respondents' characteristics	Region		
	Oromia (%)	Amhara (%)	SNNP (%)
Sex:			
Male	58	48.8	37
Female	42	51.2	63
Age:			
60-64	20	26	47
65-69	27	25	24
>=70	53	49	29
Religion:			
Orthodox	87.7	78.6	33
Muslim	7.1	21.4	43
Protestant	4.5	0	21
Catholic	0.6	0	0
Others	0	0	3
Ethnicity:			
Oromo	58.4	2.4,	0
Amhara,	25.3	95.8	12
Tigre	5.8	1.2	0
Gurage	8.4	0.6	11
Wolaita	1.9	0	16
Halaba	0	0	32
Sidama	0	0	23
Others	0	0	6
Marital status:			
Married	66.9	36.9	52
Widow/Widower	24	19	33
Single	5.2	10.1	0
Divorced	3.9	33.9	15
Education status:			
Literate	37.6	33.4	8
Illiterate	62.4	66.6	92

Age and sex are very important variables in conducting surveys and for effective analysis of all forms of data obtained in surveys. Accordingly, from the total surveyed sample (58% in Oromia, 48.8% in Amhara, and 37% in SNNP) were male and (42% in Oromia, 51.2% in Amhara, and 63% in SNNP) were female. The distribution of sample respondent older people by age group shows that (53% in Oromia, 49% in Amhara, and 29% in SNNP) were above 70 years, (27% in Oromia, 25% in Amhara, and 24% in SNNP) were between the ages of 65 to 69, and (20% in Oromia, 26% in Amhara, and 47% in SNNP) of the survey respondents were between the ages 60 to 64.

Concerning to religion, 87.7% in Oromia, 78.6% in Amhara, and 43% in SNNPR were Orthodox Christians; 7.1% in Oromia, 21.4% in Amhara and 43% in SNNPR were Muslims; 4.5% in Oromia and 21% in SNNPR were Protestants; 0.6% in Oromia were Catholic; 3% in SNNPR Were followers of other types of religion.

With regard to ethnicity, it was found out that the majority of the surveyed population (58.4%) in Oromia were Oromos, 25.3% Amharas, 5.8% Tigres, 8.4% Gurages and 1.9% Wolaitas. A significant majority of the sample respondents (95.8%) in Amhara Regional State were Amharas, 2.4% Oromos, 1.2% Tigres and the remaining 0.6% were Gurages. In SNNP, 23% were Halabas, 23% were Sidamas, 16% Wolaitas, 12% Amharas, 11% Gurages and the remaining 6% were members of other ethnic groups in the country.

The majority of the surveyed population (66.9%) in Oromia, 52% in SNNP and 36.9% in Amhara Regional States were married. Widows/widowers were 24%, 19% and 33% in Oromia, Amhara and SNNP Regional States, respectively. The divorcees were 33.9% in Amhara, 3.9% in Oromia and 15% in SNNP Regional States.

Concerning educational status, out of the total respondents, 37.6% in Oromia, 33.4% in Amhara, and 8% in SNNP were literate.

3.2. Current Housing Condition of Older People

3.2.1. House Ownership and Tenure Type, by Gender and Residence

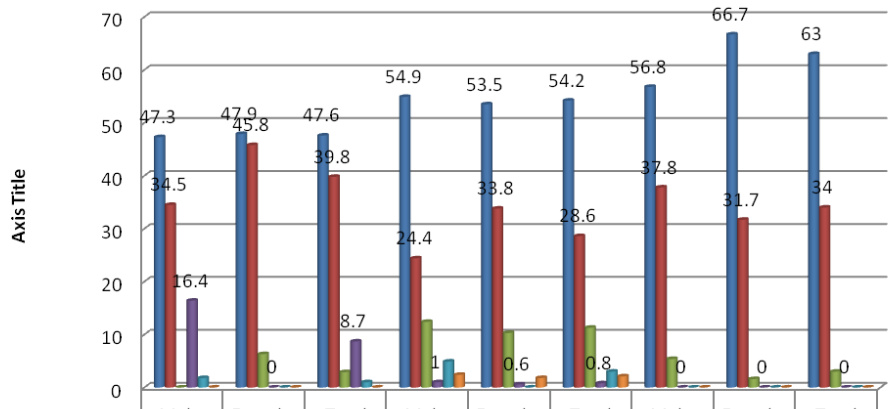
Problem of access to shelter, including shortage of houses to rent and poor condition of the residential houses, was identified to be one of the most important concerns of poor older people. Focus group discussions in the three regions also indicated that most of the poor older people live in very old houses.

In Oromia, Amhara and SNNP regions, 47.6% (47.3% male and 47.9% female), 54.2% (54.9% male and 53.5% female), and 63% (56.8% male and 66.7% female) households, respectively, possessed their own houses.

In Oromia region, 39.8% (34.5% male and 45.8% female), in Amhara region 28.6% (24.4% male and 33.8% female) and in SNNP 34% (37.8% male and 31.7% female) of the households lived in a house rented either from *kebeles* or private owners.

In Oromia 8.7% (16.4%l male only) and in Amhara 11.3 % (12.4% male and 10.3% female) lived in shelters such as mosques or churches; however, no data is available for SNNP.

Figure 1. Older People's House Ownership and Tenure Type



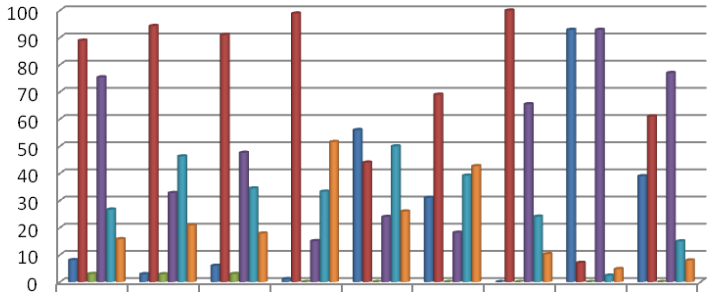
	Oromia			Amhara			SNNP		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Owned	47.3	47.9	47.6	54.9	53.5	54.2	56.8	66.7	63
Rented	34.5	45.8	39.8	24.4	33.8	28.6	37.8	31.7	34
Rent Free	0	6.3	2.9	12.4	10.3	11.3	5.4	1.6	3
Sheltered	16.4	0	8.7	1	0.6	0.8	0	0	0
Street	1.8	0	1	4.9	0	3	0	0	0
Dependent	0	0	0	2.4	1.8	2.1	0	0	0

3.2.2. Dwelling Unit by Roofing Material

The survey has made an effort to look at the respondents' housing characteristics, particularly dwelling unit's roofing material and number of rooms**.** Figure 2 shows the sample houses' roofing materials.

In Oromia region the roofing material for 91% (88.1% in urban and 94.3% in rural areas) of the houses were built with corrugated iron sheet, 6% (8.1% urban and 2.9% rural) of the houses were built with thatches, and the remaining 3% (3.3.% urban and 2.9% rural) of the houses were covered with plastic sheet. The same figure also shows that 47.6% (75.4% urban and 32.8% rural) of the households reside in single-room houses and 34.5% (26.7% urban and 46.3% rural) of the total households live in houses that have two rooms. In addition, about 17.9% (15.8% urban and 20.9% rural) of households live in three or more rooms.

Figure 2. Dwelling Type, Number of Rooms and Roofing Material



	Oromia			Amhara			SNNP		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Thatched Roof	8.1	2.9	6	1.1	56	31	0	92.9	39
Corrugated Iron Sheet	88.9	94.3	91	98.9	44	69	100	7.1	61
Plastic Roof	3	2.9	3	0	0	0	0	0	0
Single Room	75.4	32.8	47.6	15.1	24	18.2	65.5	92.9	77
Two Rooms	26.7	46.3	34.5	33.3	50	39.2	24.1	2.4	15
Three Rooms	15.8	20.9	17.9	51.6	26	42.7	10.3	4.8	8

In Amhara region, 31% (1.1% urban and 56% rural) of the houses were built with thatched roofs, while 69% (98.9% urban and 44% rural) of the houses were built with corrugated sheets. With regard to dwelling rooms, 18.2% (15.1% urban and 24% rural) of the households reside in single-room houses, 39.2% (33.3% urban and 50% rural) live in the houses that have two rooms and 10.3% (26% urban and 42.7% rural) live in three or more rooms.

In SNNP, as shown in Fig. 2, about 39% (92.9% rural) were reported to live in houses with thatched roof, while 61% (100% urban and 7.1% rural) lived in houses with corrugated iron-sheet roof. The greater part of the surveyed respondents, 77% (65.5% urban and 92.9% rural), were reported to live in a single-room dwelling unit and 15% (24.1% urban and 2.4% rural) lived in a two-room and 8% (10.3% urban and 4.8% rural) in a three-room partitioned house.

3.3. Access to Water Supply

Access to and supply of potable water varies between the rural and urban areas. In the great majority of cases, water in urban areas was used from protected sources. The quality and adequacy of drinking water supply contribute to disease prevention and improve the quality of life. A respondent is considered as having access to improved water source if she or he has water supply piped into the dwelling or the compound, and outside the compound, has access to water from a covered well or a protected spring.

Type of Water Sources:

In Oromia region, 47.4% (67% urban and 7.8% rural) hade water tap in the house/compound, 33.1% (18.4% urban and 62.7% rural) used from public collection point, 13% (14.6% urban and 9.8% rural) purchased from individuals and the remaining 6.5% (all rural) used from unprotected sources such as wells, streams and flowing rivers.

In Amhara region, the main sources of domestic water for the majority (87.5%) of older people was from tap water and the remaining 12.5% got from unprotected sources such as wells, streams and flowing rivers. About 28.6% (38.6% urban and 13.4% rural) of the respondents used tap water in their houses or compounds, 36.9% (28.7% urban and 49.3% rural) used water from a public collection point, 22% (24.8% urban and 17.9% rural) purchased water from individuals.

In SNNP, the main sources of domestic water for the majority (85.7%) of the surveyed rural respondents were ponds and rivers, with the rural coverage of safe water supply at 14.3%.

Round Trip Distance to and from Water Source:

In Oromia region, the great majority of the sample respondents (65.4%) reported that water source was located less than 100 meters; 30% of the households travelled up to half a kilo metre, and 2% of the households travelled up to 1km or more to get water.

In Amhara region, the majority of the sample respondents (57.5%) (66.1% urban and 48.3% rural) travelled less than 100 metres to fetch water. This includes those who fetched water from public collection points and those who purchased water from individuals. Among these, 24.2% (24.2% urban and 24.1% rural) travelled up to 500 meters to fetch water, 10.8% (1.6% urban and 20.7% rural) travelled up to l km, and the remaining 7.5% (8.1% urban and 6.9% rural) fetched water by travelling more than 1km each day.

In SNNP 38% walked less than 1km to fetch water, 48% walked 1-4kms and 14% 5-9kms. Half of the respondents collected water two times per day. Water was available throughout the year for about 58% of the respondents; the average water supply per person/day was 8-10 litres. In terms of distance, 38% walked less than 1km to fetch water, 48% walked 1-4kms and 14% 5-9kms.

Table 2. Source and distance of drinking water

Source and distance	Oromia (%)			Amhara (%)			SNNP (%)		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Type of water source:									
Tap in the house or compound	67	7.8	47.4	38.6	13.4	28.6	13.8	-	8
Public collection point	18.4	62.7	33.1	28.7	49.3	36.9	39.7	9.5	27
Purchase from individual	14.6	9.8	13	24.8	17.9	22	46.6	4.8	29
Unprotected source (well, spring, stream, pond)	0	19.6	6.5	7.9	19.4	12.5	-	85.7	36
Distance to water source in round trip:									
<100 meters	70.6	61.7	65.4	66.1	48.3	57.5	0	0	0
100 up to 500m	26.5	31.9	29.6	24.2	24.1	24.2	0	0	0
Up to 1km	2.9	2.1	2.5	1.6	20.7	10.8	65.5	-	38
1 to 4 km	0	4.3	2.5	8.1	6.9	7.5	34.5	66.7	48
5 to 9 km	0	0	0	0	0	0	-	33.3	14
Person responsible for fetching water:									
Myself	30.1	31.4	30.5	41.6	37.3	39.9	12.1	4.8	9
Family members	66	64.7	65.6	51.5	58.2	54.2	69	90.5	78
Neighbours	3.9	3.9	3.9	6.9	4.5	6	19	4.8	13
Water collection frequency/day:									
One time	40.8	31.4	37.7	39.6	38.8	39.3	29.3	57.1	41

Table 2. *Contd.*

Source and distance	Oromia (%)			Amhara (%)			SNNP (%)		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Two times	36.9	52.9	42.2	36.6	47.8	41.1	56.9	40.5	50
Three times	15.5	13.7	14.9	12.9	9	11.3	13.8	2.4	9
>3 times	6.8	2	5.2	10.9	4.5	8.3	0	0	0
Water availability throughout the year	100	80.4	93.5	75.2	65.7	71.4	81	26.2	58
Average daily water consumption in litres per day/ individual		8-10 litres			10-20 litres			8-10 litres	

Person Responsible for Fetching Water:

In Oromia region, 65.6% of the respondents said family members were responsible for collecting water for household use and 42.2% (36.9% urban and 52.9% rural) of the respondents collected water two times per day.

In Amhara region, 54.2% (51.5% urban and 58.2% rural) reported that family members were responsible for fetching water in their household; 39.9% (41.6% urban and 37.3% rural) said that the respondents themselves were responsible for fetching water, and the remaining 6% (6.9% urban and 4.5% rural) were assisted by their neighbours.

In SNNP, the great majority (78%) said family members fetched water for household use, whereas 13% and 9% said neighbours and the older people themselves, respectively, were responsible for fetching water.

Daily Water Consumption:

The average household water consumption was 8-10 litres in Oromia, 10-20 litres in Amhara, and 8-10 litres/person/day in SNNP; this is low compared to the WHO standard of 20 to 25 litres per person.

Water Availability throughout the Year:

Concerning water availability, 93.5% of the respondents in Oromia region, 71.4% in Amhara region, and 58% in SNNP confirmed that the water was available in their surrounding throughout the year.

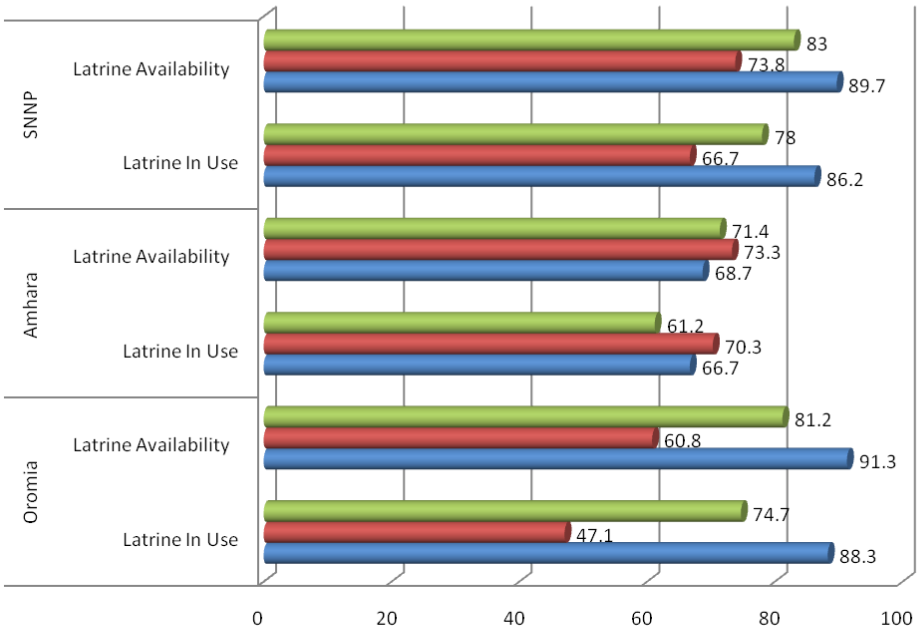
3.4. Access to Sanitation and Hygiene Facilities

Latrine Availability and Utilisation:
The presence of improved sanitation facilities and personal hygiene practice was assessed at respondent's household level. A household is considered as having improved sanitation facilities if it owns a flush toilet, a traditional pit toilet, or a ventilated improved pit latrine (VIP).

Latrine facility was reported to be available for 81.2% (91.3% urban and 60.8% rural) in Oromia, 71.4% (86.7% urban, and 73.3% rural) in Amhara, and 89.7% (83% and 73.8 rural) in SNNP; latrine utilisation drops to 74.7% (88.3 urban and 47.1% rural) in Oromia, 66.7% (70.3% urban and 61.2% rural) in Amhara, and 83% (78% urban and 66.7% rural) in SNNP region.

Types of Latrine in Use:
As has been illustrated in table 3, there was no report of VIP latrine among the surveyed households in Oromia region, only 2.5% (2.7% urban and 2.2% rural) in Amhara region and 3% (5.2% urban only) in SNNP were reported.

Figure 3. Percentage of Latrine Availability and Usage



	Oromia		Amhara		SNNP	
	Latrine In Use	Latrine Availability	Latrine In Use	Latrine Availability	Latrine In Use	Latrine Availability
Total	74.7	81.2	61.2	71.4	78	83
Rural	47.1	60.8	70.3	73.3	66.7	73.8
Urban	88.3	91.3	66.7	68.7	86.2	89.7

Respondents that have pit latrine with cover/superstructure were about 54.5%, 50.8%, and 60%, in Oromia, Amhara and SNNP regions, respectively, while 19.5%, 42.5%, and 15% have pit latrine without cover and superstructures in Oromia, Amhara and SNNP regions, respectively; only 0.6% have latrine with flush toilet in Oromia and 4.2% in Amhara regions.

Those sharing latrines with other family members were 19.5% (23.3% urban and 11.8% rural) in Oromia and 15% (25.9% urban) in SNNP. However, 55.3% (47.2% urban and 57.1% rural) among the respondents in Oromia, 78.3% (77.3% urban and 79.6% rural) in Amhara, and 44% (36.2% urban and 54.8% rural) in SNNP reported being given priority in utilising the latrine.

Among the respondents, 53% (53.2% urban and 46.2% rural) in Oromia, 78.3% (72.9% urban and 86% rural) in Amhara, and 65% (62.1% urban and 69% rural) in SNNP reported that the toilets were not convenient for them to use, mainly due to lack of comfort, cleanliness, cover, and its small size.

Table 3. Types of latrine used

Type of latrine	Oromia (%)			Amhara (%)			SNNP (%)		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Pit latrine with cover and superstructure	69.9	23.5	54.5	63.8	30.4	50.8	75.9	38.1	60
Pit latrine without cover & superstructure	17.5	23.5	19.5	27	67.4	42.5	5.2	28.6	15
VIP latrine	0	0	0	2.7	2.2	2.5	5.2	0	3
Flush toilet	1	0	0.6	6.8	0	4.2	0	0	0
Shared latrine	23.3	11.8	19.5	0	0	0	25.9	0	15
Priority given to OP	**47.2**	**57.1**	**55.3**	**77.3**	**79.6**	**78.3**	36.2	54.8	44.0
Inconvenience of the latrine	**26.2**	**53.2**	**53**	**72.9**	**86.0**	**78.3**	62.1	69	65

Shower Facilities in Use:

As has been illustrated in table 4, in only small numbers of the survey respondents (0.6% urban only) in Oromia region, 16% (19.8% urban and 10.6% rural) in Amhara, 3% (5.2% urban only) in SNNP have shower facilities. However, as an alternative, 47.4% (45.6% urban and 48.1% rural) in Oromia, 58.3% (62.1% urban and 53.1% rural) in Amhara, and 21% (24.1% urban and 16.7% rural) in SNNP took shower in their compound.

In Oromia region, 20.1% (20.4% urban and 18.5% rural) wash in their house or kitchen and 10.4% (6.8% urban and 16.7% rural) wash by going to the river.

In Amhara region, the surveyed respondents confirmed that 31.3% and 15.6% of them used their compound and rivers, respectively, to wash their bodies regularly. It is not much different in the SNNP region.

Using a latrine as an alternative shower facility is a common phenomenon in the three regions though the number of users varies from one to the other. As has been depicted in table 3, only 9.1% in Oromia, 0.7% in Amhara and 31% in SNNP used the latrine regularly as a place to wash their bodies.

Table 4. Shower facilities used

Shower facility	Oromia (%)			Amhara (%)			SNNPR (%)		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Shower facility in the house	1	0	0.6	19.8	10.6	16	5.2	_	3
Shower facility place									
In the house or kitchen	45.6	48.1	47.4	62.1	53.1	58.3	24.1	16.7	21
In the compound	20.4	18.5	20.1	20.7	31.3	25.2	32.8	28.6	31
In private or public place by paying	2.9	0	1.9	4.6	0	2.6	0	0	0
Going to rivers	6.8	16.7	10.4	11.5	15.6	13.2	-	40.5	17
In the latrine	12.6	1.9	9.1	1.1	0	0.7	43.1	14.3	31

Older People's Sanitation and Hygiene Conditions:

As shown in table 5, in Oromia region, 44% (38% urban and 51% rural) washed once per week, 34% (36% urban and 31% rural) once per month, 6% (8% urban and 5% rural) twice a week, and the remaining 5% (4% urban and 6% rural) washed their body every two weeks.

In Amhara region, 37.5% (38.5% urban and 35.9% rural) washed their bodies once a week, 15.6% (10.4% urban and 23.4% rural) twice a week, 20.6% (26% urban and 12.5% rural) every two weeks, and the remaining 26.3% (25% urban and 28.1% rural) once a month.

In SNNP about 27% (37.9% urban and 1.9% rural) of the surveyed respondents washed their body once per week. The majority 70% (58.6% urban and 85.7% rural) washed themselves less frequently, every two to four weeks.

In Oromia region, 46% (44% urban and 49% rural) of the surveyed respondents wash their clothes rarely or when possible, 30% (44% urban and 2% rural) every week, 14% (6% urban and 31% rural) monthly, and 10% (18% urban and 7% rural) every two weeks. Table 5 also shows that in Amhara region, about 35.9% (40% urban and 19.9% rural) washed their clothes every two weeks, 30.5% (31% urban and 29.9% rural) once a month, 17.4% (18% urban and 16.4% rural) rarely or when it was possible, and 16.2% (11% urban and 23.9% rural) once a week. In SNNPR, 24% (27.6% urban and 19% rural) of the respondents washed their clothes by themselves and 76% (72.4% urban and 81% rural) had their clothes washed by their family members.

Table 5. Sanitation and hygiene conditions

Conditions	Oromia (%)			Amhara (%)			SNNP (%)		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Frequency of washing bodies:									
Once a week	38	51	44	38.5	35.9	37.5	37.9	11.9	27
Twice a week	8	5	6	10.4	23.4	15.6	3.4	2.4	3
Every two weeks	4	6	5	26	12.5	20.6	56.9	64.3	60
Once a month	36	31	34	25	28.1	26.3	1.7	21.4	10
Frequency of washing clothes:									
Weekly	44	2	30	11	23.9	16.2	67.2	45.2	58
Every two weeks	7	18	10	40	29.9	35.9	20.7	9.5	16
Monthly	6	31	4	31	29.9	30.5	8.6	19	13
Rarely/when possible	44	49	46	18	16.4	17.4	3.4	26.2	13
Responsibility for washing clothes:									
Myself	26	24	25	32.7	31.3	32.1	27.6	19	24
Family members	74	71	73	61.4	53.7	58.3	72.4	81	76
Neighbours	-	6	2	5.9	14.9	9.5	0	0	0

As seen in table 5, 73% (74% urban and 71% rural) of the older people had their clothes washed by their family members and only 25% washed by themselves. In Amhara region, 58.3% (61.4% urban and 53.7% rural) reported that their family members were responsible for washing their clothes, 32.1% (32.7% urban and 31.3% rural) washed their clothes by themselves, and 9.5% (5.9% urban and 14.9% rural) had them washed by their neighbours.

3.5. Older People's Health Status and Access to Health Services

Health is a priority issue for older people. At an individual level, the capacity to earn a living or participate in family and community life, as well as enjoy a sense of personal wellbeing are all governed by health status.

3.5.1. Older People's Disabilities and Health Impairments

The respondent's health status is the most important determinant to being productive. The Oromia survey result has indicated that 31.8% (29.2% male and 35.4% female) have one or more type of impairments such as visual (20.8%), physical weakness (11.7%), hearing (10.4%) and mobility (5.2%) due to ageing. In addition, 35.7% mentioned that they suffered from chronic disease, with 20.8% suffering from eye diseases, 8.4% hypertension, 7.1% respiratory diseases, 5.2% heart disease, 4.5% neurological problems and 3.9% urinary diseases.

In Amhara region, among all respondents, 54.2% (48.8% male and 59.3% female) reported they were currently affected with one or more types of impairments. The types of impairment that affect their day-to-day activities include; 38.5% (47.5% male and 31.4% female) physical weakness; 31.9% (30% male and 33.3% female) visual problem; 14.3% (7.5% male and 19.6% female) mobility problem; 8.8% (10% male and 7.8% female) hearing problem; and the remaining 6.6% (5% male and 7.8% female) psychiatric problem.

In SNNP, the survey result has indicated that 41% (48.6% female and 36.5% male) reported having one or more types of impairment such as visual, physical weakness, hearing and mobility due to ageing. Mostly in rural areas, 28% (40.5% female and 20.6% male) of the respondents had visual impairment, while 18% had physical weakness, 14% hearing and 6% mobility impairments that affect their day-to-day activities. In addition, 44% mentioned that they suffered from chronic diseases.

3.5.2. Access to Health Services

In Oromia Regional State, as indicated in table 6, about 52.6% (56.3% urban and 45.1% rural) have been ill and visited health facilities during the last six months before the interview date, but 42.2% (47.6% urban and 31.4% rural) got treatment from different health facilities.

In Amhara, 55.4% (53.7% male and 57% female) replied that they were sick in the last six months, but only 48.2% (46.3% male and 50% female) received medical treatment in the last six months; however, the number of older people who received treatment was about 52% (43.2% urban and 57.1% rural).

Overall, the number of female respondents accessing free service was less than that of the male particularly in rural areas. Besides lack of money, poor service quality and long distance from their village were the major problems that discourage respondents from visiting health facilities.

3.5.3. Means of Transport in Case of Emergency

Table 6 shows the transportation methods used by the majority of older people. In Oromia region, 26.6% (18.4% urban and 43.1% rural) of the respondents went to health facilities on foot, while 15.6% hired a taxi, 13% were carried by neighbours, 11% used an ambulance and 3.9% (all rural) went by horse or mule during emergency medical need.

In Amhara region, the transportation methods used by 39.7% (43% urban 35.4% rural) of the respondents to go to health facilities for emergency medical need was on foot, 35.8% (22.1% urban and 53.8% rural) of them were carried by people, either by their own family members or neighbours, 12.6% (16.3% urban and 7.7% rural) rented cars, 8.6% (15.1% urban only) used the ambulance, and 3.3% (3.5% urban and 3.1% rural) used horse or mule.

In SNNP, the transportation methods used by 32% (25.9% urban and 40.5% rural) of the respondents to go to health facilities during emergency medical need was on foot, while 28% were carried by other people or neighbours, 26% rented a car, 9% (all rural) went by horse or mule and 5% used the ambulance.

Table 6. Impairments, access to health centres and means of transport in case of emergency

Impairments and health access	Oromia (%)			Amhara (%)			SNNPR (%)		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Respondents who had impairments	26.2	43.1	31.8	56.4	50.7	54.2	39.7	42.9	41
Type of disability:									
Visual	14.6	33.3	20.8	33.3	29.4	31.9	22.4	35.7	28
Weakness	10.7	13.7	11.7	42.1	32.4	38.5	19	16.7	18
Hearing	6.8	17.6	10.4	10.5	5.9	8.8	10.3	19	14
Psychiatry	0	0	0	5.3	8.8	6.6	0	0	0
Mobility	5.8	3.9	5.2	8.8	23.5	14.3	6.9	4.8	6
Chronic health problems	30.1	47.1	35.7	48.5	61.2	53.6	41.4	47.6	44
Access to the health facilities:									
OP were sick in the last 6 months	56.3	45.1	52.6	54.5	56.7	55.4	70.7	59.5	66
OP taking treatment in the last 6 months	47.6	31.4	42.2	50.5	44.8	48.2	58.6	42.9	52
OP treated in public health centres:									
Free	29.2	17.6	26.2	31.4	0	18.4	29.4	27.8	28.8
With payment	45.8	41.2	44.6	56.8	33.3	39.2	41.2	44.4	42.3

Table 6: *Contd.*

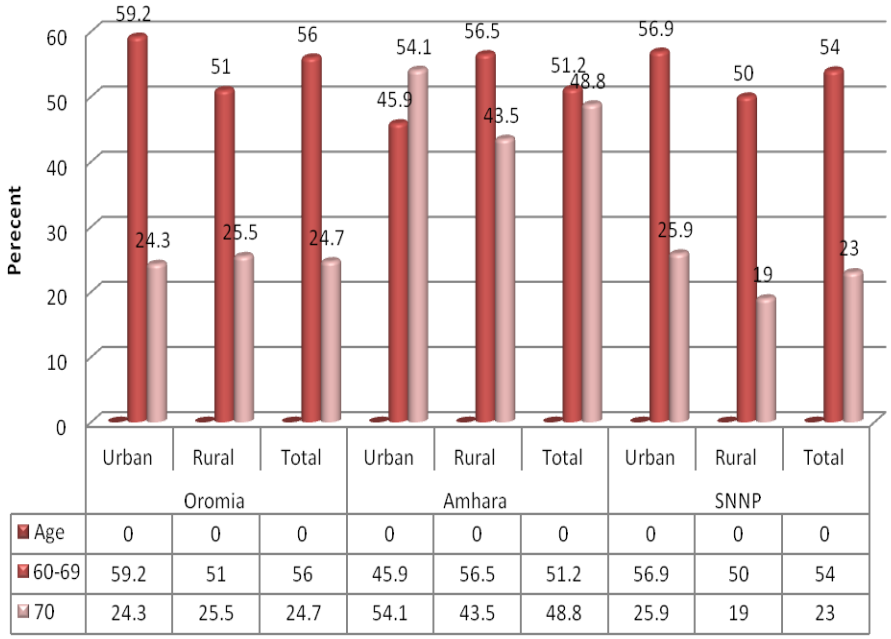
Impairments and health access	Oromia (%)			Amhara (%)			SNNPR (%)		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
OP treated in private health centres:									
Free	6.3	5.9	6.2	11.7	23.4	14.2	2.9	0	1.9
With payment	18.8	35.3	23.1	0	43.4	28.1	17.6	27.8	21.2
NGOs (Free)	0	0	0	0	0	0	8.8	0	5.8
Means of transport in case of emergency:									
On foot	28.4	43.1	26.6	43.0	35.4	39.7	25.9	40.5	32
Car rented	21.4	3.9	15.6	22.1	53.8	35.8	24.1	33.3	28
Carried by people	4.9	29.4	13	3.5	3.1	3.3	43.1	2.4	26
Ambulance	16.5	0	11	15.1	0.0	8.6	6.9	2.4	5
On horse or mule back	0	11.8	3.9	16.3	7.7	12.6	0	21.4	9

3.6. HIV and AIDS

HIV and AIDS remains the major public health concern and development challenge that hampers the efforts made for economic growth and poverty reduction in Ethiopia as well as in the study areas. Hence, awareness of how HIV is transmitted and prevented is vital to enable people to avoid HIV infection.

Respondents' Awareness of HIV and AIDS:
As illustrated in fig. 4, about 56% of the respondents (59.2% urban and 51% rural) in Oromia region were those in the 60-69 and 70+ age groups. About 24.7% (24.3% in urban and 25.5% rural) of these respondents have confirmed that they have heard about HIV and AIDS.

Figure 4. Older People's Awareness of HIV/AIDS by Age



In Amhara region, about 51.2% (45.9% urban and 56.5% rural) respondents were those in the 60-69 and 70+ age groups. Some 48.8 %(54.1% urban and 43.5% rural) of the respondents have confirmed that they have heard about HIV and AIDS.

In SNNP, 77% of the respondents (82.8% urban and 69% rural) have confirmed that they have heard about HIV and AIDS.

Sources of Information about HIV and AIDS:

As has been indicated in table 7, in Oromia region, the radio was the major source of information for 44.8%, followed by health workers for 37.7% and family members or friends for 16.9%. In Amhara region, 50% (64.6% in urban and 28.4% in rural areas) of them heard about HIV and AIDS for the first time through the mass media, 25.3% (20.2% urban and 32.8% rural) heard from friends, 17.5% (7.1% urban and 32.8% rural) heard from health workers, 15.7% (19.2% urban and 10.4% rural) heard from their family members and the remaining 0.6% (1.5% in rural areas only) knew from brochures or posters. In SNNP, the radio was the major source of information for 49%, followed by health workers for 43% and family members or friends for 13%.

Older People's Knowledge about the Modes of HIV Transmission:

In Oromia region, the respondents are not adequately aware of the major modes of HIV transmission and the programmatically important (faithfulness to one partner, condom use and abstinence) ways of preventing HIV and AIDS. Only 21.4% and 11% were able to identify three and four modes of HIV transmission, respectively. Likewise, nearly 18.8% were able to identify two programmatically important ways of preventing HIV and AIDS while about 5.2% only identified three ways of preventing HIV and AIDS.

In Amhara region, 34.5% (34.3% urban and 34.8% rural) mentioned HIV transmission through sexual contacts, 27.3% (14.5% urban and 12.7% rural) indicated correctly three modes of HIV transmission, 24.8% (20% urban and 4.8% rural) mentioned correctly two modes of HIV transmission, 7.3% (5.1% urban and 10.6% rural) of them stated correctly four modes of HIV transmission.

In SNNP, the respondents were not adequately aware of the major modes of HIV transmission and the programmatically important (faithfulness to one partner, condom use and abstinence) ways of preventing HIV and AIDS. Only 23% and 9% were able to identify three and four modes of HIV transmission, respectively. Likewise, nearly 17% were able to identify two programmatically important ways of preventing HIV and AIDS while 4% only identified three ways of preventing HIV and AIDS. From this, one can understand that there is no deep awareness of ways of HIV and AIDS transmission and prevention among the surveyed older people.

Table 7. HIV and AIDS awareness

OP's awareness and situation	Oromia (%)			Amhara (%)			SNNP (%)		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Source of information:									
Radio	47.6	39.2	44.8	64.6	28.4	50	53.4	42.9	49
Health workers	42.7	27.5	37.7	0	0	0	46.6	38.1	43
Family members or friends	18.4	13.7	16.9	39.4	43.2	41	15.5	9.5	13
Brochures or posters	0	0	0	0	1.5	0.6	0	0	0
OP identifying two modes of HIV transmission	0	0	0	20	4.8	24.8	0	0	0
OP identifying three modes of HIV transmission	23.3	17.6	21.4	14.5	12.7	27.3	25.9	19	23
OP identifying four modes of HIV transmission	11.7	9.8	11	5.1	10.6	7.3	12.1	4.8	9
OP identifying two ways of preventing HIV and AIDS	20.4	15.7	18.8	15.7	13.9	14.2	19	14.3	17
OP identifying three major ways of preventing HIV and AIDS	5.8	3.9	5.2	7.1	9.3	8.6	5.2	2.4	4
OP identifying four major ways of preventing HIV and AIDS	0	0	0	3.1	1.2	2.5	0	0	0
OP receiving any medication	17.5	13.7	16.2	68.3	74.2	70.7	15.5	11.9	14
VCT service availability	30.1	21.6	27.3	42.4	61.2	50	27.6	21.4	25
OP tested for HIV	16.5	11.8	14.9	31.7	33.3	32.3	15.5	9.5	13

Table 7. *Contd.*

OP's awareness and situation	Oromia (%)			Amhara (%)			SNNP (%)		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Last time tested:									
6-9 months	10.7	3.9	8.4	6	9.5	9.5	15.5	9.5	13
> one year	5.8	7.8	6.5	4.8	2.4	7.1	0	0	0
Place where tested:									
Health centre	6.8	2	5.2	56.3	87	69.1	12.1	9.5	11
Health post	0	0	0	9.4	4.3	7.3	0	0	0
Hospital	5.8	2	4.5	31.3	4.3	20	3.4	0	2
Mobile HCT centre	3.9	7.8	5.2	3.1	4.3	3.6	0	0	0
Knowing person who lives with AIDS	45.6	31.4	40.9	57	65.2	60.2	44.8	28.6	38
OP caring for patients with HIV	8.7	5.9	7.8	15.8	12.1	14.4	6.9	2.4	5
OP who lost their supporter due to AIDS	14.6	7.8	12.3	7.2	9.5	8.1	10.3	4.8	8
OP who care for orphans	9.7	5.9	8.4	5.1	4.8	5	5.2	4.8	5
OP who know traditional practitioners who are exposed to HIV and AIDS	49.5	45.1	48.1	63.6	22	48.1	29.3	19	25

VCT Service and Other Related Factors:

In Oromia region, availability of VCT service was found to be low, with only 27.3% reporting the availability in their proximity and 14.9% tested for HIV. Inadequacy of HCT services could be related to absence of a programme designed for older people, problems of transportation, capacity and shortage in supply. About 40.9% of respondents have seen a person infected by HIV and AIDS in their community. In most cases, such a person was a volunteer who exposed himself or herself while teaching the community or a family member.

In Amhara region, 50% (42.4% urban and 61.2% rural) reported that there was VCT service in their residential areas, 32.3% (31.7% urban and 33.3% rural) have had experience of HIV test in their life time and, among these respondents, 9.5% (6% urban and 9.5% rural) confirmed that the test for HIV was taken less than six months ago, whereas 7.1% (4.8% urban and 2.4% rural) were tested for HIV one year ago.

The survey has also tried to assess if there was a person living with HIV and AIDS (PLHIV) that the respondents care for. In Oromia region, 7.8% of the respondents have confirmed that they cared for some. Furthermore, 12.3% have lost due to AIDS a person who was supporting them, while 8.4% disclosed their caring for orphans who lost their parents due to AIDS.

In Amhara region, 14.4% (15.8% urban and 12.1% rural) currently care for HIV patients, while 8.1% (7.2% urban and 9.5% rural) of them care for orphans who lost their parents due to AIDS, and 48.1% (63.6% urban and 22% rural) knew a person who was engaged in traditional healing practices.

In SNNP, 5% of the respondents have confirmed that they cared for AIDS patients. The survey also pointed out that about 8% have lost due to AIDS a person who was supporting them, while 5% were caring for AIDS orphans. From the findings, it seems that older people have not been highly affected by the impact of HIV and AIDS. Only one-fourth of the respondents know older people who were engaged in traditional healing practices and exposed themselves or their clients to HIV and AIDS infection.

3.7. Access to Education and Skills Training

The Madrid International Plan of Action on Ageing (MIPAA) makes explicit reference to the importance and value of lifelong learning. Specifically, it states that there should be equality of opportunity throughout life with respect to continuing education, training and retraining as well as vocational guidance and placement services. Furthermore, it mentions that there ought to be full utilisation of the potential and expertise of persons of all ages, recognising the benefits of increased experience with age. This includes recognising and appreciating the value of intergenerational transmission of customs, knowledge and tradition.

The importance of providing effective and adequate vocational guidance and training for older workers is reflected in the Human Resources Development Recommendation of the ILO, adopted in June 1975. The recommendation acknowledges that training for particular groups of the population such as older people can enhance equality in employment and improve integration into

society and the economy. Despite the advantages that training offers to older workers, opportunities for them to engage in training remain limited.

The National Plan of Action for Older People (NPAOP) also emphasises that it is only when the rights of all citizens to education and training are ensured, without gender and age discrimination, that the country can enhance productivity and achieve sustainable development.

Moreover, NPAOP calls for all actors to contribute their share towards educating and training older people: "... it is the responsibility of all concerned bodies to promote the rights of older people to learn, acquire knowledge and get training by creating and raising awareness among educational and training institutions, mass media and the society in general..." (MoLSA 2006). However, the survey findings show that older people's access to training and education is extremely low at present. The focus group participants have also identified lack of training and education opportunity as one of the factors that worsen the level of older people's vulnerability.

Older People Who Participate in Skills Training:

Enabling older people to upgrade continually their skills is also an important way to combat age discrimination and negative images of ageing. Whether a person continues to work or shifts to volunteering, up-to-date skills are a valuable asset. Older people have the right to access education and training and modern methods of working and technology. However, the reality on the ground is different. For instance, only 9.7% (15.7% male and 1.5% female), 9.5% (5.7% male and 9.4% female), and 7% (3.2% male and 13.5% female) received short-term trainings in Oromia, Amhara and SNNP Regional States, respectively.

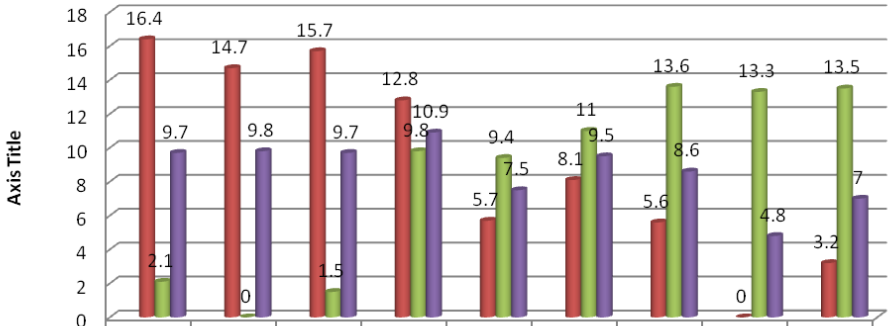
Types of Skills Training Provided to Older People:

As has been shown in table 8, in Oromia region, 53.3% of the respondents received training about HIV and AIDS, 26.7% received embroidery training and 20% received TBA training. In Amhara region, the types of training that are provided to older people include the following: 50% (54.5% urban and 40% rural) have received short-term training on HIV and AIDS prevention, 25% on traditional birth attendants and 26.7% on embroidery training. In SNNP, Traditional Birth Attendant (TBA) training was given to 57% of the respondents (50% rural and 40% urban), followed by weaving training to 43%.

Training Organisers for Older People:

In Oromia region, NGOs provided training for 60% of the respondents, whereas 40% received training provided by government bodies. In Amhara region, 31.3% (36.4% urban and 20% rural) of the skills trainings were organised by government institutions while the remaining 68.8% (63.6% urban and 80% rural) were sponsored by NGOs. In SNNP, 29% of the trainings were mainly organised by NGOs whereas 71% was provided by the government.

Figure 5. Older People's participation in Skills training



Sex									
Male	16.4	14.7	15.7	12.8	5.7	8.1	5.6	0	3.2
Female	2.1	0	1.5	9.8	9.4	11	13.6	13.3	13.5
Total	9.7	9.8	9.7	10.9	7.5	9.5	8.6	4.8	7

Older People Seeking Training and Types of Training for the Future:
In Oromia Regional State, 55.2% (64.6% urban and 34.1% rural) of respondents have an interest in skills training. The types of the training sought were: 59.2% (57.1% urban and 2% rural) were interested in handicrafts training, 34.7% (all urban) in any income generating activity, 4.1% in agricultural or livestock production.

In Amhara Regional State, 35.1% (30.7% urban and 41.8% rural) of them sought future skills training; the types of training include: 14.3% (13.9% urban and 14.9% rural) were interested in any type of training, 9.5% (9.9% urban and 9% rural) in handicrafts, 7.1% (6.9% urban and 7.5% rural) in HIV and AIDS care and the remaining 4.2% (10.4% rural) in primary health care.

Overall, a great number of respondents have no interest in participating in a short-term skills training for the following reasons: health problem, lack of awareness (of the benefits of training), problem of old age (physical weakness), lack of work for older people, lack of money, and so on.

Table 8. Type of skills training, organiser and future interest

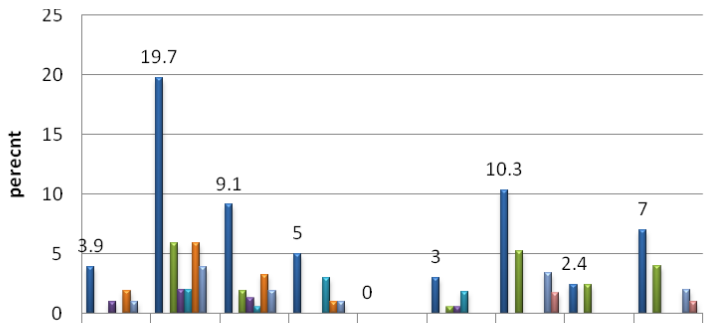
Training type and need	Oromia (%)			Amhara (%)			SNNP (%)		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Training type:									
Traditional birth attendant (TBA)	30	0	20	18.2	40	25	40	50	57.1
Embroidery training	30	20	26.7	30	20	26.7	0	0	0
HIV/AIDS training	40	80	53.3	54.5	40	50	0	0	0
Weaving	0	0	0	0	0	0	60	0	42.9
Organised by:									
Government	10	100	40	36.4	20	31.3	60	50	71.4
NGOs	90	0	60	63.6	80	68.8	40	0	28.6
OP who seek future training	64.6	34.1	55.2	30.7	41.8	35.1	36.2	26.2	32
Type of training sought:									
Any training	0	0	0	13.9	14.9	14.3	0	0	0
Handicraft	57.1	2	59.2	9.9	9	9.5	0	0	0
HIV/AIDS training	0	0	0	6.9	7.5	7.1	0	0	0
Primary health	0	0	0	0	10.4	4.2	0	0	0
Income generating activities	34.7	0	34.7	0	0	0	0	0	0
Wood/Material works	2	0	2	0	0	0	0	0	0
Weaving and spinning	0	0	0	0	0	0	13.8	7.1	11
Embroidery	0	0	0	0	0	0	22.4	19	21
Agri./livestock	2	2	4.1	0	0	0	0	0	0
Reasons for not seeking training:									
Health problem	71.4	0	71.4	0	0	0	6.9	14.3	10
Lack of awareness	0	0	0	6	0	3.6	0	0	0
Old age	21.4	0	21.4	5	0	3	0	0	0
No work for OP	0	0	0	0	0	0	5.2	11.9	8
Lack of money	7.1	0	7.1	0	0	0	3.4	2.4	3

3.8. Credit Sources and Facilities

***Credit Access and Purpose of Taking Loan*:**
In Oromia Regional State, although the government facilitates credit service under special terms and conditions, older people's access to credit service was found minimal (9.1%) in the survey area. Out of the total credit users, only 1.3% of the respondents have reported using loans for house construction, 1.9% for purchasing agricultural inputs, 3.2% for livestock rearing and 0.6% for consumption.

In Amhara region, as reported by the micro finance experts, the existing credit policy has three modalities. The first type is individual modality regardless of age, but collateral is a pre-requisite to access such services. The second type is group modality. It can be either under a group pressure or group liability as a means of collateral to access such types of credit facilities. The third type is a matching fund where the government itself is involved or takes responsibility as a guarantor, particularly to the marginalised groups, due to lay off or and other reasons. The amount of credit which is available under this situation is much higher than the other the two.

Figure 6. Older People's Access to Credit and Purpose of Taking



	Oromia			Amhara			SNNP		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Ops who took credit	3.9	19.7	9.1	5	0	3	10.3	2.4	7
Purpose of Taking loan									
For agriculture Inputs	0	5.9	1.9	0	0	0.6	5.2	2.4	4
For constructing houses	1	2	1.3	0	0	0.6	0	0	0
For consumption	0	2	0.6	3	0	1.8	0	0	0

However, the major target groups of such services are the workers particularly from ages 18 to 60 only. The older people who are 60 years and

above are not included as workers in the regional and federal context. Under any circumstance, the older people who are over 60 years have no right to access credit for the second and third types of modalities that have been already discussed above. For this reason, the older people who received credit facilities in Amhara region are insignificant. As shown in Fig. 6, only 3% were able to receive loan service. From the total credit users, 0.6% of the respondents have reported using loans for purchasing agricultural inputs and house construction, and 1.8% for consumption.

In SNNP also, older people's access to credit service was significantly limited, with only 7% of the respondents receiving loan for various purposes. Out of the total credit users, only 28.6% of the respondents have reported using their loan for business purposes, while 57.1% of them reported spending it on purchase of agricultural inputs and 14.3% to cover medical costs.

Respondents by Credit Source and Related Issue:

As illustrated in table 9, Liyu Micro Finance was reported to be a major source of credit, while Amhara Micro Finance and Credit Service was the major source of credit in Amhara Regional State, and Omo & Sidama Micro Finance the major one in SNNPR.

In Oromia region, the loan amount that was provided to older people varied from 1500 Birr up to 10, 000 Birr. Most of the respondents (2.6%) indicated that their loan amount was 5,000 Birr. Similarly, 1.3% of the respondents stated that their loan amount was 6,000 Birr. The interest rate was fair enough for only 9.1%. More than half of the users have also got a grace period of 1 to 12 months. There was 0.6% default on credit repayment due to lack of money and inability to manage. Out of the total respondents, 56.5% reported that they had a capacity to manage credit and 50.6% of them were interested in individual loan modality, while only 5.8% of the respondents were attracted to the group modality.

In Amhara region, the amount of loan which is provided to older people varied from 500 Birr up to 3,000 Birr. The interest rate was fair enough for only 2.4% while 3% got a grace period of 1 to 12 months. However, there was no report of default committed on loan repayment. The sample survey also shows that 33.9% of them had a capacity to manage credit while 96.5% of the respondents showed interest in individual loan modality. Only 3.5% of the respondents were attracted to the group modality.

In SNNP, most of the respondents (71%) indicated their loan amount was 3,000 Birr. Similarly, 29% of the respondents stated that their loan amount was 5,000 Birr. The interest rate was fair enough for only 29%. More than half of the users have also got a grace period of 1 to 6 months. There was report of 43% default committed on credit repayment due to lack of money and inability to manage. It is important to mention here that poor households, especially female-headed households, could not easily access formal credit sources since they were unable to meet the requirements set such as collateral and age. As a result, they were forced to take loan from informal sources with high interest rate. The issue was also raised during the focus group discussions at all levels. About

55% of the respondents confirmed their having the capacity to manage credit; the preferred loan form was individual loan modality.

Table 9. Credit source, loan amount and modality

Credit source	Oromia	Amhara	SNNP
Source of credit and interest rate:	N=154	N=168	N=100
Omo & Sidama Micro Finance	0	0	5
Amhara Credit Association	0	3	0
Credit Association	0.6	0	0
Local lender	0	0	2
Liyu Micro Finance	3.2	0	0
Oromia Credit Service	1.9	0	0
Vision for Community	1.3	0	0
Loan amount:			
500	0	0.6	0
1000	0	0.6	0
1500	0.6	1.2	0
2000	0.6	0	0
3,000	2.6	0.6	5
4000	0.6	0	0
5,000	2.6	0	5
6000	1.3	0	0
10000	0.6	0	0
Interest rate fair enough	9.1	2.4	2
Get adequate grace period	7.1	2.4	4
Grace period duration:			
1-6 months	0	0	4
1-12 months	5.8	3	0
Committed default on loan repayment	1.3	0	4
Reasons for default:			
Unable to manage	0	2.4	1
Lack of money	0.6	0.6	2
Capacity to manage credit	56.5	33.9	55
Preferred loan modality:			
Individual loan modality	50.6	96.5	55
Group loan modality	5.8	3.5	0

3.9. Livelihood Condition of Older People

Income Source:

Three types of income source have been identified at the household level: agricultural income, income other than agriculture, and remittance. The agricultural economy is the major income source among the studied respondents; however, it is characterised by subsistence mixed agriculture (crop farming and animal husbandry). Land and labour productivity are low and almost all the production system is dependant on nature.

In Oromia Regional State, the major income source includes: 31.8% (urban only) pension, 22.7% (all rural) agriculture, 18.8% remittance from relatives, 15.6% (urban only) house rent, 11.3% casual labour, 9.1% petty trade, 7.1% begging, 4.5% mixed agriculture, 4.5% livestock rearing and 3.9% care and support from families.

Table 10. Major source of household income

Source	Oromia (%)			Amhara (%)			SNNP (%)		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Agriculture	0	68.6	22.7	2	56.7	23.8	0	0	0
Livestock rearing	3.9	5.9	4.5	1	13.4	6	5.2	19	11
Mixed agriculture	0	13.7	4.5	1	11.9	5.4	0	0	0
Employment	12.6	2	9.1	7.9	0	4.8	12.1	0	7
Pension	47.6	0	31.8	11.9	7.5	10.1	12.1	0	7
Care and support	5.8	0	3.9	0	0	0	0	0	0
Begging	9.7	2	7.1	19.4	4.2	13.3	3.4	2.4	3
Petty trade	7.8	11.8	9.1	7.9	14.9	10.7	19	7.1	14
Casual labour	15.5	11.8	11.3	18.8	9	14.9	15.5	2.4	10
House rent	23.3	0	15.6	5.9	10.4	7.7	5.2	0	3
Remittance	21.4	13.7	18.8	24.7	25.4	25	15.5	4.8	11
Regular charity from institutions	2.9	0	1.9	3	3	3	0	0	0

In Amhara Regional State, the major means of income of older people are remittance from relatives (25%), casual labour (14.9%), begging (13.3%), petty

trade (10.7%), pension (10.1%), livestock rearing (6%), mixed farming (5.4%), and regular charity from institutions only 3% (see table 10).

In SNPP Regional State, the older people's major income relied on petty trade (14%), followed by livestock rearing and remittance from relatives (11%), casual labour (10%), employment (7%), and pension and house rent (3%).

Landholding and Land Use Patterns:

The livelihood of the surveyed rural respondents is determined by the availability, distribution and accessibility of land in traditional subsistence farming systems. Different dominant forms of land tenure systems were identified among the surveyed households. Apparently, landholding size is diminishing from time to time because of population growth. In addition, attempts were made to include all land use types by holding size. Table 10 conveys information on the respondents' landholding.

In Oromia region, different forms of land tenure systems were identified among the surveyed households; however, 71% of the respondents were landless. The area under cultivation in a particular year is mainly a function of oxen, labour and weather condition. From the total landholding, 67 hectares of land is currently cultivated and 29 hectares of land is used for grazing.

Table 11. Land holding

Type of tenure	No.	%	Land holding in hectare					
			Cultivated	Grazing	Forest	Others	Total	Average
Oromia:								
Own	44	28.6	67	29	3	4	100	2.27
Landless	110	71.4	-	-	-	-	-	-
Total	154	100	67	29	3	4	100	0.65
Amhara:								
Own	37	22	36.95	5	2	1	43.95	1.19
Rented	2	1.2	1	0	0	0	1	0.5
Both	1	1	1.6	0	0	0	1.6	1.6
Landless	128	76.2	0	0	0	0	0	0
Total	168	100	39.55	5	2	1	47.55	1.2
SNNP:								
Own	51	51	62.92	9.52	2.35	2.43	77.22	1.51
Rented	3	3	1.26	-	-	-	1.26	0.42
Landless	49	49	-	-	-	-	-	-
Total	100	100	64.18	9.52	2.35	2.43	78.48	0.78

In Amhara Regional State, all surveyed respondents are from rural areas. From the total sample of respondents, 22% of them have their own land, 1.2% have rented land, and only 1% have both their own and rented land as well. However, the great majority of the surveyed respondents (76.2%) are landless. From the total land, 39.5 hectares is cultivated land, 5 hectares is available for grazing, 2 hectares for forest and 1 hectare for other purposes. Overall, the average land size is about 1.2 hectares per household.

In SNNP Regional State, the majority (51%) of the respondents reported that they own their own land, with an average total land holding of 0.78 hectare, which is lower than the national average of 1.19 ha. All land owned could not be cultivated due to resource constraints. As in Oromia, the number of oxen has a strong determining role for the size of land cultivated each year. The average cultivated landholding among the surveyed respondents is 0.64 hectare of land per household.

Distribution of Respondents by Crop Production:

The farming system and crop production strategies in the surveyed areas are more or less the same as in all traditional subsistence agriculture. Subsistence farming of crop production is the dominant form of agricultural activity, where respondents are used to producing a number of crops in the year either for subsistence food, cash income or both.

The food crops on which data are collected are the ones that are commonly grown by the majority of peasants. These crops have been categorised into six groups for simplicity of description and comparison. The groups are cereals, pulses, oilseeds, vegetables and stimulant crops. Stimulant crops consist of chat.

In Oromia Regional State, as depicted in table 12, the major crops cultivated in order of their importance both in area of cultivation and number of surveyed respondents are: cereals (67.5%), vegetables 18.6%, pulses and oil crops 12%, stimulant crops such as coffee and chat 1.6% and fruits 0.4%.

In Amhara Regional State, the total annual production reported was about 1205 quintals. Of the total produce, cereals contribute 79.1%, pulses and oil crops 14.9%, and stimulant crops about 6% only.

In SNNP Regional State, the major crops cultivated in order of their importance both in area of cultivation and number of surveyed respondents are: cereals (87.8%), and pulses and oil crops (7.4%). Maize is a widely cultivated crop among cereals, while bean is widely cultivated among pulse crops, as confirmed during FGDs. Vegetables took up 1% of the area under cultivation and are produced by 3% of the respondents, while fruit cultivation is not reported. Red and green peppers, cabbage and onion are the major vegetable crops produced. Stimulant crops account for 3.8% of the production area and are produced by 10% of the farmers. The average rain-fed crop yield per hectare for major cereal crops is lower than the national average (ESA 2008/2009). The productivity of pulses, oilseeds, and vegetable crops is also below the national average. National productivity data includes those areas where farmers produce on degraded and marginal lands where yield per hectare is minimal.

Table 12. Crop production

Types of crops	Cultivated (%)			Production (%)			Consumption (%)			Sales (%)		
	Oromia	Amhara	SNNP	Oromia	Amhara	SNNP	Oromia	Amhara	SNNP	Oromia	Amhara	SNNP
Cereals	53.4	83	87.8	67.5	79.1	89.8	42.4	34.6	68.5	25.1	54.4	21.3
Pulses and oil crops	24.7	15	7.4	12	14.9	4.1	0.6	2.2	2.1	11.4	6.5	2.0
Vegetables	17.8	0	1.1	18.6	18.6	4.5	3.5	3.5	2.1	15.1	15.1	2.4
Fruits	2.7	0	0	0.4	0.4	0	0	0	0.0	0.4	0.4	0.0
Stimulant crops	1.4	2	3.8	1.6	6	1.6	0	0.2	0.8	1. 6	2.2	0.8
Total	100	100	100	100	100	100	46.5	36.9	73.5	53.5	63.1	26.6

Distribution of Household by Livestock Holding Type:
The main types of household livestock are cattle and small ruminants, poultry and equines. The number of cattle, small ruminants, poultry and equines is much higher in all rural samples than in the urban ones. For instance, as depicted in table 13, in Oromia Regional State, 23.3% of respondents in rural areas and only 2.7% in urban areas have oxen; in Amhara Regional State, 35.1% of the rural and 28.6% of the urban respondents have oxen while; in SNNP 42.9% of the rural and 3.4% of the urban respondents reported holding oxen.

Table 13. Household by livestock holding type

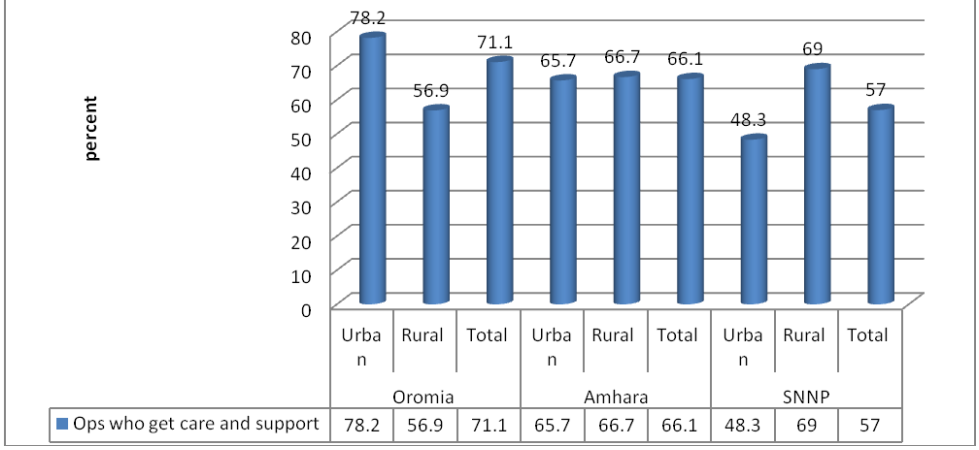
Livestock	Oromia			Amhara			SNNP		
	Urban (%)	Rural (%)	Average no. of livestock/ HH	Urban (%)	Rural (%)	Average no. of livestock/ HH	Urban (%)	Rural (%)	Average no. of livestock/ HH
Oxen	2.7	23.3	2.2	28.6	35.1	2.9	3.4	42.9	1.2
Cow	2.1	28.1	1.8	28.6	8.7	1.8	5.2	28.6	1.1
Small ruminants	2.1	16.4	3.9	14.3	39	4.9	13.8	83.3	2.6
Poultry	0	14.4	2.3	0	16.2	6	10.3	64.3	2.5
Equines	0	11	2	28.6	1.1	2	3.4	40.5	1.2

The average number of livestock held in each household of the three sample regions is relatively similar; however, the average number of the livestock is relatively higher in Amhara region than in the Oromia and SNNP Regional States.

3.10. Care and Support

Older People That Get Care and Support:
The families are still believed to be the main source of care for older people. Older people without family support end up begging in the streets or living in destitute condition around religious places. In Oromia region, 71.1% (78.2% urban and 56.9% rural), in Amhara region 66.1% (65.7% urban and 66.7% rural) and in SNNP 57% (48.3% urban and 69% rural) received care and support from different sources. Family members and relatives, community members, government institutions, and NGOs are the main sources of care and support. The types of support include: food, shelter, clothe, cash, medication and the likes.

Figure 7. Older People Receiving Care and Support



3.11. Food Security, Nutrition and Coping Mechanism

Food Security:

To analyse the magnitude of food crops and items available at household level, information was collected on whether their annual produce is enough to sustain their family members. In all sample regions (Oromia, Amhara and SNNP), both the individual survey results and focus group discussions indicated that food shortage was the most serious problem in urban and rural areas. Lack of family and community support (especially to childless older people and those who lost their children and spouse), little or no income, very high increase in price of food and other basic necessities, ill health and inability to pay medical expenses, lack of access to employment or income generating activities and absence of organisations that assist older people to engage in income earning activities were mentioned as the main causes of their current vulnerabilities.

In table 14, about 25.3% (21.4% urban and 33.5% rural areas) in Oromia, 29.2% (20.8% urban and 41.8% rural) in Amhara, and 51% (68.3% urban and 21.6% rural) of the respondents in SNNP Regional States have reported producing most food items by themselves.

In Oromia region, the survey result revealed that about 40.9% (38.8% urban and 45.1% rural) of the respondents have sufficient food throughout the year. In Amhara region, only 20.7% (18% urban and 25% rural) of them were able to secure their food throughout the year whereas in SNNP only 23% (27% urban and 16.2% rural) reported being food secure throughout the year.

In Oromia region, about 62.9% (66% urban and 56.3% rural) of the respondents revealed that they had food shortage for the last three months while

only 19% (21.4% urban and 14.3% rural) were able to eat the food the they preferred, 50% (54.8% urban and 47.6% rural) have experienced an occasion to go to sleep without food because of food shortage and 35.3% (28.2% urban and 50% rural) stayed the whole day without eating because of food shortage. Hence, households' food consumption from own production and income is clearly inadequate.

Table 14. Food security status

Status	Oromia (%)			Amhara (%)			SNNP (%)		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
HH that produce food items by them-selves	21.4	33.3	25.3	20.8	41.8	29.2	68.3	21.6	51
Food secure HH throughout the year	38.8	45.1	40.9	18	25	20.7	27	16.2	23
HH who faced food shortage in the last three months	66	56.3	62.9	61.4	44.8	54.8	47.6	50	49
HH who can eat the food they prefer	21.4	14.3	19	12.9	16.4	14.3	14.3	5.4	11
HH members sleep at night without eating food	44.7	61.2	50	55	61.9	57.7	33.3	43.2	37
HH members stay the whole day without eating food	28.2	50	35.3	39	63.1	48.5	23.8	35.1	28

In Amhara region 54.8% (61.4% urban and 44.8% rural) of the respondents confirmed that they were facing a severe food shortage in the last three months while only 14.3% (13.9% urban and 16.4% rural) were able to eat the food they preferred, 57.7% (55% urban and 61.9% rural) responded that they spent the night without food and 48.5% (39% urban and 63.1% rural) of them stayed the whole day without eating food (see table 14).

In SNPP, the survey result revealed that 49% (47.6% urban and 50% rural) of the respondents have been worried about household members' food supply during the last 3 months preceding the survey, while only 11% (14.3% urban and 5.4% rural) were able to eat the food they preferred, 37% (33.2% urban and 43.2% rural) have experienced an occasion to go to bed hungry because of food shortage and 28% (23.8% urban and 35.1% rural) went the whole day without eating because of food shortage. Hence, households' food consumption from own production and income is clearly susceptible to deficiency.

Coping Strategy:

In Oromia Regional State, the main coping strategies practiced by respondents to mitigate the effects of food shortage were: for 54.3% (53.3% urban and 56% rural) of respondents reducing food consumption, for 27.9% (32.2% urban and 20% rural) substituting with poorer quality food, for 54.3% (53.3% urban and 56% rural areas) substituting with cheaper food items, for 5.7% (all urban male) begging and for the remaining 2.1% (1.1% urban and 4% rural) replacing food item with wild plants.

Table 15. Major coping strategies during food shortage

Coping strategies	Oromia (%)			Amhara (%)			SNNP (%)		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Substitute with cheaper food	4.4	20	10	40.6	29.9	36.3	83	78	81
Substitute with poorer quality	32.2	20	27.9	3	17.9	8.9	59	53	56
Reduce consumption	53.3	56	54.3	18.8	23.9	20.8	34	22	29
Replace food item with wild plant	1.1	4	2.1	0	0	0	12	25	18
Begging	8.9	0	5.7	13.8	8.5	13.9	17	8	13

In Amhara Regional State, the major coping strategies during food shortage seasons were: for 36.3% (40.6% urban and 29.9% rural) of them substituting with cheaper food item, for 20.8% (18.8% urban and 23.9% rural) reducing consumption of food, for 13.9% (13.8% urban and 8.5% rural) begging,

and for 8.9% (3% urban and 17.9% rural) substituting the regular food with poorer quality food.

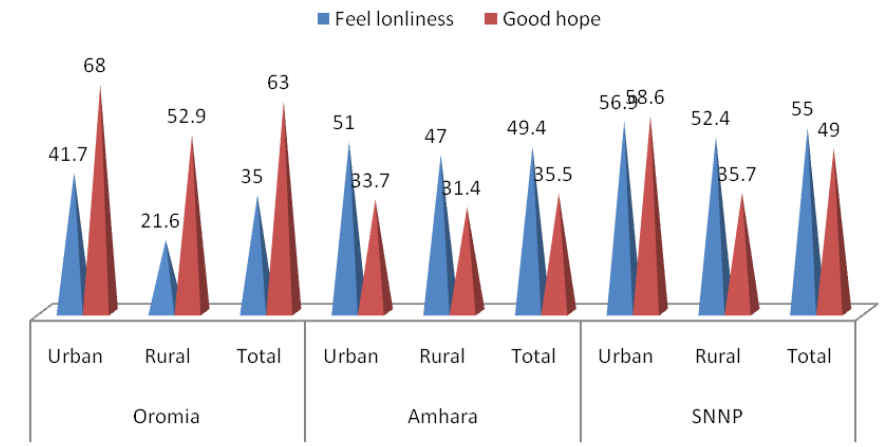
In SNNP, in general, change in food consumption behaviour is the most common coping strategy adopted by the respondents. Accordingly, 81% of respondents (83% urban and 78% rural) substituted with cheaper food items, 56% (59% urban and 53% rural) opted for poorer quality food, and 29% (34% urban and 22% rural) reduced their consumption of food, as coping strategies; these were supplemented by replacing food item with wild plants and sending children or others to live with others.

3.12. Social Contribution of Older People

Emotional State of Older People:

The survey collected information on the respondents' perception by asking whether they felt loneliness and if they had good hope about the future. As presented in Fig. 8, in Oromia Regional State, 35% of the respondents (41.7% of them in urban areas) felt lonely, and 63% were optimistic about the future (68% urban and 52.9% rural). Though it is not shown in figure 8, the data indicates that females in both residential areas felt more lonely and less optimistic than their male counterpart.

Figure 8. Older people's Loneliness and Optimism



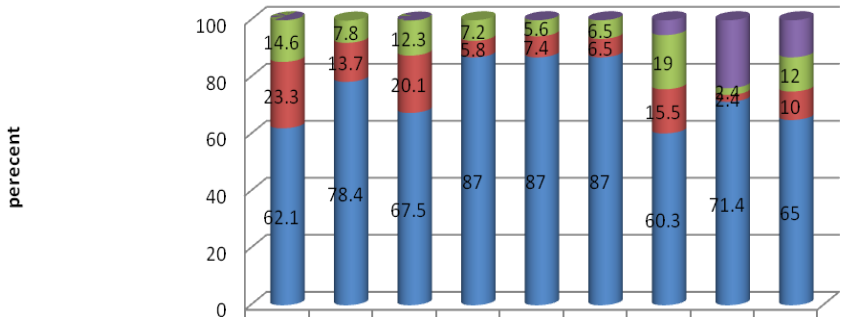
In Amhara Regional State, 49.4% (51% urban and 47% rural) of the respondents felt loneliness, while 35.5% (33.7% urban and 31.4% rural) felt

optimistic about their future life. In SNNP, 49% felt optimistic about the future (58.6% urban and 35.7% rural). Though it is not shown in the figure, the collected data has also indicated that females in both regions felt more lonely and less optimistic than their male counterpart.

Respondents' Roles:

A higher number of rural respondents had home management roles, while caring for grandchildren and the sick or impaired were the main roles for urban respondents (see Fig. 9). In Oromia region, older women took a greater role in home management than the men (67.5%), 7.2% were involved in caring for the sick or disabled, while the remaining 5.8% cared for children. In Amhara region, 87% of the respondents were engaged in managing homes, 6.5% were involved in caring for the sick or impaired, as well as for children. In SNNP region, major responsibilities of the respondents were: 65% were managing the home, 13% herding livestock, 12% caring for the sick or impaired, and 10% caring for children (Fig. 9).

Figure 9. Roles of Older People



	Oromia			Amhara			SNNP		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
livstock hearding	0	0	0	0	0	0	5.2	23.8	13
Carring for sick/impaired	14.6	7.8	12.3	7.2	5.6	6.5	19	2.4	12
Carring for children	23.3	13.7	20.1	5.8	7.4	6.5	15.5	2.4	10
Managing home	62.1	78.4	67.5	87	87	87	60.3	71.4	65

As indicated in table 15, about 21.4% (33.3% rural and 15.5% urban) of the surveyed respondents in Oromia Regional State had additional roles in the community such as: rendering traditional health services (1.9%), serving as traditional birth attendants (1.3%), and mediation during conflict (18.2%). In

general, women's roles in traditional health services and as birth attendants were higher than men's.

In Amhara Regional State, 14.3% (10.9% urban and 19.4% rural) of the sample respondents replied that they had additional roles in the community. Some of the roles in include: mediation during conflict (33%), traditional health service (9%) and traditional birth attendant (7%) (See table 16).

In SNNP Regional State, about 49% (36.2% urban and 66.7% rural) of the surveyed respondents reported additional roles in the community such as: traditional health services (9%), traditional birth attendant (7%), and mediation (33%). In general, women's roles in traditional health services and as birth attendants are higher than men's.

Table 16. Additional roles in the community and CBOs

Roles	Oromia (%)			Amhara (%)			SNNP (%)		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
OP's roles in the community	15.5	33.3	21.4	10.9	19.4	14.3	36.2	66.7	49
Type of roles:									
Mediation during conflict	14.6	5.9	18.2	1	3	1.8	25.9	42.9	33
Traditional health services	1	3.9	1.9	1	0	0.6	6.9	11.9	9
Traditional birth attendant	0	3.9	1.3	8.9	16.4	11.9	3.4	11.9	7

3.13. Rights to Protection and Participation

Rights to Protection:

The survey has made an effort to examine respondent's experience of discrimination within the household, in the community and in getting social services. Accordingly, in Oromia region, 14.9% reported experience of discrimination at various levels, while 85% did not. The reported discrimination took place mainly in accessing social services (5.8%), within the households (5.2%) and in the community (3.9%), with a higher proportion being in urban areas. The main reasons for discrimination are poverty, lack of awareness, lack of government support, and health problem (see table 17). Moreover, the survey result indicated that 16% of respondents have been victims of violence. Overall, more violence occurred in urban areas than in rural areas. The survey result also shows that 27.7% of older people were aware of human rights and older people's rights as well.

In Amhara Regional State, the survey results show that 17.9% encountered discrimination in households. The reported discrimination occurred in accessing social services (14.3%) and in the household (3.6%). Poverty (3%), lack of awareness 5.4% and not having a *Kebele* ID were some of the reasons for discrimination at all levels. Violence was experienced by about 12.5% (8.9% urban and 17.9% rural) of the respondents. The types of violence against older people include: physical assault (3%) (all female), harassment (2.4%) (4% urban), and insult (7.1%) (5% urban and 10.4% rural). The respondents were also asked to what extent they were aware of human and older people's rights: 27.4% of them had knowledge about human rights and older people's rights. In SNNP Regional State, the respondents' experiences of discrimination at various levels were 29%. The reported discrimination mainly took place in accessing social service (12%), in the community (9%), and in the household (8%). The respondents were also asked to what extent they were aware of human and older people's rights: 23% said they had knowledge about human rights and older people's rights.

Right to Participation:

Since participation begins with freedom of speech and expression, the surveyed respondents were asked whether they had this freedom in the household or the community. In Oromia Regional State, 63% of the respondents (71.4% urban and 74.8% rural) confirmed that they were free to speak and express themselves in the household. About 89.3% in Amhara region and 86% in SNNP said they had freedom to express their feelings at the household level.

Exercise of freedom of expression in any social affair in Oromia region was reported by 71%, which is lower than that reported by respondents in Amhara region (81%) and in SNNP region (81%). There is also a slight variation between the urban and rural responses particularly in Oromia and SNNP regions.

Table 17. Discrimination at all levels, reasons and violence against older people

Discrimination and violence	Oromia (%)			Amhara (%)			SNNP (%)		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Discrimination at all levels	15.5	13.7	14.9	19.9	14.9	17.9	22.4	38.1	29
Discrimination in social services	2.9	11.8	5.8	14.9	13.4	14.3	8.6	16.7	12
Discrimination in community	4.9	2	3.9	0	0	0	6.9	11.9	9
Discrimination in household	7.8	0	5.2	5	1.5	3.6	6.9	9.5	8
Reasons for discrimination:									
Poverty	6.8	9.8	7.8	5	0	3	6.9	23.8	14
Lack of awareness	4.9	3.9	4.5	5	6	5.4	12.1	11.9	12
Lack of government support	1.9	2	1.9	0	0	0	12.1	7.1	10
Not having *Kebele* ID	0	0	0	5	6	5.4	0	0	0
Disease related	1.9	0	1.3	0	0	0	3.4	11.9	7
Older people as victims of violence	17.5	11.8	15.6	8.9	17.9	12.5	5.2	14.3	9
Type of violence:									
Fraud	0	0	0	0	0	0	1.7	11.9	6
Insult	7.5	3.6	6.3	5	10.4	7.1	0	0	0
Harassment	6.3	5.7	6.1	4	0	2.4	1.7	2.4	2
Physical assault	3.7	2.5	3.2	0	7.5	3	1.7	0	1
Knowledge of older people's rights	24.1	21.4	23	27.7	26.9	27.4	24.1	21.4	23

The sample respondents were also asked if. In Oromia region, 9.1%, in Amhara region only 22.6%, and in SNNP 31% of the respondents confirmed that there were organisations that work on the rights of older people. As shown in table 18, about 21% in Oromia region, 48.8% in Amhara region, and 23% in SNNP region reported that *Idirs* allowed them membership. Also, 26.6% of the respondents in Oromia region, 22% in Amhara region and 20% in SNNP confirmed the existence of older people's association (OPA) in their area. On the other hand, 23% of members of OPAs in Oromia region, 40% in Amhara region, and only 13% in SNNP got benefits such as medical and financial support, free maintenance of house, shelter and food handouts from the association.

Table 18. Right to participation

Rights	Oromia (%)			Amhara (%)			SNNP (%)		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Freedom of expression at all level									
Freedom of expression in HH	71.4	74.8	63	86.1	94	89.3	89.7	81	86
Freedom of expression	78.6	73.4	71	74.3	85.1	78.6	81	81	81
OP rights organisations	11	7.8	9.1	31.7	9	22.6	53.4	0	31
Idir OP members	13.6	35.1	21	41.6	59.7	48.8	15.5	33.3	23
OPA in the area	14.3	29.9	26	9.9	40.3	22	34.5	0	20
OPA membership	5.2	11.7	10	7.9	25.4	14.9	22.4	0	13
OP benefiting from OPA services	11.7	28.6	23	12.5	52.9	40	22.4	0	13
Type of services:									
Medical support	0	0	0	0	0	0	22.4	0	13
Financial aid	5.7	3.2	4.6	0	6	2.4	0	0	0
Free house maintenance	0	0	0	1	7.5	3.6	0	0	0
Shelter	7.9	2.3	6.8	0	0	0	0	0	0
Food	4.1	0	1.2	0	0	0	0	0	0

3. 14. Focus Group Discussions and Key Informant Interviews

3. 14.1. Summary of FGD in Oromia, Amhara and SNNP Regional States

A comprehensive Focus Group Discussions (FGD) and Key Informant Interviews (KII) were conducted in Oromia, Amhara and SNNPR. This section presents the three FGDs (mixed group of older people, female and male group of older people) held in Amhare region (Bahir Dar city and Mecha *Woreda*) in Oromia (Adama city and Woliso *Woreda*) and in SNNP (Hawassa city and Hallaba Special *Woreda*).

Table 19. FGD distribution in Oromia, Amhara and SNNP Regions

	Oromia			Amhara			SNNP		
	Adama	Woliso	Total	Bahir Dar	Mecha	Total	Hawassa	Hallaba	Total
All male	8	8	16	8	11	19	12	8	20
All Female	8	8	16	8	8	16	12	9	21
Mixed Group	12	0	12	10	0	10	14	0	14
Total	28	16	44	26	19	45	38	17	55

The findings of each FGD were analysed under the following broad areas:

- Older people's participation in society and in the development of the country
- Older people's participation in formulation of policy, programme and action plan
- Older people's needs, awareness of employment opportunities, and credit facilities
- Intergenerational solidarity
- Older people's income security, social protection and vulnerability
- Older people's support by their families
- Older people's emergency situations
- Older people's understanding of public services
- Older people's housing and living environment

Older People's Participation in Society and in National Development:
The discussion participants pointed out that the older people were mainly involved in mediation role when conflict occurred between different individuals and groups of the society in their area. They actively participated in community-based organisations such as *Idirs* and *Mahbers*. Their participation also extended to community policy, and social arbitration.

The participation of older people in development activities in their area was insignificant. Older people were not aware of the existing policies, programmes, action plans or any other types of actions. Some of them confirmed that they knew the concerns of the government to some extent, but made no practical responses on the ground.

Older People's Participation in Formulation of Policy, Programme and Action Plan:

Most of the participants felt that they were not as important as other members of the community. They added, unless they were organised and strengthened, they did not expect anything from a few older people's participation.

Older People's Needs, Awareness of Employment Opportunities, Credit Facilities:

Many older people who had skills and physical and mental capacity were looking for a job in their surroundings. However, the employers, whether the government institutions or private companies and the informal sector, were not willing to employee them. The employers always gave priority to young people.

Some of the participants also pointed that they wanted to run their own business in cattle fattening, apiculture, urban agriculture, embroidery, spinning, poultry, and so on. The problem they faced was that no one responded to their demands such as access to land for older people's business and credit facilities. The existing credit policy of the financial institutions strictly prohibits loan access by older people. Hence, the older people felt marginalised by the government's credit policy and facilities.

Some of them would like to have a chance for a short-term training to involve in production or service business that they want to operate. They know they can be productive if the employment opportunities are available to them. However, those who are unable to be employed and who are unable to run their own business due to serious health problems have more concern in their daily life than the others. Whatever policies and strategies are designed to access job opportunities, credit facilities and so on, they are not in a position to utilise such opportunities due to their physical frailty; and their health conditions do not allow them to work properly. They would prefer if the government could appreciate and solve their special problem. They are badly in need of daily bread, shelter and clothing. In rural areas, there is no rural development initiative or programme for older people. Like any other members of the agrarian society, they joined cooperatives to get access to agricultural technologies.

No older person had participated in activities that identify either formal or informal employment opportunities. The situation of older persons in rural and urban areas is not significantly varied. However, the older people who have a plot of land in rural areas have better income than the urban older people. Besides, older people have no information about the older people intervention schemes in their localities and no idea whether the policies and programmes reflect and respond to the interest and needs of older persons.

Intergenerational Solidarity:
The interaction of older people with younger people who are not members of their families is too low. As reported by the older people, though older people have rich experience and knowledge, young people show little interest in dealing with older people.

The older people have no information about the policies or programmes that enhance intergenerational solidarity. However, the majority of older persons see themselves as being better in their experience, knowledge and overall interactions in comparison to the rest of members of the society, but they know their acceptance by the younger generation is too low. The overall perception of older people is highly characterised by their dependency, unproductiveness, physical weakness and poor health. Poverty is the major factor affecting older people both in rural and urban areas. The intergenerational solidarity is declining from time to time. In previous times, they were highly respected by the communities where they lived. Nowadays, the social ties between the younger generation and older people are loose.

Older People's Income Security, Social Protection and Vulnerability:
There is no formal source of financial support to the older people. A few of them are financially supported by the remittance from their family.

Income security exists only to those entitled to the formal social security (pension); however, their pension income does not cover all their expenses for basic needs such as food and clothing.

The only way for the vulnerable household headed by older and disabled people to respond to the hazard that occurs periodically is through begging. The leftover food from hotels and canteens is also a means of survival.

The regional Food Security, Disaster Prevention and Preparedness Bureau is implementing the productive safety net programme to support poor households, and the programme allows free food distribution to vulnerable groups, including older people in rural areas. However, there is no specific policy that addresses the needs of older people. The older people have no information on social transfer programmes targeting older and disabled people. Though it is not a regular way of support, the local community organisations such as *Idirs* and *Mahbers* are the sources of food support to vulnerable old people in their locality.

Older People's Support by Their Families:
Older people's dependency on their family originated from the multi-dimensional nature of poverty. Families' support for older people is considered as a morally obligatory duty in Ethiopian culture. There were three sources of support in the past: support from their own children; support from their relatives; and support from the community. The support depended on the existing situation of older people. Older people who had no child or relative benefited from the third option. But poverty and the modern life style of the society have eroded the traditional bondage. Overall, the problem is more aggravated in urban than in rural areas.

Older People's Emergency Situations:
As has been pointed out in the FGDs, the concern of the general population in emergency situations for older people is higher both in rural and urban areas. However, this is not the case in non-emergency situations.

Older People's Understanding of Government Services:
The only service that older people without income receive from the *kebele* office is a letter written to the government health centres for free medical treatment, but they are expected to pay for the drugs. Older people have no information about the health policy and access to free or subsidised drugs supply for older people. They need free medical support as they are highly vulnerable even to non-communicable diseases that require constant medical attention.

Older People's Housing and Living Environment:
Most of them live in a small single-room house that they rent from the *kebele* administration at low cost. The houses are too old and dilapidated, and need major maintenance. It is not safe in all seasons. The top of the roof leaks during the rains and lets light through during the hot season.

3.14.2. Summary of KII in Oromia, Amhara and SNNP Regional States

The key informant interview (KII) participants and the results are as follows:
- Bureau of Labour and Social Affairs
- Regional and *Woreda* OPAs Associations
- Women Youth and Children's Affairs Office
- Education Office
- Cooperatives Promotion Bureau
- Microfinance Development Institutions
- Land Administration and Environmental Protection Bureau
- Food Security, Disaster Prevention and Preparedness Bureau
- Health Bureau
- Finance and Economic Development Bureau
- Urban and Industry Development Bureau
- Religious Institutions.

Bureau of Labour and Social Affairs:
Older people's participation in the community and development: Ethiopia is one of the 159 signatory states of the UN that ratified the Madrid International Plan of Action on Aging. Article 41(5) of the FDRE Constitution addresses the older people's rights.

The 1989 E.C. (1996) Developmental Social Welfare Policy for older people and the FDRE Government's 10 year action plan (1998- 2007 EC) (2006-2015) are the major policies and programmes that have been formulated to promote the participation of older people in cultural, economic, political, and social life, lifelong learning and national development.

The older people that are currently targeted by a specific policy, plan or intervention at national, regional, *woreda,* and *kebele* level are those whose ages are 60 and above years. The policy does not distinguish between age groups, social status, economic status, family situation. In general, persons who are 60 and above years old are included because the existing situation of older people in the country is somewhat similar in all aspects. However, as it indicated by the regional BoLSAs and OPAs, the participation of older people in society and in development processes of the country is not impressive.

However, in Amhara region, the participation of older people extends to community police, conflict resolution and mediation role. They also serve as judges of social courts, participate in school committees, and in meetings where development issues and plans are prepared.

Older people's participation in government policy and programmes: The older people who are living in the three regions had never participated in government policy formulation and programme preparation, according to all the key informant institutions. Older people's issues had not been addressed and no intervention programme was prepared for them in the past, except coordinating the establishment of OPAs in the region. However, in Oromia Regional State, the South-West Showa Zone Bureau of Labour and Social Affairs reported that the Zonal and *Woreda* people's representatives were advised of the need for involving older people's in policy formulation and planning.

The respondents in the three regions emphasised the importance of older people' involvement in planning and policy formulation, which helps both to include issues of older people in policies and plans, and to contribute experience-based input to national policies and action plans. But some older people also complained that they were invited to various public meetings and forums only to open these with traditional blessings.

Older people's associations: As indicated by Oromia BoLSA, 208 OPAs were formed, registered and certified by *Kebele* and Zonal Administrations in the Region. However, the OPAs are in the process of forming a Confederation at the regional level. Three OPAs were established in Adama on different initiatives. The leader of the Adama Pensioner Elders Association said that the association was established to solve the problems related to pension, the way it was funded, and its amount. The Association leader said that some years before, older people from rural *kebeles* and *woredas* used to come to Adama to process their pension, during which they were mistreated and had to stay for over a month, suffering from burning sun heat and hunger. Moreover, their pension was too small to enable them to satisfy their basic needs and the payment procedure was bureaucratic. The Association was established to mitigate such problems.

In Amhara Regional State, 77 older people's associations with 16,214 members (8,181 male and 8,033 female) were established. The associations were formed at city, *Woreda*, and Zone levels. The structure of OPAs is expected to extend down to the *Kebele* level, in future.

The OPA structure has 10 committee members who are responsible for the overall activities of the association. These consist of a Chairperson, a

Deputy Chairperson, a Secretary, an Accountant, three Audit Committee members accountable to the General Assembly, a casher and two other members. Their duties and responsibilities are clearly stated in the memorandum of association of the older people.

In the SNNP Region, Kestedamena OPA was established in Hawassa city and had about 1,306 members (including 565 females). The Association has its own clinic called Kestedamena OPA Clinic, which is run by one nurse. The clinic provides treatment service only for its members, and is linked with Hawassa Health Centre for further treatment when necessary. However, members are not eligible for higher specialised treatment. The Association also tries to provide shelter for very needy older people. The shelter they have is not in good condition, but even this was made available with the support of a few OPA members. There was no observable support given by the government to the OPAs. There is no information on the establishment of an OPA in Hallaba Special *Woreda*. The regional OPA has an office in Hawassa city, but it is not well organised. The regional government provides little support; it could not even enforce the return of the land reserved for the older people.

OPA membership: Members are expected to contribute a membership fee of two Birr per month. The older people who could not afford paying monthly membership fee are not treated equally with those members who paid their fees. The service that is provided to the members by the OPA include: health service, promoting older people's rights; fundraising to meet older people's basic needs, including maintenance of older people's residential houses; marking annual Older People's Day to raise awareness of policy makers and the general public; participating in local development; mediation role in conflict resolution and reconciliation in the community as a whole. The major sources of finance of the OPA are monthly membership contributions and self-initiated individual fundraising. Personal data of each member is properly recorded.

Needs and problems of older people: The major challenges that have been mentioned by OPAs include: financial shortage, lack of appropriate skills training, lack of land for production and business premise, absence of permanent social security system, non-existence of older people care centre, and absence of NGOs and other social institutions who work for older people.

OPAs expect many types of support from the regional government to address their existing problems and challenges. The support they expect from the government can be categorised into two major groups: The first group includes support for the older people who are capable of producing by themselves; the second group consists of support for those older people who are unable to produce due to physical and mental frailty and other health problems.

The demand from the first group includes land for production and business premises to generate income. These older people have skills in animal fattening, backyard agriculture, handicraft, masonry, milling, apiculture, producing construction materials, trading, and so on. The second group need immediate support such as food, shelter, clothes and medical services. There is

also a need to establish a social security centre for the second group of older people.

Food, shelter, clothing and medical services are the major problems that are identified by the OPAs. The majority of women had no access to education, skills training and resources. For this and other reasons, the aggravating factors for older women are higher than for men.

Employment opportunities: There is no special work opportunity for older people. There is no tangible effort by either the government or other members of the public to create job opportunities for older people.

The existing social ties between older people and the rest of the society are too weak. It is common to see old persons begging for their daily bread in the streets. Most of them live alone even when they have their own home since their children leave them to start their own life.

There is no legal provision to promote access to credit for older people to start or to improve their business. The existing micro-finance institutions are strictly prohibited to provide any kind of credit facilities to the older people as the maximum age limit for credit facility is up to 60 years of age. Besides, they have little employment opportunities.

Care and support: There is no policy or programme regarding care for older people in the regions. *Idirs* and *Mahbers* (burial association and religious commemoration association, respectively) occasionally provide food to older people during such events. The majority of the older people are highly exposed to hunger in their day-to-day life.

Neglect, abuse and violence: While there is awareness of issues of neglect, abuse and violence of older people, there is no data available on the extent of these problems in the regions. An awareness-raising campaign is occasionally conducted by government institutions, particularly when the annual Older People's Day takes place. These efforts are fragmented.

Image of ageing: The image of ageing and older persons is generally viewed in a negative way. There are no campaigns to promote positive images of older people through the media or within the educational system.

Land Administration and Environmental Protection Bureau:

According to the Agricultural Development Office of Oromia Regional State, there is no special programme that promotes the participation of older people in agriculture. The existing programme focuses on youths and model farmers.

On the other hand, according to the Amhara Regional Land Administration Department, older people, both women and men, and orphans, are always privileged in the land usage system. In previous years, attention was not given to the older people in rural areas until a great number of older people lost their land without their will. The land administration report shows that more than 800 older people lost their land. It can be said that almost all older people who live in rural areas are illiterate. They entered into written agreements with

their own children or the person to whom they leased their land without knowing exactly what the contents of the agreement were. So, it was too late to reverse the agreement by the time they realised that the agreement had made them forfeit their rights to the land. It is also understood that the majority of the victims were women. When this problem was identified by the government, a special protection programme was formulated for older people in relation to land ownership. Nowadays, older people have the right to transfer the land in the form of gift after fulfilling the following preconditions. The person receiving a land gift from older people should provide full support and care to the latter for at least three consecutive years before the land is transferred to the caretakers. Besides, after the land transfer is made, the receiver is expected to continue his or her support. In this regard, the land administration office is responsible for assessing and monitoring the older people's situation all the time.

Older people are left behind by their children due to temporary migration in places identified as food insecure areas. Though there is little compiled data, older people are known to leave their place of permanent residence for temporary migration during food shortage seasons.

Currently, the land administration policy pays special attention to older people, including women, at all age categories. There are no gender-based discriminatory inheritance laws in the region.

In SNNP, the situation of older people is somewhat similar to the one in Amhara Regional State. As indicated by the Bureau, older people, both women and men, and orphans are always privileged in the land usage system.

Women, Children and Youth Affairs Bureau:
There is no policy, programme or action plan designed by the Bureau to address the issues of older women in the region.

Micro Finance Institutions:
There is no specific legal provision to promote access to credit for older persons.

Education and TVET:
All KIIs mentioned that the existing development programmes focus more on youths than on older people. So, there is no opportunity for skills training of older people after their retirement to sustain their livelihood or adapt their job to their physical capacity. Similarly, according to the Oromia Education Bureau, there is no special adult education programme designed for older people except the one for all adults. There is a plan on integrated adult education programme involving income security, agriculture, health, and environmental conservation. Likewise, in Amhara and SNNP Regional States, the regional education bureaus have no adult literacy programmes that include adults over 60 years of age.

Food Security, Disaster Prevention and Preparedness Bureau:
In Amhara Regional State, 64 *Woredas* were targeted under a special support programme of food security. Regardless of age, all persons who faced food shortage were supported by the safety net programme. According to the Bureau,

nearly 50% of the total beneficiaries of the safety net programme are older people.

During disaster situations, older people are treated like the rest of the society. In Oromia and SNNP regions, as there is no specific programme that targets the older people, they are treated like the rest of the society during disasters.

The regional Food Security, Disaster Prevention and Preparedness Bureau is implementing the productive safety net programme to support poor households; the programme allows free distribution of food to vulnerable groups including OVC and older people in rural areas. The older people, the disabled people, orphans and other vulnerable children, who cannot benefit from the productive safety net intervention, are supported by the direct transfers programme.

Health Bureau:

According to the regional health bureau, there is no special policy or programme to promote the good health of older people. Furthermore, the existing policy pays a special attention to those from 15 to 49 years of age, particularly on communicable diseases. However, the general status of older people in the regions is mainly affected by non-communicable diseases.

Finance and Economic Development Bureau:

The regional Finance and Economic Development Bureau, BoLSA and OPAs say that there are no NGOs providing services to older people in the region.

Cooperatives:

According to representatives of the regional cooperatives, they have no policy, programme or action plan that targets the older people. However, the services they provide, such as supply of industrial and agricultural inputs, market facilities, etc., and other services are equally provided with no age limitation.

Urban and Industry Development Bureau:

The Urban and Industry Development Bureau, too, has no policy, programme or action plan that provides specific benefits to older people.

Religious Institutions:

According to the regional BoLSA and OPA, except for the Ethiopian Orthodox Church in Hawasa city, there is no other religious institution planning to work with older people there.

Part IV
Conclusion and Recommendations

4. Conclusion and Recommendations

4.1. Conclusion

The problems of older people are well known at the global, continental and national level. At the global level, in 1990, the UN General Assembly designated October 1st as the "International Day of Older People". In 1991, the Assembly adopted the "United Nations Principles for Older People", encouraging governments to incorporate them into national programmes whenever possible. The Madrid International Plan of Action on Ageing (MIPAA) gave emphasis to the following two main objectives: i) equal access by older people to food, shelter, medical care and other services during and after natural disasters and other humanitarian emergencies; ii) enhance contributions of older people to the reestablishment and reconstruction of communities and the rebuilding of the social fabric following emergencies. In addition to this, the UN Developmental Social Welfare Policy and the National Plan of Action on Older People have recognised the major problems of older people.

At the continental level, the African Union Policy Framework and Plan of Action on Ageing (2000) (AUPFPAA) has also addressed the issues of older people at its 41st Ordinary Session held in Accra, Ghana, from 16 to 30 May 2007.

At the national level, the social welfare programme focuses on protecting the rights of and creating opportunities for participation of disabled and older people. Two main targets for social welfare are set in GTP. The first concerns establishing a standard social welfare scheme involving government, non-governmental agencies, older people and people with disabilities in the preparation and delivery. The second target refers to increasing the coverage of social security services based on the envisaged scheme.

The findings that emerge from the analysis of primary and secondary data are briefly summarised hereunder.

4.1.1. Current Housing Conditions of Older People

The housing condition of older people was found to be of a poor standard. Problem of access to shelter, including shortage of houses to rent and poor condition of the houses requiring major repair, were identified as some of the most important concerns of poor older people. Overall, the family size in each household is too large in comparison to the size of the rooms they live in. The households, particularly those who live in a single room, do not have enough ventilation or windows and this makes it unsuitable to live in with many family members.

4.1.2. Access to Water Supply, Sanitation and Hygiene Facilities

Most of the older people have poor access to safe and adequate water supply, and to hygiene and sanitation facilities, thus making them vulnerable to infection by communicable diseases. These diseases can be prevented and controlled easily through basic hygiene and environmental sanitation practice. The problem is more severe in rural than in urban areas, where the access is much lesser.

4.1.3. Older People's Health Status and Access to Health Services

Older people are known to be more at risk of suffering from various communicable and non-communicable diseases. However, despite the free medical service system put in place by the government, they have to buy drugs from private pharmacies and/or are given referral to private laboratories. In the final analysis, they are exempted only from payment for cards. The cost for medication and transportation to medical facilities is too high for them.

4.1.4. HIV and AIDS

Older people were found to be not adequately aware of the major modes of HIV transmission and the programmatically important ways of preventing HIV and AIDS; the availability of HCT service was found to be low. In addition, due to the devastating effect of the spread of HIV and AIDS and other causes related to poverty and unemployment, older people are obliged to take care of orphans and vulnerable children. This further aggravates their financial problem.

4.1.5. Access to Education and Skills Training

The need of older people for training and education is high but the opportunity is limited. The focus group discussants have identified lack of training and educational opportunity as one of the factors for older people's vulnerability and suggested providing them training especially on income generation.

4.1.6. Credit Facilities

Older people's access to credit services was significantly limited and this hinders their engagement in income generating activities. The existing credit policy only allows older people to access short-term loan for household consumption with collateral. But the credit amount is too small. Generally, older people are not even seen as a productive work force due to their age.

4.1.7. Food Security, Nutrition and Coping Mechanism

Food insecurity was rampant among older people, although the regional governments have recognised older people as a vulnerable group. However, the

efforts are either inadequate or not implemented according to the provisions in the legal and policy documents.

4.1.8. Care and Support

The surveyed older people get care and support mainly from their family members or relatives. Support from external bodies like government agencies, NGOs, religious institutions and the community is low.

4.1.9. Rights to Protection and Participation

The survey results suggest that respect to older people is still observable, but they encounter discrimination at household level and in accessing social services. They also suffer violence in the community.

4.2. Recommendations

4.2.1. Improve Housing and Living Environment

Improving the existing housing condition and overall environment of older people is crucial. The actions suggested in this regard are the followings:

- Initiate fundraising programmes that can provide poor older people access to residential homes.
- Design and implement programmes aimed at renovating and upgrading the homes of older people and/or building the capacity of older people to do it on their own.
- Design a programme of home-based care (for those with mobility problems), including meals on wheels (particularly for those facing food shortages and are unable to cook by themselves); set up older people's clubs (to facilitate older people's interaction and recreation); provide free legal services (to protect their rights and properties from others), day care (including food and health services for those who can move from one place to the others), respite care (when household members of older people travel for a short period of time) and hospital care (for those who need close medical attention), and so on.
- Promote older people's access to clean drinking water, better sanitation and hygiene facilities (such as toilet and shower) that are suitable for their age;
- Promote construction of communal latrines with washing facilities where the older people live (along streets, at churches and mosques) with priority for them to minimise risk of contracting communicable diseases.
- Facilitate and conduct training programmes on environmental sanitation and personal hygiene by targeting poor older people; initiate a special programme to assist homeless older people who have no access to meals, clothing and shelter facilities.

- Upgrade and maintain unprotected streams and wells particularly in rural areas.
- Design strategies and action for full cover of potable water both in urban and rural areas.

4.2.2. Health and Wellbeing

- Promote and create awareness of the special health needs of older people; support programmes promoting older people's health and addressing environmental risk factors.
- Formulate free access health policy for those older people who cannot afford to pay, and facilitate the conditions for older people to get priority in medical care facilities within their locality.
- Improve the existing procedure for older people to access free health services, and initiate the development of guidelines, standards and norms of health care and rehabilitation services that encourage older people to visit health care centres.
- Promote and support trainings to health professionals on treating older people with due respect.

4.2.3. HIV and AIDS

- Initiate and promote mainstreaming on HIV and AIDS prevention and control programmes that target older people;
- Provide special support in financial, material, educational, medical and counselling services for those older people who are looking after OVC;
- Promote and coordinate organisations working on HIV and AIDS to include older people in their care and support programmes.
- Facilitate for older people to take voluntary HIV and AIDS testing.

4.2.4. Provide Education and Skills Training

- Promote appropriate training and education programmes and assist older people to have access to such initiatives that in turn enable them to generate income for themselves;
- Support older people to have access to labour and energy saving, old age-friendly, modern and appropriate methods of working.

4.2.5. Access to Credit Facilities and Services

- Review the government policy that should include older people's access to credit; negotiate with such institutions and promote older people's access to credit and saving services.

4.2.6. Improve the Livelihood Condition of Older People

- Promote employment opportunities and income generating activities for older people.
- Design strategies to encourage, organise and provide skills training and start-up capital to older people through micro and small-scale enterprises as appropriate to them. The initiative should consider facilitating access to all essential inputs such as land or space for operating business.
- Raise awareness of enterprises and microfinance agencies which currently focus mainly on young people, and bring to their attention the need for including older people in their service delivery.
- Explore and/or create opportunities for the employment of older people, particularly women, who are capable and willing to work.
- Raise the awareness of employers and provide incentives to enhance their willingness to employ older people.
- Provide incentives, such as low taxation and higher saving rates, for those older people who can manage long-term saving.

4.2.7. Food Security, Nutrition and Coping Mechanism

- Consider humanitarian support for those who are not capable (for example, the physically weak, sick or impaired).
- Promote, design and implement programmes that can enable older people to have access to sufficient amount and appropriate quality of food, including the means by which older people can get foods which are rich in protein, vitamins and minerals.

4.2.8. Family and Community Care

- Create awareness aimed at strengthening the positive traditional norms in the society of supporting older people and building their positive image. Public awareness on ageing should not be limited to a specific event such as the International Older People's Day as is the case now; it should be continual.

4.2.9. Awareness Raising on Ageing

- Expand and strengthen services for older people based on community participation.
- Encourage the participation of older people to make use of their accumulated knowledge and rich experience in bringing about development.
- Give attention to the rights and needs of older people to make them part of the country's development plans and poverty reduction strategy.

- Co-ordinate concerned governmental and non-governmental organisations so as to enable them to contribute their participation in realising the objectives of the plan of action.
- Facilitate conditions to link the issues of Ethiopian older people with international efforts to gain eventually cooperation and support.

4.2.10. Intergenerational Solidarity

- Intergenerational solidarity should be an integral part of the social agenda.
- The social agenda should include the proposal to declare as the Ethiopian Year of Active Ageing and Intergenerational Solidarity as proposed by many countries.
- A specific day and month should be declared the Ethiopian Day of Intergenerational Solidarity and Cooperation, and all actors from the regional and international to the national and local levels should start planning activities to mark this Ethiopian Day. This should involve intergenerational activities at grassroots level as well as policy debates at local and national levels.
- The social agenda should also include a proposal to start working on the issue of the quality of long-term care services and the dignity of dependents. The issue of elder abuse also requires concrete action at country level to help, to detect as well as to prevent such abuse and to guarantee a dignified end of life to all across the country.
- Promote the UN Principles for Older People and other national and regional plans of action on ageing.
- Encourage and support the mainstreaming of older people's issues in preparing plans, and in designing and implementing programmes.
- Organise forums and/or launch programmes targeting the youth to enable older people to share their vast knowledge and experience and thus create and/or strengthen greater intergenerational solidarity.

4.2.11. Rights of Older People

- Undertake awareness raising activities that can enable older people to understand and protect their rights; undertake successive awareness raising programmes and provide information that can enable the society to understand, protect and respect the rights of older people.
- Conduct familiarisation specifically targeting young people on the rights of older people and about the positive image of ageing in schools and outside.
- Promote the design and implementation of programmes to combat neglect, abuse and violence against older people, including programmes for awareness building among the general public and training of health and

social services professionals regarding characteristics of neglect, abuse and violence against older people.

- Promote the design and implementation of programmes facilitating report of neglect, abuse and violence against older people.
- Promote the design and implementation of programmes providing support services to older victims of neglect, abuse and violence.
- Strengthen advocacy to build political commitment to addressing the emerging ageing and to ensure that the concern for older people is mainstreamed into all development plans and that existing government programmes are effectively implemented with enough budget for the purpose.

4.2.12. Social Security and Social Welfare System

- The government should introduce universal pension for all older people. In addition, older women should be given special attention as they are the most disadvantaged since they often have no income sources and are less likely to receive pension due to low participation in the formal sector.

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