



THE ROLE OF DIVINE PROVIDENCE HOME IN CARING FOR AGED HOMELESS

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RESEARCH REPORT

PRESENTED

BY

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UNZA

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THE UNIVERSITY OF ZAMBIA
SCHOOL OF EDUCATION

DEPARTMENT OF ADULT EDUCATION AND EXTENSION STUDIES

***THE ROLE OF DIVINE PROVIDENCE HOME IN CARING FOR
THE AGED HOMELESS***

RESEARCH REPORT

BY

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A research report submitted as partial fulfilment of the requirements for the award of a Diploma in Adult Education of University of Zambia.

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UNZA

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DEDICATION

I humbly dedicate my work to my parents Mr. And Mrs. Chivunga who taught me the value of education, my sister Ruth, my brothers Panji, Dingiswayo and Simbi. I love you all and thanks for your support.

ABSTRACT

This research study sought to determine the role of Divine Providence Home in Chawama Compound in caring for the aged homeless. The objectives of this study were to identify the types of care given to the aged in the Home, to determine government's contribution to the Home for the aged, to identify the constraints faced by the institutions in rendering care to the aged homeless.

The study was expected to assist the policy makers in coming up with ways and means of addressing this immense problem of aged homeless.

Since sample was small and purpose. The purposive sampling technique was used to obtain sample from the population. The study used a qualitative research design case study. Research was conducted among elderly population who were unable to read and write, the interview guide was used as the tool for data collection.

Data analysis was analysed qualitatively to generate the most significant categories of themes.

The results of the finding showed that the Home providers services such as food, clothes, accommodation, transport, laundry, health facilities, water and entertainment, transport and caters for all other expenses that occur such as funerals. They are also helped spiritually and counselling is also offered.

Results also indicate that the home faces constraints such as lack of proper security system, inadequate facilities such as washing machine, no geyser for heating bathing water for the elderly people, lack of health facilities such as walkers, wheel chairs, crutches, disinfectants; lack of strong policy to protect the elderly from being abandon by their families. HIV/AIDS as one of the main contributions to this situation. Poor economic situation or high poverty levels as the contributing factors to high number of aged homeless also level of education of the clients.

COMMON REASONS FOR ADMISSION

Common reasons for admission to the Home includes; no one to take care of the elderly people; accused of being practising witchcraft, some are brought to the Home by the church, people, neglected by society, some are stranded from other countries and some because of being handicapped.

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CHAPTER ONE

1.0. INTRODUCTION

1.1. BACKGROUND

Currently Zambia faces a silent crisis. The suffering of the aged is contained within the confines of the community. Daily the aged suffer from discrimination especially those who suffer from chronic diseases and the disabled. Their suffering is seldomly seen outside their immediate suffering, while those not affected continue without the knowledge of the growing crisis and the pending impacted the crisis have on the country.

Signs of the mounting crisis can already be seen in growing numbers of the aged in the hubs of Zambia's urban centres. Daily, pains of life are worn on their faces and seen in the eyes of many old people in Zambia. A situation which seems to have no solutions, the challenge is left to the community and all of us at large. Hence, some organisations have come up with different ways of helping to alleviate the problem of the homeless aged. This leaves the Divine Providence Home in Chawama Compound no except to this noble call.

This home was started in 1988 by father Angelo Parica. One old poor lady, by the name of Makelozi Rosaria Shumba, who was a widow with one daughter lived in a small poor house in Mulungu Alinafe Christian Community. The daughter grew up in poverty until she got married and went to live with her husband. So the poor old lady was left alone.

In the same year 1988 her poor old house fell down and the poor old lady was stranded. She gathered courage and visited the Chairman of Christian Community to talk about the problem of accommodation. The Chairman took this matter to the Council and resolved to build her a new house. Unfortunately the Christian Community Council did not have sufficient funds to buy cement hence resorted to making local ordinary bricks from clay soil. Meanwhile the Christian Community gave the poor old lady an alternative room which they rented for her.

The Parish Priest sent some members of the Christian Community to look for the relatives of the old poor lady so that they could take her to the village where her daughter was living. To their surprise the lady refused to go to the village. She insisted on staying in town so that she could be buried in the same area with her late husband in Lusaka. This prompted the family to leave the old lady in the hands of the Parish Priest Christian Community.

The Parish Priest together with the Christian Community bought a plot and built a big house because of a lot of people were coming to the parish asking for accommodation. The poor old lady was later given K500 in the presence of her family members and exchanged the ownership of the plot.

The poor old lady was brought in the seven roomed house and was given one room. The population grew faster and the rooms were not enough.

The priest thought it was wiser to ask the Area Member of Parliament at that time Mr. Donald Chilufya to help in more land. This was successfully done and were given land between Chawama and John-Howard Compounds upon acquiring this land, the father went to see the European Union and provided funds to build twenty more rooms, two toilets and bathrooms. This was done in 1990. In 1992, a chicken-run was built with two dinning rooms, for men and women. The new home was called **The Divine Providence Home (DPH)**. This new home accommodated seventeen people. The pioneers of this home were Makelezi, Rosaria Shumba, Musapenda Moyo, David Kabango, Alma Kamwengo, Evaline Namukonda, Meta Malumba, Kashimuli Mukonka, Derephrian Kabwe, Laison Nkhoswe with his two grandchildren Sophia and Jeremiah, Julias Njekwa, Grace Mwale, Francis Banda, Estelle Malukee, Esthere Tembo, Biesa Likumbi, Somili Kameya and last but not the least Manuel Ndulu.

In 1992, the Home was officially opened by Honourable Member of parliament who was also the country's Vice President Brigadier General Christon Tembo. Present also were the provincial superior of the Franciscan Fathers Fr. Ambrose, top officials from EU and top officials from the Ministry of Social Welfare.

Finally, up to 1993, Father Angelo was in charge of this home until his transfer to Luanshya. In 1994 the Holy Family sisters took over the place, with sister Judith Bozek in-charge of the home.

1.2. STATEMENT OF THE PROBLEM

There had been a lot of concerns among policy makers students of gerontology, social workers, Government leaders, Non-Governmental Organisations and Human Rights advocates about the welfare of the aged in homes or institutions dealing with the aged homeless.

This study was designed to look into welfare of the aged homeless at Divine Providence Home.

Another reason why the study was undertaken was that although Divine Providence Home had been in existence for more than 10 years, no study had been conducted on the home.

1.3. PURPOSE

The purpose of the study was to determine the role of Cheshire Divine Providence Home in caring for the aged homeless.

1.4. OBJECTIVES OF THE STUDY

The objectives of this study were:

1. To identify the types of care given to the aged in the institution.

2. To determine government's contribution in caring for the aged.
3. To find out whether care givers are giving the aged enough emotional support.
4. To identify constraints faced by the institution in caring for the aged.

1.5. SIGNIFICANCE OF THE STUDY

The study was expected to assist the policy makers in coming up with ways and means of addressing this immense problem of the aged home-less.

The study was of great use to voluntary organisation in planning how to go about rendering their support to the aged living in such homes. This study was intended to contribute to the knowledge base in gerontology and gaps that revealed areas for further study. Furthermore, the study was intended to reveal areas which needed attention to ensure that the aged were provided with basic needs.

1.6. LIMITATIONS OF THE STUDY

Due to limited time, money and resources the study was confined to Chawama "Divine Providence Home" for the aged homeless.

1.7. DEFINITIONS OF TERMS

Aged Persons is defined as a person who is 65 years and older for males and 60 years and older in the case of females.
(Oxford Advanced Learners Dictionary).

Homeless without a home/shelter to live in where care is provided.
(Oxford Advanced Dictionary).

Home for the Aged -is defined as an institution providing food, accommodation, nursing care, physical, social and emotional care to elderly and other dilapidated persons.
(Kamwengo, 2001).

Care refers to provision of food, accommodation, health services and other domestic and persons service to the elderly persons. (Kamwengo, 2001).

CHAPTER TWO

2.0. LITERATURE REVIEW

2.1. THEORETICAL FRAMEWORK

Ageing is a term that is used to refer to a process of growing old, which beginning at conception and continues until death. The process involves a series of normal, universal and progressive changes, which occur through out the life span. These changes are universal because they occur to all people and are a normal part of human development. They include changes in physiological, psychological and sociological function in a person's life (Kamwengo, 2001).

Many authors Atchley, 1990; Cavanaugh 1990, Ferraro, 1990; Hayter, 1976, believe that aging is not process but many processes with positive and negative outcomes gains and losses or disadvantages and advantages positive outcomes include:

- More wisdom
- More experience
- More skill art crafts and art
- More knowledge about tradition
- More law abiding behaviour
- More dependable workers, and
- Reduced responsibilities.

Negative outcomes include the following:

- Loss of good looks especially as perceived by the non-aged cohort.
- Loss of opportunities for employment and income in some cases;
- General loss of contemporaries
- Loss of power; and
- Greater chances for ill health and isolation.

2.1.1. The Immunological Theory

This is one of the most acceptable theories of ageing. The theory suggests that error occur in the body immune system as people grow old. The immune produces antibodies that attack and destroy normal body cells (T-Cells) in a process called autoimmune reaction. The T-cells are supposed to be protected by the antibodies. But what happens is that the T-cells are mistakenly viewed as alien or even enemy. As a result they are attacked and destroyed. As age advances the autoimmune reaction increases. In addition surveillance by the antibodies became impaired in the immune system resulting in a situation conducive to the development of many diseases associated with the ageing process (Kamwengo, 2001).

2.1.2. The Activity Theory

It persists that there is a positive relationship between activity and life satisfaction. It further suggests that successful ageing is highly dependent upon maintaining a high level of activity (Carp, Lipman and Smith, 1968).

Therefore, the more activity the aged are involved in the more satisfied they are likely to be in life. But when desiring to remain active incur loss of activities and roles. The theory suggests that the greater the loss of activity, the lower the life satisfaction. The only point where the theory agrees with disengagement theory is that increased aged is characterised by decreasing social interaction with the community (Kamwengo, 2001).

A major criticism of this theory is that not all older persons want to maintain high activities. Some older persons voluntarily reduce activity and ask no substitutes. Secondly results from studies conducted so far indicate lack of consensus (Kamwengo, 2001).

2.1.3. History of Institutional Care

The homes for the aged in Zambia are a post second world war phenomenon. The first home was established after the end of the second world war. One common feature of the pre-independence homes for the aged is that they admitted only non Africans. The colonial government felt that those Africans who could not work on account of age or disability were repatriated to their villages in the rural areas (homes of origin). Those who had no where to go were given food and accommodation on an adhoc basis (Department for Social Welfare, 1960).

After independence the new government as a matter of policy, discouraged institutional care of the elderly. The belief then and at the moment was that

the extended family and the community were the most ideal places for the elderly to live and be cared for.

Although institutional care was and is still discouraged, the government decided to retain the homes for the aged. The government realised that:

- There would always be some people in need of institutional care because of factors such as childlessness and cultural taboos associated with ageing (Department of Social Welfare 1997);
- There would always be some people who are not able to trace their families or remember their villages mainly because of urbanisation or illness; and
- There would always be some people without families to look after them (Kamwengo, 2001).

Apparently the country has a few homes for the aged and no nursing homes. There are eight homes for the elderly in Zambia.

They are Maramba in Livingstone, Mitanda in Ndola, Matero in Lusaka, Divine Providence Home in Lusaka, Kandiana in Sesheke, Chibolya in Mufulira, Sepo house in Mongu and Chulu house in Lusaka. The homes provide shelter, food, clothing and emotional support.

The department of social welfare provides a supportive role to the homes. It registers the homes on behalf of government. From time to time it also give out financial assistance to some of the privately owned homes. On the other hand, the government runned homes receive all their supplies, funds and personnel from the Department of Social Welfare (Kamwengo, 2001).

The major challenges faced by the homes are lack of funds, dilapidated buildings, lack of transparency as well as untrained staff, lack of pass-time activities, lack of counselling service and source of emotional support.

2.1.4. Mitanda in Ndola

Mitanda was the first home for the aged to be established in Zambia. The premises in which it is located now were an army mess during the second world war. After the war the premises became a government hostel in 1948, the hostel was transferred to what is now called Insaka probation hotel. Mitanda was then turned into a home for the aged homeless (Kamwengo, 2001).

Soon after it became a home it was handed over to the Salvation Army to run it on behalf of the government. An annual grant 3,000 pounds was given to the Salvation Army supplemented the grant by collecting rentals from the residents.

At first the home was as Roshaven. It was renamed Mitanda later. From the beginning the home admitted non-Africans in general and white pensioners (who did not want to go back to Europe) in particular. The last white couple died in 1978. After independence elderly Africans who were destitutes were allowed to live in home.

In 1979 the government took over the running of the Mitanda home for the aged. The reasons given for this action were that:

- Residents had been complaining about ill-treatment they received from the Salvation Army staff;
- There were serious differences between Salvation Army and administrative review committee of the department;
- Salvation Army was making heavy financial demands on the department. They wanted the annual grant increased to meet the cost of running the home. They demanded as being unacceptable.
- Salvation Army's reliance on expatriates from London and its inability to train and use local staff. In 1978 the contract of Major Morton, the superintendent expired. The Salvation Army work permit for another expatriate at the time Zambian Station Programme was very hot and happen to be located in the Ministry housing the department. A work

permit could not be issued. Since there was no Zambian to run the home, the government was forced to run the home (Kamwengo, 2001).

In 1990 Salvation Army expressed interest in running the home again. After much debt among staff in the department a decision was made to hand over the home to Salvation Army (Kamwengo, 2001).

2.1.5. Chibolya in Mufulira

Chibolya home for the aged was established in Mufulira in 1963, September to care for the elderly with no relatives to look after them. The building in which it is housed was used as a hostel for the work seekers under ministry of labour. In 1963 it was given to the department of social welfare so that it would be turned in a home for the aged.

Although it can take up to 44 people, the average number of residents per month is 17. Secondly, Chibolya is one of the few government-run homes for the aged in Zambia and some of the problem it is facing include inadequate funding, lack of transport and lack of maintenance (Kamwango 2001).

2.1.6. Maramba in Livingstone

Maramba home for the aged was established in March, 1963. It has a maximum capacity of 40 even though the average number of residents per month is 36. It is a government-run home which faces problems such as lack

of transport, maintenance work, inadequate funds and limited supplies (Kamwengo, 2001).

2.1.7. Divine Providence House in Lusaka

The DPH is a privately run home for the aged in Chawama in Lusaka. It started as an effort by the local Christian community to accommodate a poor old woman. A house was built but more people started coming for help, the local priest Fr. Angelo Pazica and the local Christian community applied for a plot on which the present day home was built. Funds for construction at the home came from the European Community. In 1992, the home was officially opened by the M.P for the area. In 1994 the house was handed over to the Holy Family Sisters who are still running it.

The home has capacity of twenty with an average monthly number of 16 residents the challenges the home faces are limited financial resources and lack of transport (Kamwengo, 2001).

2.1.8. Kandiana in Sesheke

Kandiana is a privately run home for the aged in Mwandi in Sesheke district. It is run by Mwandi Mission on whom it depends for all its funding and supplies. Its maximum capacity is sixteen. The home was expected to close in 1998 when Mwandi Mission Hospital was scheduled to close. It survived the closure because of the visit to Mwandi by the Minister of Health who was

really touched by the work done by the hospital in the area (Kamwengo,2001).

2.1.9. Matero Transit Home

Matero is not necessarily a home for the aged. It is a transit home where stranded people and destitute are kept before being repatriated to their home areas. But because a large number of the residents are elderly it has been included among the home of the aged.

The home has the capacity of 40 but the average number of residents per month is 95 (Kamwengo, 2001).

2.1.10. Sepo and John Chulu

Sepo house is a home for elderly sisters at the Holy Sisters Provincial House in Mongu. John Chulu House was built for elderly Jesuit Priests on the airport road in Lusaka (Kamwengo, 2001).

2.2. EXTENDED FAMILY

The financial, material and emotional support from the extended family ate often referred to as the traditional society support system. The system is voluntary and free from government involvement. A growing concern about the system is that is weakening as a result of the influence of industrialization, urbanization, mass education and prevailing social and

economic condition period. These factors have affected the capacity of the extended family to care for the elderly people (Kamwengo, 2001).

The change from traditional economy to an industrial economy contributed to the weakening of the extended family system. The change led agriculture to lose its importance as social source of employment and the elderly to lose control over the younger generation (Bengston, Down, Smith and Inkeles 1976, Cowgil and Holmes 1978). The young generation began to move into the urban areas coupled with reduced parents resulted into diminishing elderly control over their children and decreasing social pressure for parental pressure (Cowgil and Holmes 1978, Palmore and Manton 1978).

Furthermore industrialization and mass education reduced ability of elderly to compete on the labour with the better educated young generation with retirement reduced income, lose of control of household, resources and modern heritance laws that require property to be divided almost equally, the elderly are deprived of the means to induce support from the extended family members (Ibid).

Where a family is trapped in or experiencing serious economic problems, the ability and willingness of members to look after the elderly is seriously impaired (Kamwengo, 2001).

Furthermore HIV/AIDS is killing some of adult children who are suppose to after the elderly.

2.3. POLICIES

Governments everywhere are grappling to find an answer to the question regarding the care of older people. They are two fundamental questions to be answered namely; who is primarily responsible for the older persons, especially the frail and how to intergrate income security strategies, health housing, transport and social services? It is important for both government and persons to get charity in this regard.

Effect policies on ageing recognizes that ageing is inter-sectoral in nature and that implications of ageing must be interpreted within the context of the structural changes taking place in society. It cannot only be approached from a narrow perspective. Ageing is not only health, welfare or rights issues but it is a development issue.

Planners, governments, non-governmental organizations providing service to elder persons, financial institutions and other organs of society must develop a clear understanding of potential of elder persons in order to change their attitudes to create an enabling environment. It is important to recognize that policy legislation is only a reflection of values and norms of a society. It cannot be regarded as the primary mechanism to create a new set of values. It is important to admit that policies and programmes in many African

Countries are urban based. It is relatively easy to provide the needs of older persons living in urban metropolitan areas. The needs of older persons living in rural and deep rural communities however, influenced by the fact that the majority of older people living in rural communities are poor.

CHAPTER THREE

3.0 METHODOLOGY

3.1. RESEARCH DESIGN

The study used a qualitative research design case study. A case study is potentially the most valuable method known for obtaining a true and comprehensive picture of individuality. It makes an intensive investigation on the complex factors that contribute to the individuality of social unit of an institution or a person. The purpose is to understand the life cycle or an important part of life cycle of that unit. It is an analysis of complex causation. It is a form of qualitative analysis involving of a person, a situation an institution. It probes deeply and analyses interaction between the factors that explain present status or that influence change or growth. It is a longitudinal approach, showing development over a period of time. After probing deeply into the factors and forces that conditions its behaviour and analysing the sequences and interrelationships of those factors, one can construct a comprehensive, integrated picture of the unit as it functions in society. It makes possible a synthesis of many different types of data and many include the effects of many elusive personal factors in drawing from the analysis of individual cases.

3.2 SAMPLE

Since sample was small and purpose. The purposive sampling technique was used to obtain sample from the population.

3.3 INSTRUMENTAION

Since the research was conducted among elderly population who were unable to read and write, the interview guide was used as the tool for data collection.

3.4 RESEARCH SITE

The research site was Divine Providence Home located in south-west Chawama. The township of Chawama is found in the southern part of Lusaka city.

3.5 ENTERING THE SITE

Before entering the research site, the researchers had to seek permission from the institutional Head. The sister in charge at the Divine Providence Home granted permission to conduct the study.

3.6 DATA COLLECTION

The study used interviews, observations and documentary analysis to collect data.

3.7 DATA ANALYSIS

Data was analysed qualitatively to generate the most significant categories of themes.

CHAPTER FOUR

4.0. FINDINGS OF THE STUDY

4.1. INTRODUCTION

Since the closure of the only nursing home of the aged in Lusaka and Geriatric centre in Ndola, the only offering care services for the elderly have been homes for the aged. It is for this reason that institutional care in Zambia is limited to the services provided by homes or non governmental organisations for the aged homeless. The homes are responsible for the well being and every need that arise from the clients. Therefore this chapter describes the findings of the role of Divine Providence Home for the aged homeless in Chawama, Lusaka.

Divine Providence Home for the aged is located East of Chawama Compound. It is found in between Chawama and John Howard Compounds along Chifundo Road which is the main road of Chawama.

4.2. ACCOMMODATION

Divine Providence Home for the aged provides a number of services to the homeless, the first one is that of accommodation. In its total capacity the home caters or provides accommodation to 16 elderly people at the institution. Due to the increased demand for accommodation the home has taken a measure of renting houses for others who are not accommodated at the institution in the compound. It is for this reason that the accommodation

arrangement has changed from one per two rooms to two sharing a room each.

However, the majority of the clients are not happy with this arrangement of the rooms and expressed that they prefer to be alone in both the sitting room and the bedroom. From the findings that the majority who are not satisfied with the room arrangements. The majority of those not happy are women.

4.3. PROVISION OF FOOD

The home also provides food to its clients on a daily basis. The clients receive the three normal meals a day which includes breakfast, lunch and supper. The findings indicate that the majority of the aged were happy and satisfied with the food which they are given at the institution, although a few expressed mixed feelings towards the provision of food. This may be attributed to the fact of different demands and tests among elderly people. Below is the Cheshire Home Menu Planning 2004 figure.

Figure 1: Menu for Provision of Food to the Aged

BREAK – FAST		LUNCH	SUPER
TIME	07:00 HOURS	12:00 HOURS	16:30 HOURS
Monday	Rice/Tea	Beans and Nshima	Vegetables with Nshima
Tuesday	Porridge	Vegetables, Nshima or Rice	Eggs, Nshima or Rice
Wednesday	Rice or Tea with milk	Fresh Fish with Nshima	Vegetables/Nshima
Thursday	Porridge	Sausage or minced meat with Nshima	Vegetables with Nshima
Friday	Rice or Tea	Eggs with Nshima	Dry Kapenta, Visashi or Chikanda with Nshima
Saturday	Sample with Milk	Sausage or Beef with Nshima	Traditional foods, Example Visashi, Chikanda
Sunday	Bread or Rolls with Fried Eggs	Chicken with Nshima or Rice	Chicken with Nshima/Rice
Others	Fruits, Sweet Potatoes, depending on the season	Biscuits, fruits, juice, yoghurt, sweets if in stock	

The table indicates that at least each day the clients receive a balanced diet. Food delivery to there rooms is done by the orphan children who are also staying at the institution and the Junior Sisters.

4.4. LAUNDRY

Laundry is another service provided by the institution. Findings show that laundry is done for most of the clients except a few who offer to do it on their own as a way of exercising. The institution has a worker who is in charge of

laundry at the home. Sometimes the Junior sisters help out on this duty. The institution used to have a washing machine which is now no longer in operation.

4.5. HEALTH CARE SERVICES

Divine Providence Home also provides health care facilities to its clients. It has a dispensing department which deals with this role with Sister Elizabeth as the over seer in this section. She is a trained community nurse, who has been working for the Home since April 2004. According to the information gathered, the Home is responsible for purchasing of medical facilities, drugs and sometimes meets all the costs if a client needs to pay at the hospital. It is for this reason that the institution has joined hands with Chilanga Hospice which is also Catholic run to help sustain medical care to the clients.

The institution provides walking aid to those who cannot do without them. From the total number of elderly people of sixteen, two are on the wheel chair one of whom suffers from paralysis, one has a physical disability since childhood and some use walking sticks as their walking aids.

All in all the home is responsible for medical treatment of its clients. Sister Elizabeth also helps aged in exercises since the doctors from University Teaching Hospital and medical students from Ridgeway Campus stopped providing this service to them.

In rendering this service the biggest problems incurred by the institutions includes:

- Lack of physiotherapy facilities
- Lack of funds to cater for the purchase of drugs, walking aids such as crutches, walkers, wheel chairs.
- Lack of disinfectants for the room and toilets.
- Lack of permanent source for supply of drugs
- Need for very good balance diet for each meal and other supplements such as fruits which are a very good source for vitamins.
- Lack of warm clothing and blankets during cold season especially when they are washed.

4.6. ENTERTAINMENTS

Another service being rendered to the people is entertainment. The study shows that the majority of the client have access to entertainments such as television. Some of the clients have their own personal radios which were given to them as presents from the sisters, and friends which are another source of entertainment such as church group perform by singing and dancing for the clients. Friends from University of Zambia also visit them and this makes them very happy.

Every year party is hosted for the clients to mark the international day for the elderly people, where a variety of activities take place. The clients also

entertain themselves by sharing the word of God amongst themselves. This promotes interaction and socialisation among the clients and a form of relaxing.

4.7. CLOTHING

Another important service is the provision of clothing, beddings and shoes to the clients. Divine Providence Home is responsible for all these provisions except when they receive donations. The Home is totally responsible for all these provisions.

4.8. EMOTIONAL SUPPORT

The Home is responsible for counselling and any advice on matters concerning the welfare of the elderly people as they confide in sisters Elizabeth, Judith, Victoria and Mrs. Kayinduwa who is a general worker at the institution. On the men's side it's the same except they also confide in Mr. Kayinduwa who is one of the workers at the institution.

The research revealed that the clients trust the sisters for any problem which they may face. They are free to express themselves to them.

4.9. EMPLOYEES

In order to help manage in the caring of the elderly people at the home. The institution has other workers who help with the operations of the institution. These include one general worker who helps in transportation of things in the

absence of the sisters or on delegated missions. This work also helps the men in terms of bathing, answering the call of nature and general care when it concerns male clients.

There is another general worker who is more concern with female clients does laundry for everyone including the male clients, cleans the ablution blocks for the clients, baths those who are unable to bath themselves. Helps them with any that she can and sometimes she is just a friend who can talk to them on a friendly basis.

The running of the kitchen is done by two people Mr. Chisanga who is a trained Chef in Catering at Luanshya trades. Another one is a woman who just helps Mr. Chisanga with the cooking, cleaning dishes, the floor and everything else in the kitchen. Sometimes they also get help from the elderly people who want to help with work in the kitchen.

4.1.0. Other Provisions

From the observations, it was noted that in every room you find a table, at least two chairs, a wall drop, bed and some wall pictures. General appearance of the rooms was very impressive as the floors were clean.

Surroundings look clean, the Garden at the time of the study was well equipped, the orchard is also being taken care of. It was also noted that the environment was also friendly as it has a home environment. The presence

of children, Junior Sisters and the Seniors sisters give the institution a conducive home environment.

The toilets were also fairly clean. The place is also quite as it is located far away from the bars and other noisy activities.

4.1.1. Income Generating Activities

Income generating activities are the garden when they produce more, they sell some of the produce and buy necessities for the running of the home.

Farming though not a large scale, maize is planted during the rainy season provide a unique addition to the dietary needs of the old people. A few bags are also harvested for milling of maize meal.

Poultry business and new broiler projects spearheaded by community youth concern. It involves the organisation providing chicks and feed where as the school takes up the responsibility of rearing and subsequently selling chickens.

The Home craft centre where students are trained in various skills such as toiling and catering is another source of income.

The Home is also another source of incoming generating activities as it is booked for different activities such as weddings, kitchen parties and church activities.

This institution also receives donations from Lions Clubs, Community Youth Concern, World Food Programme, Ammanita and others which may donate once in a while.

4.1.2. Problems Encountered in Providing Care to Clients

There are common complaints among elderly people in health terms which range from colds during cold season, eye problems especially cataract, where some have been successfully operated on; perpetual headache; high blood pressure; pain in the bones.

Complaints also arise when they are not happy with food, they would say they are not happy with the cooking of the food that is to say it was badly cooked.

Sometimes client cheats that they are sick when they are not sick in order to be given medicine and extra attention.

CHAPTER FIVE

5.0. DISCUSSION OF THE FINDINGS

The study revealed a number of problems ranging from lack of security at the institution which resulted in the theft of chickens and cloths of some clients. Despite the Home being under security twenty-four hours, it is sad to learn of some problems. This resulted into problems in meals especially on days where they were expected to have chicken or eggs. This forced the sisters to have an alternative way of covering up for the loss which was a major draw back. This was carried out in collaboration between the children being kept at the home and the security officers, which were later sent away from the institution. Though this case had been reported to force headquarters at the time of the study nothing had been done yet to help come up to a lasting solution as the home and the sisters still feel insecure despite having a new force in security system.

Another pressing problem is lack of accommodation at the institution, as a result the home is renting some houses in Chawama compound to accommodate some of its clients. They also have an extension home in John Howard compound where some clients are living. These also deep on the Home for all there survival needs. That is they come on a weekly or monthly basis to collect mealie meal, cooking oil, rice and relish and money for rentals for those who are renting houses.

There is need for further study on what is the impact on the aged homeless on the nation, what could be the solution.

Another emerging issue in this study is lack of strong policies to protect the aged against inhuman treatment by both the extended families and the Community at large. They can send away these elderly people out of their homes at any time and they go scot free without anyone taking care of such issues. Government does not have policies and if they are their then they are not being implemented to the fullest. If this problem is left unattended to will result in a big gap being created between the older generation and the up coming generation. There will be no transfer of cultural elements which are deemed important to the young ones. In times when society used to care about the aged, teenage pregnancies rates were not as high as they are now. They used to talk to the young ones on the dangers of these happens. Elderly people are also a source of wisdom, if we reject them we are also rejecting wisdom. Other negative perceptions such as the perception of older people as burdens in our lives.

Lack of proper facilities such as washing machine, geysers for heating bathing water for the clients and no heaters during the cold seasons. These are some of the major problems that the institution is going through. Inadequate or inconsistent funding of the home by government.

The home also have to cater for bills such as electricity, water, land rates and also provide food to the security officials which is too much expensive for the institution to handle. This is something serious is needed to be dealt with as soon as possible.

Another serious concern is on the distribution such as sugar, tooth paste, clothing, shoe polish and Vaseline. It was revealed that some clients give these things to people who come to visit them especially those who have got relatives. Hence it was thought to be wise to stop giving them instead for sugar clients can get from the kitchen.

Level of education on the side of the clients also showed that it is one of the major indicators of high number of the aged homeless. The study noted that the majority of these people had never been to school hence used to be depended on their spouses.

5.1. PEOPLE WHO DIED UNDER THE CARE OF DIVINE PROVIDENCE HOME

	Name	Sex	Death Year
1.	Ester Nalukele	Female	1991
2.	Meta Mulumba	Female	1991
3.	Kasimilo Kabungo	Male	1993
4.	Francis Banda	Male	1993
5.	Nderethina kabwe	Male	1994
6.	Visesa Lukumbi	Female	1994
7.	Chinya	Male	1994
8.	Kamwana Fulayi	Male	1995
9.	Makelezi R. Shumba	Female	1995
10.	Manela kakunu K.	Female	1995
11.	Stephen Wonick R.	Female	1995
12.	Kalenga Dorcus	Female	1998
13.	Elizabeth Mwachiyaba	Female	1998
14.	Patrick Mumba	Male	1998
15.	Ndulu Manuel	Male	1997
16.	Julius Nsekwa	Male	1997
17.	Fuya Mwale	Female	1999
18.	Mary Mayimba	Female	2000
19.	Chibangu	Female	2001
20.	Grace Mwale	Female	2001
21.	Peter Went	Male	2001
22.	Scholastica Mulenga	Female	2002
23.	Andrew Munchindu	Male	2002
24.	Abraham Mwampote	Male	2002
25.	John Mulenga	Male	2002
26.	Sylvesta	Male	2003

6.0. CONCLUSION

Our old citizens in society continue to face various forms of neglect and discrimination both within their own family settings and at the level of the community. It can be concluded therefore, that the myriad of myths and misconceptions held about old people are working to perpetuate the situation. The increasing number of elderly people requires that we take up the challenge of providing care and support for them in our families. At society level, some strategies would include deriving and implementing policies which have a direct bearing on the welfare of the aged and such measures as non-contributory pensions. Support and promotion of older people's rights, access to health care and recognition of their contribution to society and the encouragement of governments to adopt and implement the United Nations principles for older persons as a charter of rights include some of the important steps in that direction.

Moreover, we ought to exploit the role of the elderly, as useful agents of development through the provision of a reservoir of knowledge, wisdom and experience. Together we meet the challenges and meet in society attentive to needs and capabilities of all its members of whom the aged are very much part.

6.1. RECOMMENDATIONS

1. Government must come up with or identify permanent pharmacies to supply medical drugs to the Home.

2. Government funding must be consistent to such institutions.
3. A doctor from physiotherapy department must be signed to the Home to help the aged in exercises.
4. More income generating activities must be encouraged in the Home in order to create self sustain in the Home.
5. Institutions like Divine Providence Home must be exempted from paying water and electricity bills and land rates.
6. Policy makers must come up with stiffer punishment for families who reject their elderly parents.
7. I recommend that more medical facilities be purchased for the Home especially physiotherapy equipments.
8. Government must make sure that security is guaranteed to enhance safety of the home..
9. Fuel such as petrol must be provided for by Government to enhance smooth operations of the home.

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December 15, 2004

The Sister-in-Charge
Divine Providence Home for the Aged
P O Box
LUSAKA

Dear Respondents,

REF: THANK YOU

I wish to express my gratitude to you for the warm welcome accorded to me concerning the personal interviews that were carried out. This has allowed me to complete my study successfully.

I would like to inform you that the information that was provided to me has increased my understanding on the role of Divine Providence Home in caring for the aged homeless.

I thank you in anticipation for your sincere spirit of acceptance that will be accorded to me in more future assignments.

Yours sincerely,



CHIVUNGA SARAH

INTERVIEW GUIDE FOR THE ELDERLY

1. During your young days were you working. How many children did you have?
2. Did these children support you in terms of clothing or food?
3. How did you come or find yourself here?
4. What forced you to come into the home?
5. Did the other relations support you.
6. What do you think can be done by the government in trying to reduce this sched?
7. Do you think HIV/AIDS has contributed to this problem that the elderly are face today in our country?
8. Apart from the help you get from the sisters, government in and donors, how do you contribute to your well being.
9. Do you think such homes as this one should be encouraged.?
10. Given a choice where would you like to live with your family or at an institution like this one.

