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## **Non-Governmental Organisations and Social Welfare Services: The Case of International Red Cross in Germiston, South Africa**

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### ***Abstract:***

*Non-governmental organizations (NGOs) are high-profile actors in the field of international development, amongst several functions they also act as providers of services to vulnerable individuals and communities. This study analysed the role of NGOs, in the provision of social welfare services to the elderly, particularly Red Cross in Germiston, Johannesburg. Data used in this study was obtained using questionnaires, interviews, focus group discussions, and observations. Ninety beneficiaries were selected for this study. The researcher used the simple random sampling method in the selection of respondents. The study concluded that social welfare services provided by International Red Cross has managed to improve the quality of life of the elderly in Gemiston. The organisation has provided, accommodation, medication, food, and clothes to beneficiaries. The majority of respondents highlighted that they are satisfied with the assistance which they are getting. More so the researcher also noted that NGOs are facing challenges of financing, and critically shortage of staff to provide adequate health services. Therefore, the researcher recommends that NGOs should further capitalise its interventions in order to cover more beneficiaries. This can be achieved by looking for more donor support from international development agencies such as US AID, Department for International Development (DFID) and World Health Organisation (WHO).*

***Keywords:*** Social Welfare Services, Non-Governmental Organisations, Elderly

### **1. Introduction**

Different countries in the world have a duty to their own people and most of all, to those who are vulnerable due to different circumstances. Vulnerable people need dedicated interventions to guarantee that they are protected from harm, assisted during and after trauma, and given opportunities to live a normal life (Streak and Poggenpoel, 2005). However, according to Marcoux (2001) population ageing has become a prominent topic by researchers who are unpacking the implications of demographic change. Thus, for many decades, ageing was known to be a trend of industrialized countries, but now it turns out to be a worldwide issue and is rapidly accelerating in the developing countries. The World Bank (2010) comments that recent studies and projections are now highlighting the fact that population ageing is now becoming a concern of developing countries.

The rapid increase in the number of elderly people worldwide has created an exceptional global demographic upheaval. According to UN (2002), issues on ageing have evolved since 1982 when the International Plan of Action on Ageing was adopted at the first World Assembly on Ageing in Vienna. The Assembly adopted the Madrid International Plan of Action on Ageing (MIPAA) and it calls for the need to integrate the evolving process of the ageing within the larger process of development. The proportion of the world's population aged 60 and above was about 200million throughout the world. However, it is estimated 22 percent of the older people globally is in developed countries and 9 percent is found in developing countries and it is expected to increase by 20 percent in 2050 (UNDP, 2011).

At a micro level, the difference between scarce family and resources and the needs of younger family members is huge, leaving the needs of older persons unattended. At a macro level, only few developing countries have well established social security systems to address the needs of elderly persons. The UNDP (2011) address that the majority of the elderly persons in developing countries, particularly those in sub-Saharan Africa live in rural areas where in most instances living conditions are appalling. Given the low levels of educational attainment amongst this group, which often translates into work outside the formal sector, the majority of the elderly persons are unlikely to receive retirement benefits (UN, 2002). Therefore, due to lack of financial support systems, older persons are left vulnerable with inadequate options of taking care of their needs and this translates into massive dependencies on the family support system. Lehohla (2011) said that the plight of the elderly persons in the absence of family support systems and social protection measures and above all, inadequate statistics on their socio-economic status makes the vulnerability of this group inevitable.

In 1994, the International Committee of Red Cross (ICRC) took the decision and the Germany Red Cross society to initiate a community-kitchen programme in Sarajevo, which saw the establishment of local Red Cross managed facilities throughout the city to provide elderly persons, widows, and orphans in particular with a daily hot meal (UNDP, 2000). The number of beneficiaries at that time reached to ten thousand. The UNDP goes on to say that just as in Dayton agreement was being negotiated in November 1995, discussions between the ICRC and the Australian Red Cross led to the launch of a similar project, which eventually fed 23000 persons daily in the greater Banja Luka area. The country was distressed from the war halted only by an enormous and unprecedented international military deployment and struggling to delineate its future and that of its constituent communities. Nevertheless, a noteworthy gap was becoming noticeable between the effects of structural programmes and the definite needs of the whole sectors of society in particular the most vulnerable groups. Thus, the conviction grew that a 'humanitarian safety net' had to be maintained. Therefore, the dialogue between ICRC, National societies involved, and the local Red Cross partners shaped the view that extension of the community-kitchen programmes contributed to that safety net.

In the past, the elderly in Malawi used to depend on the economic and social support of their children and the community (Kazeze, 2007). With enlarged socio- economic hitches and changing family ties, children fail to look after their ageing parents. Correspondingly, communities are failing to supply for the needs of the elderly. According to UN (2007), Malawi does not have a comprehensive social protection programme and existing social protection for those employed in the public service benefit very few retired employees. Even for the majority in this group, the retirement pension benefits are not sufficient. Kazeze said that the Public Pensioners Association of Malawi (PUSEPA) is a Non-Governmental Organization and was established in 1994. It negotiates with the Government on issues affecting retired public servants with a view to safeguard and promotes their rights and dignity.

An analysis of the Poverty Assessment Study Survey findings by Madzingira (1997) confirms that poverty in Zimbabwe is very high. Madzingira (1997) highlights that 78, 5% of the elderly in Zimbabwe were classified as poor or very poor. They experienced lack of food, clothing, lack of or poor accommodation, ill health and lack of draught power for those residing in rural areas. On the same note, Hutton (2008) observes that the elderly in developing countries experience disproportionately high levels of poverty, as about 80% of them have no regular income. However, Dhemba (2013) noted that Zimbabwe adopted the Principles for Older Persons, Resolution 46/91 by the General Assembly in 1991 and the Madrid International Plan on Ageing in 2002 by the World Assembly on Ageing all of which require member states to provide social protection to the elderly. Article 22 of the United Nations Declaration of Human Rights of 10 December 1948 also attests to the right of all citizens, inclusive of the elderly to social protection. In line with that, social protection for the elderly in Zimbabwe is a shared task of the family, local and international NGO's and the state. The state operates two mainstream social protection measures namely public assistance and the Pensions and Other Benefits Scheme. Dhemba said that NGOs such as HelpAge Zimbabwe also provide support to destitute elderly including institutional care.

When the Nationalist Party came into influence in 1948 in South Africa, the apartheid policy was imposed through a wide range of legislation, the Population Registration Act of 1950 being one of the cornerstones. According to Vogel in Ntebe (1994), the Act classified the population into four racial categories, which paved the way for racial differential access to social welfare services and social benefits. Therefore, welfare services were inequitably allocated to different ethnic groups with whites benefiting disproportionately. However, the ruling party could not allow vulnerable elderly blacks to receive welfare services from non-governmental organizations by introducing a number of legislations that created hostility between the government and black-run non-governmental organizations (Hofisi, 2013). For example, the Fundraising Act of 1978 made it an offence to solicit funds or receive donations unless the director of fundraising directed it. However, of late there has been commitment at international and country levels to create age-friendly societies that attend to the health and socio-economic needs of the elderly (Lehohla, 2011). This also draws the attention of different non-governmental organizations to introduce different projects that would help the elderly live a normal life.

### *1.1. Statement of the Problem*

Social life and problems in social interaction are not stagnant; they continually change. In the developing countries such as South Africa, populations are now ageing at an exceptional speed and this is causing negative impacts on the elderly in Germiston. Regardless of the efforts that have been made by the South African government to provide social protection for this particular group, the elderly people in Germiston are still in poverty. Age related diseases such as Alzheimer, cardiovascular, diabetes amongst others are making the elderly in Germiston defenceless. This is because their ability to carry out certain functions such as walking, hearing, seeing, remembering, and concentrating as well as self-care is deteriorating. Furthermore, the traditional forms of care that were provided by extended families to older people are slowly vanishing because of modernization. If the situation continues like this unchecked, it can result in increased deterioration of health among the elderly people.

### *1.2. Research Objectives*

- To identify social welfare services brought by the International Red Cross Society to the elderly.
- To assess the improvements in quality of life of the older people facilitated by International Red Cross.
- To examine the challenges faced by NGOs and beneficiaries in trying to reduce the vulnerability of the elderly people.

### *1.3. Delimitation of the Study*

Germiston is in the East Rand and is 14km from the CBD of Johannesburg in Gauteng province. It covers a total area of 129.14 square kilometres. Rainfall in the study area is typical of the Highveld summerrainfall where more than 80% occur from October to April. Average rainfall is 715mm to 735mm annually. The study area is suitable for rain fed crop production, if the crops are grown in

areas with deep soil, which stores water for use during dry periods in the growing season. Figure 1 below shows the location of the study area.

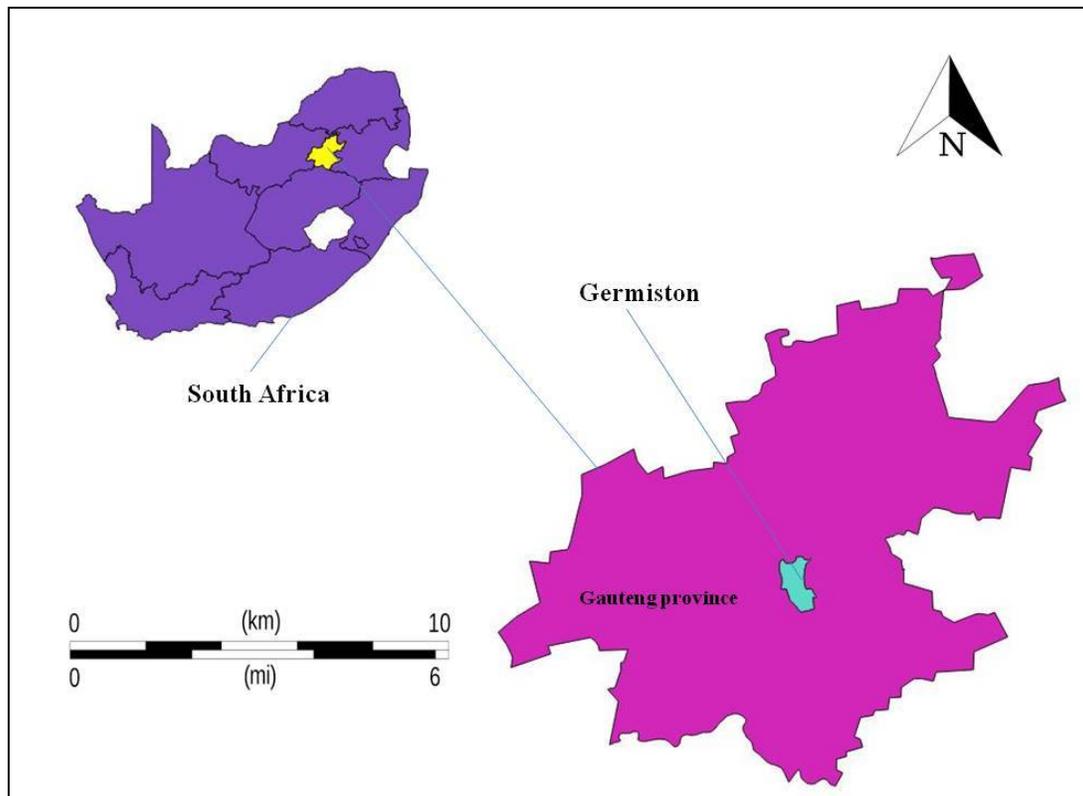


Figure 1: Location of Study Area  
Source (2016)

## 2. Literature Review

### 2.1. Non-Governmental Organisations and Development

Non-governmental organizations are self-governing, private, not-for-profit organizations that are geared to improving the quality of life for disadvantaged people (Vakil, 1997). For Charnovitz (1997: 185), 'NGOs are groups of individuals organized for the myriad of reasons that engage human imagination and aspiration'. The history of Non-Governmental Organizations (NGOs) can be traced back to the mid-nineteenth century when they played an important role in the anti-slavery movement (Murtaza et al, 2010). However, the term NGO was first used in a 1950 United Nations (UN) resolution where NGOs were defined as "any international organization that is not founded by an international treaty" (Ajibade, 2008). Since the founding of the UN in 1945, the number of NGOs has increased from approximately 1,000 to over 60,000 in 2007 and the number of national NGOs operating in developing countries exceeds a million (Davies, 2008). Today NGOs focus on a wide range of activities that include economic development, social development, disaster relief, and advocacy.

Most NGOs emerge from relatively small-scale origins and grow over time into larger and more complex organizations. An individual takes action or a group of people with similar ideas come together in order to do something about a problem. In one influential study, Korten (1990) argued that it was useful to conceptualize this evolutionary process in generational terms. In the first 'generation', an NGO's most urgent priority was to address immediate needs, mainly through undertaking relief and welfare work. In the second, NGOs shift towards the objectives of building small-scale, self-reliant local development initiatives, as they acquire more experience and build better knowledge, and may become more influenced by other agencies, such as donors (Lewis and Kanji, 2009). They said that a stronger focus on sustainability emerges with the third generation, and a stronger interest in influencing the wider institutional and policy context through advocacy. In the fourth generation, NGOs become more closely linked to wider social movements and combine local action with activities at a national or global level, aimed at long-term structural change.

### 2.2. Non-Governmental Organisations and Social Welfare Services

The NGOs' goal of social and economic development is more related to long-term projects in developing countries. In order to improve and change developing countries' social and economic conditions, NGOs have many substantial projects related to economic development, education, public health, community development, water sanitation to mention but a few (Ahmed and Potter 2006).

The elderly are the largest group of people receiving social care in Western Europe. A cross-national survey conducted by the U.S as stated by Tobis (2000), Health Care Financing Administration (HCFA) reviewed long-term care policies for the elderly. He goes on to

say that the HCFA survey reported that the most frequently cited long-term policy concern of governments was the high cost of institutional services. Nonetheless, medical facilities were said to house a larger percentage of the elderly than nonmedical facilities. The use rates of home nursing services (old age homes), ranged from 30 to 40 home nursing service users per 1,000 elderly people in Israel, Sweden, and the United States to 164 users per 1,000 elderly in the Netherlands (Walker, 1997).

Western Europe has been the encouragement of pluralism in the supply of care services for the elderly (Walker, 1997). This involves assistance from various sources, including the public sector (national and local), NGOs, informal and volunteer support, and church groups. However, there are risks associated with this approach. Tobis (2000) argued that first, increasing welfare pluralism in social care may threaten the current universalism of service provision in some countries. This "piecemeal pluralism" may result in inconsistent care for the elderly based on different assumptions, providers, and eligibility requirements. His second argument is that, increasing pluralism could result in the replacement of rights with discretion leaving the elderly with no voice in a pluralistic system without intervention by the state.

The national and international non-governmental organizations have played a vital and key role in Nepal (Ghimire, 2001). These organizations as partners of the government in development activities are working and focusing in areas like the least developed regions, ethnic minorities, elderly, downtrodden women and children. Hassan (2015) noted that in Bangladesh, NGO is an association of persons formed through the personal initiatives of a few committed persons dedicated to design, study, and implementation of development projects at the grass-root levels. Hassan goes on to say that, it is estimated that there are 19000 NGOs are working in Bangladesh, which are mostly established for achieving social welfare services. CARE Bangladesh as another largest international NGO has been working in Bangladesh for 60 years. The UNDP (2009) revealed that its operation started for seeking a poverty free world in where hope, tolerance, and highest level of social justice will be existed along with zero level of tolerance to gender discrimination. UN (2002) revealed that CARE Bangladesh incepted its journey with core values of respect, integrity, commitment to serve, excellence and diversity. The strategic planning framework of CARE Bangladesh is highlighted with the impact vision of the most socially and economically marginalized elderly people.

Both colonialism and apartheid shaped the evolution of the nature, form, and content of social welfare policy in South Africa. A significant strength in South Africa is the tradition of partnership between the government and the voluntary welfare sector (McKendrick, 1990). The expansion of state welfare for a white minority was accompanied by the growth of NGOs to address the 'poor white problem' in the first half of the twentieth century (Patel and Hochfeld, 2012). Conley (2010) argued that South Africa is unique in that the developmental approach to social welfare and social work was adopted as national government policy in 1997 after the demise of apartheid. However, the anti-apartheid organizations developed alternative models that later shaped national public policy in a democratic society. Their work focused on a people-centred developmental approach to social welfare, and they advocated redistributive social policies, a mixed economy of social welfare, equitable partnerships between the state and the voluntary sector, and a leading, proactive role for the state as a facilitator of development (Department of Welfare and Population Development, 1997). Red Cross as one of the largest NGOs in South Africa provides mainly the services of public policy, education, emergency response, food security, health, HIV and AIDS to different people including providing a social safety net to the elderly in Germiston.

### 2.2.1. Social Welfare Services

Social welfare services are recognized as social safety nets in other ways. According to the White Paper for Social Welfare (1997) social welfare policies and programmes which provide for social relief and enabling developmental services to ensure that people have adequate economic and social protection during times of unemployment, ill health, disability, and specifically old age. Booyens (2000) mentioned that social welfare services of this character contribute to endow with sufficient care of their members especially elderly and those who are vulnerable. Thus, social welfare services are meant to provide sustainable improvements in the well-being of individuals, families, and communities. However, the White Paper for Social Welfare explained that economic development has to be accompanied by the equitable allocation and distribution of resources if it is to support social development. Thus, the wellbeing of the elderly people will not be robotically improved in the study area without the help of NGOs.

### 2.2.2. Quality of Life

Life is lived privately, publicly and secretly. The lives people lead reflect the choices they make within the bounds of constraints and information. People's income contributes to the opportunities they have. Families, community and place of birth all influence people's views about what is important in defining quality of life (Massam, 2002). Kingwell (2000) said that people should be wary of reification of the concept of quality of life, for the good life much more than a commodity to be produced, distributed and consumed. People especially the elderly, want to know what it means, what their personal prosperity is in aid of through the provision of social welfare services. Consequently, fulfilment, virtue, happiness will make life worth living among them. However, NGOs particularly Red Cross is trying to promote projects that enhance the material and cultural milieu within which quality of life improves. There are several components, which were believed by WHO (2011) that if they are combined, the result in elderly people is a good quality of life. These include health status, education and skills, social connections, environmental quality, personal security, and subjective well-being.

### 2.2.3. Health Status

People's health is one of the most valued aspects of people's life especially the old people. Surveys in many countries consistently found that people put health status, together with jobs, at the top of what affects their living conditions (WHO, 2011). People's health status matter in itself, but also for achieving other dimensions of well-being, such as having good jobs and adequate income, being

able to participate as full citizens to community life, to socialize with others, to attend school and adult education. However, women have longer life expectancy than men but also report lower satisfaction with their health status. Satisfaction with health also declines with people's age (UN, 2007). Regardless of countries' political structures or health systems, people with lower income or education experience higher mortality and morbidity (OECD, 2010a), due to a combination of more difficult life and work circumstances, less healthy life-styles for example higher incidence of smoking and obesity and lower access to appropriate health care.

#### 2.2.4. Education and Skills

Education is a basic need and an important aspiration of people. It has a strong influence on their well-being. Better-educated elderly individuals earned higher wages, had good jobs, and thus, they are receiving better pensions as compared to those who are illiterate (WHO, 2011). They live longer lives; report a better health status and a lower occurrence of chronic diseases and disabilities. UN (2007) revealed that better-educated elderly individuals also participate more actively in politics and in the community where they live, they commit fewer crimes and rely less on social assistance. At the level of the society as a whole, better education leads to higher GDP growth, higher tax revenues and lower social expenditures.

#### 2.2.5. Social Connections

Humans are social creatures. According to UN (2002), the frequency of their contacts with others and the quality of their personal relationships are crucial determinants of well-being. People get pleasure from spending time with others, be it their family, friends or colleagues. Activities are more satisfying when shared with others. Furthermore, social networks can provide material and emotional support in times of need, as well as providing access to jobs and other opportunities. The nature of social interactions also has wider implications beyond the immediate social circle, influencing levels of trust within their community, which is an important driver of other outcomes including democratic participation, crime and health (OECD, 2001). However, men are more likely to have contacts with friends at least once a week, while women are more likely to have contact with relatives (WHO, 2011). Age and income also affect the frequency of social contacts. Poor people are roughly twice as likely to have no contact with friends or relatives. The UN goes on to say that, the elderly are three times more likely to report no contacts with friends than the general population.

#### 2.2.6. Environmental Quality

The environment where people live is a key component of people's quality of life. The impact of environmental pollutants on health is sizeable, with around one fourth of the global burden of diseases deemed associated with poor environmental conditions (UN, 2007). Nevertheless, the environment also matters intrinsically when people attach importance to the beauty and the cleanliness of the place where they live. The risk and severity of adverse health consequences due to exposure to air pollution differ across people, depending on their characteristics, biological susceptibility and capacity to cope with risks and outcomes (OECD, 2008). Dominic (2005) mentioned that children and the elderly are more at risk than other population groups. Subjects with pre-existing cardiovascular and respiratory disease have also been reported to be more susceptible to health.

#### 2.2.7. Personal Security

Personal security is a core element for the well-being of individuals and of society as a whole, and the experience of crime is one of the main factors shaping people's personal security. Kelly (2000) noted that crime might lead to loss of life and property, as well as engendering physical pain, post-traumatic stress and anxiety. Kelly said that it may also cause impairments in occupational activities for example lower productivity and higher absenteeism and disruption in social functioning for example restriction in freedom of movement and erosion of social cohesion within communities. Thus, personal security of the elderly is significant for them to feel safe, as most of them are defenceless.

#### 2.2.8. Subjective well-being

Notions of "happiness", "utility", or "welfare" have a long tradition as part of conceptions of a good life. They capture the notion that what matters in a good life is not the presence of a specific set of life circumstances, but the impact these have on how people feel about their life. Life satisfaction captures a reflective assessment of how things are going in one's own life, and allows assessing which life circumstances and conditions are important for subjective well-being (Kahneman and Krueger, 2006). Looking at life satisfaction measures also helps understanding the gap between objective living conditions of people and their own evaluation of these conditions (Heliwell, 2008).

### **3. Methodology**

The research was carried out in Germiston, Gauteng province. The elderly people were the respondents who participated. Three key informants responded to the interviews. One was from International Red Cross Society (IRCS), another from Ellandsvallei old age home, and the third from the department of Social Welfare in Germiston. Forty questionnaires were designed and administered by the researcher to forty beneficiaries in the study area. Primary information was obtained using both open-ended and close-ended questions. The researcher to avoid missing them when they stay longer with the respondents, did quick collection of questionnaires. Direct observation of the elderly and the services was done during the research. Two focus group discussions were carried out during the research at Ellandsvallei old age home and Goodhope informal settlements. The first comprised of eight members from Ellandsvallei and the second had ten participants from Goodhope. The respondents were free to air out their views in a discursive way highlighting the challenges and opportunities gained from welfare services. Secondary data was obtained from previous

documentations about social welfare provision from IRCS. However, in order to develop an integrated approach to the formulation and application of a strategy for the provision of social welfare services to Germiston area, it was very important to make use of various primary, secondary, and tertiary sources from different perspectives.

#### 4. Results and Discussion

##### 4.1. Social Welfare Services for the Elderly People in Germiston

| Welfare services           | Frequency | Percent (%)of respondents |
|----------------------------|-----------|---------------------------|
| Food                       | 40        | 100                       |
| Clothes                    | 30        | 75                        |
| Accommodation/old age home | 25        | 63                        |
| Medication                 | 25        | 63                        |

*Table 1: Social Welfare Services Provided for the Elderly in Germiston*

*Source: Field Survey: 2016*

The respondents confirmed that Red Cross is providing different social services, which include food, clothes, accommodation, and medication.

##### 4.2. Food

All respondents indicated that they are receiving food as the table above shows that 100% of the respondents on food. UNDP (2007) mentioned that food is a basic need required for every human life. However, the respondents revealed difference in how they receive the food.

*“We do not stay at the old age home so we receive our food three times a week that is, Mondays, Wednesdays, and Fridays. We normally receive cooked food in the afternoon at the hall in our location”.*

Those who stay at the old age home receive the food everyday as they take the old age home as their home. They eat three meals a day that is breakfast, lunch, and supper.

##### 4.3. Clothes

Seventy five percent of the respondents confirmed that they are receiving clothes. Nussbaum (2011) noted that a human being should be satisfied in bodily health, which includes having adequate shelter and clothing. Those who stay at the old age home confirmed that they are being given clothes frequently. However, others received the clothes thrice.

*“Since we joined this programme three (5) years ago, they gave us clothes two times per year”.*

##### 4.4. Accommodation/old age Home

Most of the elderly that is 63%, confirmed that they are staying at the old age home. This is sometimes called old people's home and is a multi-residence housing facility intended for old people. Respondents confirmed that they live in different rooms though there are others who share a room.

*“We have our own rooms each because we also need our privacy to be respected”.*

*“I do not have a problem to share a room with someone because we are all here for help. Every old person deserves to be here so we have to share what is there. If I refuse someone accommodation where is he/she going to stay, she/he needs much help as I do”.*

However, most of the elderly who live at the old age home use wheelchairs and walking frames and they being given by this particular organisation.

##### 4.5. Medication

Findings show that 63% of the respondents who stay at the old age home also receive medication. Thus, more than three quotas of the elderly who live at the old age home are sick and this includes the bed-ridden and mobile ones. However, they receive the medication according to their sicknesses.

##### 4.6. Improvements in the Quality of Life of the Elderly

Respondents confirmed that their quality of life has changed for the better as they are also doing different things facilitated by Red Cross. According to WHO (2011), the indicators of an improved quality of life are health status, education and skills, social connections, environmental quality, personal security, and subjective well-being. Thus, these indicators will make a fully developed human being.

#### 4.7. Health Status

The majority of respondents revealed that their quality of life was very bad and they have been facing many difficulties. Findings show that bedridden, disabled, and those who cannot walk by themselves (those who use wheelchairs and walking frames) were in a very bad situation because some of them could not afford the wheelchairs whilst they were at their homes.

*“I was living alone at home and as you see I am disabled. It was very difficult for me to walk and do the household chores. Most of the times I could not cook for myself and neighbours usually give me food”.*

UN (2009) mentions that many people start dying the day they are born, meaning that the ageing process is synonymous with failing health. Thus, older people are mainly vulnerable to non-communicable diseases. Failing health due to advancing age is complicated by non-availability of good quality, and age-sensitive health care in different elderly persons. High costs of healthcare management make reasonable elder care beyond reach of older persons, especially those who are poor and disadvantaged.

*“I could not afford to buy a walking frame so that I can help myself with those things I could do let alone good medication for my health. Yes, I could go to the clinic and get medication for free but the medication was not enough and good for me, I also wanted good quality medication as in private hospitals, I didn't have the money”.*

Therefore, it is important that good quality health care be made available to the elderly in an age-sensitive manner.

However, findings show that old age home respondents were happy with their quality of life now that Red Cross is providing social welfare services because they are physically health through a daily schedule activity which they call, 'being active'. Thus, when they are living alone most old people become inactive that is owing to stress, laziness, and lack of companionship. However, they revealed that stipulated tasks are being given to them so that they remain active and hence their self-sufficiency is enhanced.

*“I am an electrician so if there is a problem concerning electricity here at the old age home I they will call me to fix it. This is helping me because it keeps me busy and this has changed my life because I can feel that despite being in my last years of life, I can also do anything just like the young generation”.*

*“We spent most of our time in the library; this makes me feel that I am still a human being like anyone else and my life have changed for the better as compared to my old life”.*

The other activities include, meeting new people of their age while enjoying facilities such as bowling, athletics, hairdressing, library, exercises, church services, yoga classes, playing chess, knitting, shopping, and counselling programmes and many others.

*“I went to the athletics competitions; I won, and went on to the provincial competitions with other elderly people. I was so thrilled because that is what I used to do at my younger ages and this has woken my talent though I am old. I am so excited and my life has greatly improved because Red Cross showed me that even in my old age I am still an athlete. This is different with my old life because I used to stay at home all day and stress was killing me”.*

Therefore, the more these people remain more active, the more they stay healthier for long.

#### 4.8. Personal Security

Most blacks complain about economic insecurity as another problem that has been reducing the respondents' quality of life. More so, other black elderly people who were staying in their own houses forced to walk by themselves and do all the chores at home but they were unable to sustain themselves financially as they have grandchildren to look after. The respondents have said this.

*“Yes I am old and weak but I am the household head with three grandchildren who want to eat and go to school so I had to stay at home and look after them. That time I was not receiving grants, which were given to others because I was left out of the list. I could not be given a pension because I have never gone to work my whole life. It was my husband's duty to go to work but now he is dead”.*

The respondents also mention that they were highly vulnerable to abuse where someone who is part of the family disobediently or accidentally harms them. Thus, as stated by the UN (2009) that being relatively weak, elderly are vulnerable to physical abuse and their resources are being misused. Therefore, this caused the elderly people to suffer from emotional and mental abuse, which led to lowered self-esteem and hence lowered quality of life. Most whites complained about abuse before the intervention of International Red Cross.

*"I did have my assets, a house and some business companies around this area, but my sons took advantage of my old age and sickness (I could not walk, and I was so weak that I could not manage to run my businesses) to take away my assets leaving me with nothing. They migrated to USA".*

However, findings show that respondents are satisfied with their quality of life because Red Cross is now providing the basic services they need. This shows that the provision of welfare services is of much help to the elderly in the study area. The first thing that was mentioned as an improvement in their quality of life was 'safe home'.

*"They are giving us a safe home with everything we need including a structured environment where we eat and do different activities in time. We feel secure here."*

They consider an old age home as safe because many young couples are relocating themselves for better employment so they are unable to provide a stable home for their elderly. More so, elderly person need a structured environment where a daily schedule will be set so that they can live a normal life. This structured schedule includes set meal times, scheduled activity times and other repetitive activities.

*"Now we can eat three meals a day and the food is healthy to maintain our health. We eat the food in time every day".*

#### 4.9. Subjective Well-Being

Some of them confirmed that their quality of life was very bad because their children and relatives moved out of the country and others were going to work. Thus, it was difficult to look after an elder in the house who needs help with everything and every time. Moreover, they confirmed that it was expensive, in financial terms, to look after an elder at home. Consequently, many elderly people were feeling isolated neglected. HelpAge (2011) mentions that isolation is sometimes imposed inadvertently by the families or communities where the elderly live. This shows that isolation or neglect led to the declining in quality of life of the elderly population in the study area. Other respondents said that they decided to live at the old age home because they could not live and manage everything by themselves at home due to loss of control.

However, the majority responded that they are now happy to be involved in this project because they are staying at the old age home where they receive counselling if they are troubled. They are encouraged to be happy and to say out their problems, as this will count to their subjective well-being as noted by WHO (2011) that notions of "happiness", "utility", or "welfare" have a long tradition as part of conceptions of a good quality of life.

#### 4.10. Education and Skills

As noted above on the demographic characteristics under education level, the majority's education level is illiteracy. This means that the greater percentage of the respondents do not have proper education, illiteracy is dominating the in among the elderly in the study area. Moreover, they confirmed that they could not go to school because of different reasons mostly blacks. Thus, this contributed to lower quality of life because better-educated elderly individuals earned higher wages, had good jobs, and thus, they are receiving better pensions as compared to those who are illiterate (WHO, 2011). Nevertheless, social welfare services changed their quality of life for the better as they are being educated in different ways to motivate them. For example, they are encouraged to participate in different activities such as knitting, playing games like chess and others. This will contribute to good quality of life because these activities will keep them busy and it is motivating to learn new things even at old age.

*'This is nice, I didn't know how to play chess but now I feel so happy that I am learning and doing these things at this age.'*

#### 4.11. Social Connections

Social connections are very important in every person's life including the elderly. According to UN (2002), the frequency of people's contacts with others and the quality of their personal relationships are crucial determinants of well-being. 53% of respondents said that their relatives and even children abandoned them and they were staying alone, others end up in the streets. However, through the provision of social welfare services, the elderly are now well connected socially through church services, meeting new people at the old age people and meeting new people whilst participating in different activities. Thus, their quality of life has greatly improved.

#### 4.12. Challenges Faced by Non-Governmental Organisations and Beneficiaries in Trying to Reduce the Vulnerability of the Elderly People.

##### 4.12.1. Caregivers

Non-Governmental Organisations in the study area particularly Red Cross has been experiencing shortage in staff caregivers. Respondents confirmed that age is a crucial factor affecting care giving with some of the caregivers are old for example some of them are between forty to fifty (40-50) years old. The respondents revealed that most caregivers being women and especially those above 40 years are physically not strong enough to stand the care-giving demands, making coping difficult (Neal and Wagner, 2009). On literacy level, some of the caregivers have only primary education while others have secondary education and most of them are black people. Illiteracy has been found to have negative influence on care-giving quality as the old age home consists of two minority races,

blacks, and whites. However, this makes communication difficult between the white elder who needs help and the black caregiver, the helper.

Moreover, the caregivers are not exposed to any motivation in their care giving at work.

*“This profession is de-motivating, demoralizing, it lacks incentives, recognition, rewards, or any strategy to motivate the caregivers”.*

Lack of incentives, the respondents reported, is the reason why care giving does not attract young women and men. Giving incentives, according to the respondents, could include giving stipends and rewards, bonuses, encouraging words, food packages, and toiletries.

*“If you want men and young women to participate in care giving, give them incentives.”*

The respondents also talked about lack of psychosocial support like counselling, social support from relatives and community in general, and inadequate care packages. These factors made coping very challenging for the caregivers and they will end quitting their jobs leaving the elderly with no one to care for them.

However, the organisation had responded to this issue of lacking caregivers by introducing a school of caregivers in the study area. The International Red Cross is giving short courses of care giving so that they can have more young caregivers at the old age home. Nevertheless, this did not help much because these caregivers will end up quitting the job and go to work somewhere else where there are more incentives. More so, this young generation cannot stand working long hours and worse be patient with elderly people who are so demanding.

#### 4.12.2. Financing

The NGOs in the study area especially Red Cross are facing a challenge of lack of financing. An old age home is seen as a second home for the elderly so they demand attention in everything, for instance, food, clothes, blankets, medication, and their scheduled activities for them to stay active. NGOs are expressing difficulty in finding sufficient, appropriate and continuous funding for their work. The respondents find accessing donors as challenging as dealing with their funding conditions. They perceive there to be certain cartels of individuals and NGOs that control access to donor funds. They have limited resource mobilization skills and are often not looking for funds that are available locally, preferring to wait for international donors to approach them. However, there is a high dependency of donors and a tendency to shift interventions to match donor priorities. There is a lack of financial, project and organizational sustainability.

#### 4.12.3. Facilities

The respondents confirmed that it is their wish to give their elderly people good facilities for example enough rooms, toilets and bathrooms. There are other people who are sharing rooms and most of them they even share toilets and bathrooms. Thus, few NGOs have strategic plans, which would enable them to have ownership over their mission, values and activities. This leaves them vulnerable to the whims of donors and makes it difficult to measure their impact over time. Respondents said that it is important for them to respect their privacy as the HelpAge (2011) noted that privacy and dignity work hand in hand.

### **5. Conclusion**

The elderly population in Germiston have gradually increased and the projected growth in numbers of the elderly had immense social, economic and health care implications. Such a shift in the age structure took place in the study area with high levels of unemployment, inequality, and poverty. The challenge is thus to ensure that all elderly persons are able to experience the right to security and dignity. However, the increasingly large number of elderly people aged 60 and over who will be dependent on the shrinking labour force in the future, points to the shrinking future resources required to sustain and care for the health and well-being of the elderly.

Self-assessment of functional limitations among the elderly shows that the burden of ill health and disabilities increases with age, creating an increased demand for health care and other services as the proportion of elderly persons continues to grow. The plight of the elderly in the absence of family support systems and limited resources makes this group very vulnerable and requires NGOs intervention.

The issue of accommodation, or living arrangements, considering the rapid urbanization of young families away from parents, is especially illustrative of one of the more acute problems confronting these elders. However, it is laudable that Red Cross has made commendable progress in endeavours to provide social protection to the elderly, among other population groups. Clearly, such needs as economic security, access to essential health and human services such as food, clothing, adequate accommodation, and personal safety have been provided to the elderly in Germiston. In essence, the important needs of the elderly are development of these people, by these people, based on equality and social justice, meeting basic needs, alleviating poverty and integrating all the elderly people. However, the main weaknesses of existing social protection measures provided by NGOs, particularly Red Cross are that they do not provide adequate benefits and their coverage of the elderly is not inclusive. Therefore, considering that Red Cross is potentially the main source of support for the elderly, it means that even the lucky few who are able to get assistance remain in poverty. Furthermore, the elderly assistance programme not only excludes the majority of the elderly in Germiston but it cannot be relied upon as a major source of social protection for the elderly.

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