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DEPARTMENT OF DEVELOPMENT STUDIES

REALIZING RIGHTS, IMPROVING LIVELIHOODS: THE ROLE OF COMMUNITY DEVELOPMENT VOLUNTEERS FOR TECHNICAL ASSISTANCE (CDVTA) IN THE PROMOTION OF ELDERLY RIGHTS & LIVELIHOODS IN THE NORTH WEST REGION OF CAMEROON

A Research Project Submitted to the Department of Development Studies in Partial Fulfillment of the Requirements for the Award of a Bachelor Degree (BSc) in Social Work

By

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RESEARCH PROJECT FINAL SUBMISSION FORM

This is to confirm that I have formally submitted my thesis titled "***Realizing Rights, Improving Livelihoods: The Role of Community Development Volunteers for Technical Assistance (CDVTA) in the Promotion of Elderly Rights and Livelihoods in the North West Region of Cameroon***" to the Pan African Institute for Development – West Africa (PAID-WA) as an original research report for the award of the ***Bachelor of Science (B.Sc)degree in Social Work this1st Day of June 2015***.

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I hereby certify that this research project **"Realizing Rights, Improving Livelihoods: The role of Community Development Volunteers for Technical Assistance (CDVTA) in the promotion of Elderly Rights & Livelihoods in the North West Region of Cameroon"** was done by Njuakom Nchii Francis under my supervision

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DECLARATION

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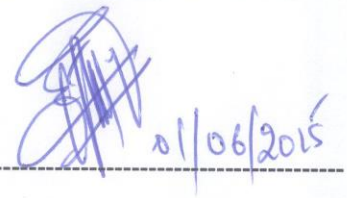

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DEDICATION

This research study is dedicated to my family especially my wife Njuakom Roseline Kamdem Magne, my children; Njuakom Kamdem Dave, Njuakom Ngum Freddy Christian, Njuakom Nayah Amy Michelle, Njuakom Sikali Lea Victoire and Njuakom Tain Florina. I equally dedicate this study to my late father Bobe Tali Nchii, his late junior brother Bobe Ngum Joseph and my mother Nawain Tain Nayah. Lastly and most importantly I dedicate this study to All We Can UK and all older people in Cameroon.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AU	African Union
CBO	Community Based Organization
CDVTA	Community Development Volunteers for Technical Assistance
CEO	Chief Executive Officer
CIG	Common Interest Group
CNPS	National Social Insurance Fund
CSD	Commission on Social Development
DFID	Department for International Development
ECA	Economic Commission for Africa

ECLAC	Economic Commission for Latin America and Caribbean
ECOSOC	Economic and Social Council
ECOSOCC	Economic, Social and Cultural Council
GoC	Government of Cameroon
HelpAge	Help Age International
HIV	Human Immunodeficiency Virus
HREA	Global Human Rights Education Network
ILO	International Labour Organization
INPEA	International Network for the Prevention of Elder Abuse
MANJONG	Oku cultural society
MBORORO	Minority Fulani herders
MDGs	Millennium Development Goals
MINAS	Ministry of Social Affairs
MIPAA	Madrid International Plan of Action on Ageing
MTR	Mid Term Review
NEPAD	New Partnership for Africa's Development
NGO	Non-Governmental Organization
OBE	Order of the British Empire
PAIDWA	Pan African Institute West Africa
P-FiM	People First Impact Method
PFPA	African Union Policy Framework and Plan of Action on Ageing
REC	Regional Economic Community
UK	United Kingdom
UN	United Nations
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
VDU	Village Development Union
WHO	World Health Organization

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ABSTRACT

In recent years, there have been huge advocacy efforts calling for enhanced international thinking and actions on elderly rights. Various stakeholders have called for stronger visibility and increased use of international human rights standards to address the vulnerable situation of older people. The situation of older people has been a social policy concern in the developed and least developed countries. This study x-rays the situation of older people in the North West Region of Cameroon, to find out areas where older people are having problems on their rights and livelihoods and investigate whether or not CDVTA is addressing these problems. The stratified random sampling technique was used and data was analyzed using statistical package for social science (SPSS, frequency tables, pie charts and histograms). It further recommends measures to promote elderly rights and improve livelihoods. A sampling frame of 500 older people within 4 Divisions in the North West Region of Cameroon was considered and a sample size of 140 was extracted for thorough investigation. The results showed that the older people in the study area were not given adequate care and CDVTA as a nongovernmental organization was doing all in its capacity to ensure the amelioration of these poor conditions. This research therefore, recommends that an active social ageing policy should be enshrined into law in Cameroon to improve on the lot of the old and the elderly.

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND OF THE STUDY

For the past fifty years, older people have been all but invisible in international development policy and practice (Heslop and Gorman, 2002). In the midst of an ageing revolution, which may have its primary impact in developing countries including Cameroon, the needs and capacities of older people are starting to appear on the global development agenda. A growing concern about demographic change in the least developed world has begun to drive a new attitude towards ageing.

For the first time, governments, academic researchers and independent development actors are engaged in considering best policy options to meet the challenges of older populations and unprecedented demographic trends. In some parts of the world, particularly where population ageing is happening very rapidly, international and national agencies such as the UN Economic and Social Commission for Asia and the Pacific, HelpAge International, the UN Economic Commission for Latin America and the Caribbean, the American Association of Retired Persons, HelpAge Kenya, South African Care Forum and Age in Action South Africa, just to name a few have played a leading role in stimulating debate on issues affecting the elderly and measures to address those issues.

The number of studies on ageing issues, though still extremely small, is growing and some governments and development actors are starting to build up their understanding of ageing and poverty reduction. Again for the past fifty years, development policy has been focused on achieving economic growth and increased productivity. Human rights are about ensuring the dignity of all people, older people included, not about treating someone as though they were a welfare case. Consequently, changes in the social and economic aspects of life in the North West Region of Cameroon, in the last 50 years have altered the traditional and cultural social support networks among families and communities. This has left many vulnerable older people without possibilities for accessing their basic human rights and means of improving their livelihoods. The symptoms of this process of relative decline on older people's rights are clear. Negative social attitudes towards the elderly like lack of awareness on their rights poverty, lack of an ageing policy in Cameroon and above all lack of adequate academic research into issues affecting the elderly in Cameroon has prompted this research topic,

objectives and research questions to thoroughly investigate the role if any played by CDVTA in realizing and improving elderly rights and livelihoods in North West Cameroon and to recommend measures that can be implemented to further improve elderly rights and livelihoods in Cameroon.

Older people, typically characterized as economically unproductive, dependent and passive, have been considered at best as irrelevant to development and at worse as a threat to the prospects for increasing prosperity (Gorman, 1999). As a result, development policy in the post war era has excluded and marginalized people purely on the basis of their age. The same is true for Cameroon which has not only been very slow in addressing elderly issues but also does not have a coordinated system of social protection or policy for all older people. This research seeks to examine the role of CDVTA in the promotion of elderly rights and the improvement of livelihoods in the North West Region of Cameroon. It also investigates the areas where elderly rights are violated and recommends measures necessary to effectively address these issues. CDVTA promotes elderly friendly communities, through rights advocacy and improved livelihoods. It is a national organization with headquarters in Bamenda and works with communities across the national territory.

1.2 PROBLEM STATEMENT

The ageing process is a biological reality and longitudinally affects every human being on earth. Article 1 of the Universal Declaration of Human Rights states that "All human beings are born free and equal in dignity and rights" Article 22 of the same document states that "Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality" (1948). In the North West Region of Cameroon, it is often believed that older people are well supported because there is a tradition of respect for older people. This is often not always the case. Many older people in this region are abused socially, economically and psychologically. Their basic human rights, such as the right to life and liberty, the right to work, and the right to freedom from discrimination, are often disregarded. Older people are often physically abused by family and community members and are accused of many things, from witchcraft to preventing or causing countless problems in society. Aged based discrimination prevents older people from having access to basic rights such as adequate health care, legal protection, employment, education, adequate nutrition and access to credits. This research therefore

seeks to investigate social, economic and health problems associated with older people and the ageing in the North West Region of Cameroon.

1.3 MAIN OBJECTIVE

The main objective of this research is to evaluate the impact of CDVTA work in realizing elderly rights and improving livelihoods in the North West Region of Cameroon.

SPECIFIC OBJECTIVES

1. To find out areas where elderly people are having problems on their rights and livelihoods
2. To investigate whether or not CDVTA is addressing these problems in this Region
3. To recommend measures to further promote elderly rights and improve livelihoods

1.4 RESEARCH QUESTIONS

1. Where specifically do elderly people have problems concerning their rights and livelihoods?
2. Is CDVTA addressing problems of the elderly in the North West Region?
3. What recommendations can we advance towards addressing the problems of the elderly in the North West Region?

1.5 SIGNIFICANCE OF THE STUDY

Care and support for older people of the informal sector has received very insignificant academic attention in Cameroon. Although geriatrics is treated partially in medical training schools in Cameroon, there is no higher institution of learning offering courses on gerontology, policy and ageing. There has been no significant research so far in Cameroon to evaluate and assess issues affecting the lives of older people in the informal sector.

The absence of significant academic findings on the subject of elderly rights and livelihoods in Cameroon has meant that there has not been adequate information to process the implementation of relevant programmes in support and care for older people's rights.

As this research explore the situation of elderly rights and livelihoods in the informal sector of the North West Region, it is anticipated that the research findings would contribute to the limited but gradually growing body of knowledge that exist on the issue of support and care for older people not only in the North West Region but also in Cameroon as a whole.

The research findings would possibly, ignite more curiosity and interest in other researchers to consider engaging more investigations and findings into existing relevant information and literature on older people elsewhere and improve on knowledge and more concrete actions in their area. More importantly future researchers who may be willing to undertake studies on ageing, policy and gerontology could use results from this study as part of their literature review and information they require to raise more critical research questions. It is the wish of the researcher that the ministry of social affairs and the government of Cameroon would benefit from these research findings and put in place a sustainable robust policy in favour of older people in all sectors of society.

1.6 ORGANIZATION OF THE STUDY

This study is organized into five chapters as follows:

Chapter 1 is the introduction to this research thesis and provides a background of the study with global debates on ageing trends and on newly emerging issues affecting the elderly. This is followed by the problem statement of this research which highlights problems affecting the elderly worldwide with a focus on problems affecting the elderly in the North West Region of Cameroon. The objectives of the study, research questions, and significance of the study as well as the definitions of key terminology used in this research have been discussed in chapter one.

Chapter 2 reviews literature on elderly rights, livelihoods and other ageing perspectives, taking a snapshot of different research findings, debates and arguments on elderly issues by academics, development actors, governments and their bilateral institutions. The review of literature also looks at ageing perspectives and approaches in different parts of the world like the Americas, Europe, Asia and Pacific, Caribbean, Africa and finally ageing perspectives in Cameroon with focus in the North West Region. Chapter two also discusses literature on theoretical framework of older people's issues with focus on the human rights of older people, the Madrid International Plan of Action of Action on Ageing (MIPAA), the African Union Policy Framework and Plan of Action on Ageing (PFPA), International Human Rights Law, United Nations Principles for older Persons, African Charter on Human and People's rights and the Human rights of older people. Chapter two equally reviews literature on the work of CDVTA in Cameroon. Finally this chapter identifies gaps in the literature and explains how these study findings are intended to contribute towards bridging these literature gaps on the care and support for older people.

Chapter 3 discusses research methodology and study design, the setting of the research, the study design, sampling frame, sampling technique and research instruments. Chapter 3 concludes that a qualitative approach was deemed necessary for this study as a motivation for the use of in-depth semi structured interviews to get closer to the lived experience (Hoggart et al. 2002) and have a human face of evidence based progress, if any by the work of CDVTA on lives of the elderly in North West Cameroon and provide empirical answers to this research questions.

Chapter 4 provides religiously, an unprejudiced synthetic analysis of the study data on the following variables used in the research analysis; age, sex, recoded age, educational level and occupation of respondents. This chapter analysis data on the situation and problems of the elderly before CDVTA, rights based and livelihood activities of the elderly before and with CDVTA, elderly annual income before and with CDVTA, areas where rights and livelihoods have improved with CDVTA and finally measures necessary to further improve rights and livelihoods of the elderly. This chapter equally pays attention to data analysis on the change context in the lives of the elderly with more insightful investigation explanations on the research results in order to attempt answers to the research questions. Finally Chapter 4 discusses the implication of the results and the limitation of the study.

Chapter 5 presents a summary of the study findings, conclusion and recommendations. Finally this chapter recommends specific research areas where more studies are necessary to further improve on the limited body of knowledge on this topic and provide more answers to this research question.

1.7 DEFINITION OF TERMS

OLDER PERSON

According to the World Health Organization (WHO) (2014) most developed world countries have accepted the chronological age of 65 years as a definition of 'elderly' or older person, but like many westernized concepts, this does not adapt well to the situation in Africa. While this definition is somewhat arbitrary, it is many times associated with the age at which one can begin to receive pension benefits. At the moment, there is no United Nations standard numerical criterion, but the UN agreed cutoff is 60+ years to refer to the older population.

SOCIAL PROTECTION

Social protection encompasses a range of public actions carried out by the state and others that address risk, vulnerability, discrimination and chronic poverty. The right to social security in childhood, old age and at times of disability is expressed in a range of international human rights declarations and treaties. Social security transfers in the form of, for example, pensions, child benefit and disability allowances are considered to be core elements of a comprehensive social protection system (HelpAge International, 2008).

NON CONTRIBUTORY PENSION

A Non Contributory Pension (also known as social pension) is a regular cash transfer to older people. Eligibility is based on age and citizenship/residency, and almost always on means such as income, assets or other pension income.

SOCIAL GERONTOLOGY

Social Gerontology is the study of the social, psychological and biological aspects of aging (Mechnikov, 1903). Gerontologists include researchers and practitioners in the fields of biology, nursing, medicine, criminology, dentistry, social work, physical and occupational therapy, psychology, psychiatry, sociology, economics, political science, architecture, geography, pharmacy, public health, housing, and anthropology

GERIATRICS

According to the free encyclopedia, Geriatrics is a specialty that focuses on health care of elderly people. It aims to promote health by preventing and treating diseases and disabilities in older adults.

FIRST PEOPLE CONTACT METHOD

P-FIM is a tool and an approach that gives communities a voice. It identifies the causes of positive, negative and neutral change in their lives. It emphasis active listening, understanding context; shared ownership and responsibility for improved response. The P.FIM approach recognizes that the starting point is people, not projects or organizations (McCarthy and O'Hagan, 2014)

RIGHTS

The Free encyclopedia defines rights as legal, social, or ethical principles of freedom or entitlement; that is, rights are the fundamental normative rules about what is allowed of people or owed to people, according to some legal system, social convention, or ethical theory.

LIVELIHOOD

A livelihood comprises the capabilities, assets (stores, resources, claims and access) and activities required for a means of living: a livelihood is sustainable which can cope with and recover from stress and shocks, maintain or enhance its capabilities and assets, and provide sustainable livelihood opportunities for the next generation; and which contributes net benefits to other livelihoods at the local and global levels and in the short and long term. (Chambers and Conway, 1992)

WELFARE

Welfare is the provision of a minimal level of well-being and social support for all citizens

SOCIAL INCLUSION

The World Bank defines social inclusion as the process of improving the terms for individuals and groups to take part in society (2013). Social inclusion is a central tenet in the World Bank Group's dual goals of ending extreme poverty by 2030 and promoting shared prosperity.

COMMON INTEREST GROUP

Common Interest Groups (CIGs) are collections of members who have like interests and come together to share information and work cooperatively around some unifying issue.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.0 LITERATURE REVIEW

2.1 GLOBAL APPROACHES ON AGEING

The idea of ageing is globally anchored in the cultural and traditional beliefs of the different societies and countries that make up the world. The literature of different ageing concepts and approaches will therefore reflect different cultural backgrounds in different regions of the world depending on the circumstances in which older people find themselves in these regions. This research will review literature in the western approach (America and Europe), the Asiatic and Pacific approach, the Latin American and Caribbean approach and the African approach. The Research will also review literature in the Cameroon approach with main focus on the North West Region of Cameroon where this research is directed. The research will equally explore the involvement of women and gender in ageing and look at some theoretical frameworks on ageing and the care of older people, with a view to provide a greater insight into the research findings which according to the researcher will make a meaningful contribution to the gradually growing body of limited knowledge in this area. More importantly, the research will review literature on community based and institutional care approaches and take a snapshot of the best care option that is sustainable and cost effective in order to inform this research findings and recommendations accordingly. Finally this research will review literature on the activities of CDVTA in realizing elderly rights and improving livelihoods to provide an insight that supports the research topic on the role of CDVTA in Realizing elderly rights and improving livelihoods in the North West Region of Cameroon, as well as provide empirical and palpable answers to the research questions.

2.2 AGEING TRENDS AND APPROACHES

For the past fifty years, development policy has been focused on achieving economic growth and increased productivity. Older people typically characterized as economically unproductive, dependent and passive, have been considered at best as irrelevant to development and at worst as a threat to the prospects for increased prosperity. As a result, development policy in the post-war has excluded and marginalized people purely on the basis

of their age. In contrast to the North, the absence of informed debate on ageing in the South is striking. In the countries of the developed world where population ageing has been acknowledged as a policy issue, deep foundations of knowledge have been established which inform both policy and practice in relation to older people. In developing countries, the dearth of even the most basic information on older people and the lack of informed research has fueled misconception and led to a neglect of the rights of older people in policy and practice (Gorman, 1999).

Attempts to include older people's issues on the international development agenda dates back to 1948. At the initiative of Argentina, a draft "Declaration on Old Age Rights" was proposed at the United Nations General Assembly. However it was not until 1982 that a major international conference addressed the subject, when the UN hosted a World Assembly on Ageing in Vienna and adopted an International Plan of Action on Ageing. Despite this initiative and the designation of both a UN day and an International Year for Older Persons, it has proved extremely difficult to capture the interest of the wider international community. In the 1990s International conferences such as the International conference on Population and Development (1994) and the World Summit for Social Development (1995) began to respond to the call in the Vienna Plan of Action to make a distinction between the humanitarian and the development aspects of ageing. The 1999 International Year of Older Persons with its theme of a Society for All Ages as well as the consequent Madrid International Plan of Action on Ageing (2002) provides the best opportunity so far for establishing an agenda for ageing in the developing world

2.3 UNITED STATES OF AMERICAN APPROACH ON AGEING

For the United States, population trends may lead to greater opportunities in the global economy of the future. Although the U.S. population is anticipated to turn older and grow at a slower rate in the future, it is projected to increase at a faster pace and age less than the populations of most of the rest of the developed world. Thus, to the extent that demography is destiny, the U.S. may be in a position to experience a more robust economic future in comparison with other developed nations. The U.S. population will grow at a faster rate than the populations of European and several East Asian and Latin American countries. Countries whose populations should grow at rates slower than in the U.S. include Brazil, Argentina, Britain, France, Spain, China, South Korea and South Africa. Some countries—Russia, Germany, Italy and Japan, are projected to experience reductions in their populations. The American public opinion on aging differs dramatically from the views of the nation's major

economic and political partners. Americans are less likely than most of the global public to view the growing number of older people as a major problem. They are more confident than Europeans that they will have an adequate standard of living in their old age. And the U.S. is one of very few countries where a large plurality of the public believes individuals are primarily responsible for their own well-being in old age (United Nations, Department of Economic and Social Affairs, World Population Prospects, 2013). Traditional care concepts in the United States of America are mainly institutional through residential home care settings while there has been a gradual move in recent years from institutional to home based care, with institutional care left for those with some form of incapacitation which can be observed by care givers to be detrimental to the health and life of the older person.

2.4 EUROPEAN APPROACH ON AGEING

The Ageing of Europe is a demographic phenomenon in Europe. This is characterized by a decrease in fertility, a decrease in mortality rate, and a higher life expectancy among European populations. There is some concern over the decline in the rate of population growth of the native European peoples since the end of World War II. Demographic studies and resultant reports conducted by the European Commission, point to the declining birth rate of the population of the native European peoples which would need to be reversed from its present level, in order to preclude a population decline of the native European peoples by nearly half in each generation, back to a replacement level. The ratio of retirees to workers in Europe will double to 0.54 by 2050 (from four workers per retiree to two workers per retiree (Giuseppe et al, 2006). The median age in Europe will increase from 37.7 years old in 2003 to 52.3 years old by 2050 while the median age of Americans will rise to only 35.4 years old (Frey, 2006). The Organization for Economic Co-operation and Development estimates only 39 percent of Europeans between the ages of 55 to 65 works. This means that if Frey's prediction for Europe's rising median age is correct, then Europe's economic output could radically decrease over the next four decades. Traditional care concepts in Europe are mainly institutional through residential home care settings while there has been a gradual move in recent years from institutional to home based care, with institutional care left for those with some form of incapacitation which can be observed by care givers to be detrimental to the health and life of the older person.

2.5 ASIA-PACIFIC APPROACH ON AGEING

The Asia-Pacific region is currently home to over half of the worlds elderly population. The region is experiencing population ageing at an unprecedented pace, due to the tremendous improvements in life expectancy combined with falling fertility rates. With weak social protection systems, rural-to-urban migration and changing family structures are left with no secure source of income. Gender inequality and discrimination against women is perpetuated into old age. As the population grows older in Asia and Pacific the need for health-care and long-term care services is expected to increase considerably and elderly care is consequently a key component addressed under Advancing health and well-being into old age, one of the three pillars of the Madrid International Plan of Action on Ageing (MIPAA) (United Nations Social Development Division report for Asia and Pacific, 2003). Trends in ASEAN countries are generating interest in home-based care for frail older people: demographic changes, weakening family support networks, and financial constraints in addressing these challenges (HelpAge Korea, 2008).

2.6 LATIN AMERICAN AND THE CARIBBEAN APPROACH ON AGEING

Population aging is quite advanced in Cuba, Argentina, and Uruguay, where the elderly ages 65 and older already represent 10 percent or more of the population. A majority of countries in the region will see the share of the 65-and-older population reach at least 10 percent by 2030, but the pace of aging varies. For example, in Colombia and Costa Rica, the proportions of the population ages 65 and older are projected to more than double, to roughly 12 percent and 14 percent, respectively, between 2010 and 2030. By contrast, the 65-and-older population in countries such as Haiti, Bolivia, and Guatemala will still be less than 7 percent by 2030 (Scommegna et al, 2014). The speed of demographic ageing in Latin America and the Caribbean will be unprecedented. The time it will take a typical country in Latin America and the Caribbean to attain a substantial proportion of people above age 60, say around 15 per cent, from current levels of around 8 per cent is less than two fifths the length of time it took the United States, and between one fifth and two fifths of the time it took an average Western European country to attain similar levels (Palloni et al, 2002) and (Kinsella and Velkoff, 2001)

2.7 AFRICAN APPROACH ON AGEING

Thokozile (1997) explains that “Africa is faced with the simultaneous challenge of sustaining high economic growth and achieving social development. While overall economic

growth remained strong during the last few years, there is still no clear evidence that such growth has created jobs for Africa's rapidly growing working age population, or reduced poverty. Older persons, among other people, continued to be the most marginalized and vulnerable groups in Africa".

According to the Economic Commission for Africa Centre for Gender and Social Development Human and Social Development publication on The State of Older People in Africa (2007), "the regional review and appraisal of the Madrid International Plan of Action on ageing which Reflects on the need for synchronization of economic and social policies for inclusive development, old persons aged 60 or more in Africa are rapidly growing. They were estimated at 50.5 million in 2007 and expected to reach 64.5 million in 2015; the year for achieving the MDGs.

2.8 CAMEROON APPROACH ON AGEING

In Cameroon, just as in many other African countries, ageing is an emerging issue due to the erosion of the traditional family and cultural system. The following actions have been undertaken in Cameroon already in this direction i) participation at the second world assembly on ageing (2002) and other regional meetings ii) Hosted the biennial Help Age International Africa Regional workshop from 11-13 September 2006 attended by representatives of governments and organizations from 14 countries. iii) Consultations between the ministry of social affairs and the other ministries and stakeholders, iv) celebration of international day of older people v) New department created in the ministry of social affairs for Disability and Ageing and vi) a national draft policy on ageing currently under study by the government of Cameroon (Economic Commission for Africa African and Centre for Gender and Social Development, 1997)

2.9 THE PENSION SYSTEM IN CAMEROON

The pension system in Cameroon which falls under the social security is aimed at the working population. This system was designed by the colonial powers, mainly the French, who based it on the working population not taking into consideration the difference between African and European societies. Considering the fact that most Cameroonians were illiterate, having no form of employment with old-age security provided by the private sector, the government plays just a minimal role in the provision of social security. The pension system in Cameroon therefore, covers just a tiny portion of the population (Nkwawir, 2010). The ministry of Social Affairs (MINAS) groups elderly needs in Cameroon to four main

categories: Access to specific health care; Autonomy and material and financial independence (poverty); Psychosocial and affective support (restoration of dignity); Social recognition (marginalization and exclusion). In Cameroon, the protection and well-being of older people according to MINAS, remains one of the key priorities of the Head of State as legally and institutionally manifested. Legally, the Constitution of Cameroon in its preamble states: "The nation must protect the elderly." Juridically speaking, there is no specific legislation in Cameroon supporting elderly rights.

2.10 THE SITUATION OF OLDER PEOPLE IN NORTH WEST CAMEROON

Relative to the rest of the country, the North West Region, is a poor region and one where elderly people have been by-passed by changes elsewhere in the society. The symptoms of this process of relative decline are clear. There is a steady out-migration of young people from local communities leaving behind elderly people to take care of their grand children and other needy vulnerable family members. Poverty and social exclusion remain the main stumbling blocks to the realization of the human rights of older people in this region. Elderly people are however active members of society and make many contributions; often less visible ones. The elderly have expertise that can be shared with younger generations, this allowing them to act as links between the past and the present. Consequently, the elderly constitute a key resource for giving continuity to cultural values and for preserving the diversity of cultural identities (HelpAge International, 1999). These are typical symptoms which are often found world-wide in societies where changes in socio-economic life, leave poor elderly people in conditions of relative decline.

2.11 WOMEN AND GENDER INVOLVEMENT ON AGEING

There is a double challenge in responding to the gender implications of global ageing. In several countries in Africa the poorest older women (rural grandmothers) have taken on the responsibility of caring for the most vulnerable in their families and communities, that is children and grandchildren with HIV/Aids, in the absence of any state support (Ewing, 1999)

By 2020, the absolute numbers of elderly in Africa will increase dramatically. A majority of these will be women. While we know much about the powers and authority of male elders within formal kin- and age-based structures, we know little about the lived experience of aging in Africa today, and even less about the formal and informal roles of elderly women. They point to future research challenges that will include understanding indigenous notions of gender and aging, and power and personhood, as they relate to personal experiences and to

the ability of older women and men to assure their security in contexts of rapid social change (Udvardy et al, 1992). Although a critical synthesis of gender theory and ageing is emerging, until recently, very little research focused on the study of women and gerontology. Hence, the impact of ageing on gender inequalities requires more serious discussions and analysis. Only through these efforts can new visions of the plight and contributions of older women grow and policies be developed to remedy the problems (Annan, 1999)

2.12.1 COMMUNITY DEVELOPMENT VOLUNTEERS FOR TECHNICAL ASSISTANCE APPROACH

Community Development Volunteers for Technical Assistance (CDVTA) is a legally registered community development charity in Cameroon with Registration No: NW/GP/01/98/1940 of 11 May 1998. CDVTA collaborates with the government of Cameroon through the Ministry of Social Affairs with authorization to operate; Ref: N0: AS921300/L/MINAS/SG/DIDESEC/CECO/CEA1 of July 1 2008 and the Ministry of Territorial Administration with Ref: No: 005/ACK/E.32/050/2007/A2 of August 17 2007. CDVTA has Special Consultative Status with Economic and Social Council (ECOSOC) of United Nations since 2010. CDVTA enhances advocacy, promotes positive ageing, rights, legitimacy and acceptability of legislation on older people rights in Cameroon, aimed at providing lasting benefits poor older people and their under-represented communities, to reduce income poverty and improve livelihoods.

2.12.2 CDVTA AREAS OF SUPPORT FOR OLDER PEOPLE

The quality of the facilitation and training conducted within the clubs is high, and regular monitoring provides evidence of a change in livelihoods, welfare and rights awareness. This was confirmed by a sample of club members (interviewed during the MTR) who were all able to articulate not only improvements in their livelihoods but also their rights as elderly people. In addition, the advocacy work has been strong and progress towards a change of policy in the government is more than originally expected. Obviously policy change is a complex process but the project has been able to secure senior politicians' support, has stimulated dialogue at the very highest levels, has the ear of the Prime Minister, has drafted policy documents, and has raised the level of public debate. Each of the clubs has its own farm and garden. This uses labour from club members and then shares the harvest. The presence of the farming and gardening is again in itself an opportunity for socialization. However, as important as that is, there has also been visible improvement in livelihoods.

While elderly people are included in traditional leadership, prior to the project it was rare to find elderly people on village development unions – the official executive for development activities at a village level. Since the project, elderly people have been encouraged to join the VDU and there are now over 60 elderly on the VDUs within the project area" (Batchelor, 2012)

In terms of the impact recorded and the obvious satisfaction of elderly people and their communities, the project can be considered highly effective. All the project activity budget lines are considered good value when linked to the impact measurement results of the evaluation. There is a direct correlation between the voice of the community, impact measured and the funds received. This is clearly in line with current DFID policy and thinking. The results to an experienced and external "eye" really are very impressive." (O'Hagan, 2014)

CDVTA assists marginalized and isolated elderly people to form clubs to advocate for their rights together, improve their livelihoods and encourage interaction between generations. Today it has more than 13,000 people enrolled in 168 elderly peoples clubs across 26 rural communities. But tackling deep-rooted prejudices and challenging traditional beliefs have taken many years of hard work (Davies, 2014).

The project exceeded all of its targets. The evidence is based on the solid qualitative and quantitative findings of the People First Impact Method Exercise. The quantitative elaboration of these is based on the annual reporting against the quantitative indicators of the CDVTA project log frame. Many more beneficiaries have been reached than planned. The target was 8,200 elderly people. 13,060 (75 percent women) have been reached. (O,Hogan, 2014)

CDVTA uses an elderly-driven, integrated rights based approach in their work. CDVTA has established elderly committees, volunteer networks, who collaborate with stakeholders to sustain the work. Clubs are owned and managed by the elderly (Magne, 2011).

Along with the GoC's commitment to its Poverty Reduction Strategic Plan with the World Bank to promote community participation in development, 128 elderly people (44 women) including marginalized indigenous fulanis people, were elected to village development committees and to local councils, representing government at the local level. Members of village development committees and local councils hold regular meetings with Divisional Officers, Parliamentarians and Senators to address issues affecting the elderly.

Reports from these meetings are sent to relevant Ministries, placing elderly people in a position of power and influence at the local, regional and national levels (Bertolotto, 2013)

CDVTA's successes, which constitute great achievements include amongst others the ability of older persons in North West Cameroon to undertake micro income generating activities thanks to livelihood skills taught them by CDVTA, the creation of social clubs for the elderly in the local communities, the successful involvement of local volunteers in the programme, and the gradual change to some traditional laws and policies that discriminate against older women especially widows (United Nations Centre for Human Rights and Democracy in Central Africa, 2010).

2.12.3 THEORETICAL FRAMEWORK

2.12.4 INSTITUTIONAL CARE FOR THE ELDERLY

This type of care for the elderly usually takes place in residential care homes, offering a smaller, more home-like family setting for the elderly. The care home offer food services, social support and often medical assistance to the elderly on a daily basis. This type of care is mainly practiced in developed countries and although the practice is still going on, it is however reducing as the United Nations is now advocating for non intuitional care approaches like home based care or community based rehabilitation, which helps to support and improve the lives of the elderly person in his natural habitat. The greater part of institutional care is practiced in developed countries of North America, Europe, Australia and part of the Asiatic countries like Japan, China, Korea, Singapore, Malaysia, and Thailand etc. It is also practiced in some middle income countries like South Africa, Tunisia, Egypt, Brazil, Argentina, India, Vietnam, Romania and Mauritius etc.

2.12.5 COMMUNITY BASED CARE OR NON INSTITUTIONAL CARE FOR THE ELDERLY

Community based care for the elderly, otherwise known as home based care or non institutional care, provides community-based services organized in a continuum of care to help functionally impaired older people live in the least restrictive yet most cost-effective environments suitable to their needs. The United Nations supports the move from institutional care to community based care for the elderly, unless the elderly person in need of care is suffering from an illness that needs support from a care home setting or if the elderly person does not have any family, volunteer or community member to look after them.

Community based care is practiced throughout the developing world and has proved to be very effective, sustainable and acceptable to the elderly, families and local communities.

2.12.6 HUMAN RIGHTS OF OLDER PEOPLE

The Universal Declaration on Human Rights, which was drafted by the United Nations (UN) in 1948 to set out the fundamental rights and freedoms shared by all human beings, states that "all human beings are born free and equal in dignity and rights". This means that older men and women have the same rights as everyone else and equality does not change with age. The dialogue pertaining to protecting the rights of older persons is not about creating new rights; it is to ensure that older persons fully enjoy their rights in law and in practice on an equal basis with other members of society (Global Alliance for the rights of older people, 2012).

2.12.7 THE MADRID INTERNATIONAL PLAN OF ACTION ON AGEING

In 2002 delegates representing more than 160 governments attended the United Nations Second World Assembly on Ageing in Madrid Spain, to revise the Vienna Plan on Ageing (1982) and establish a long term strategy for tackling ageing world populations. The meeting resulted in the adoption of the Madrid International Plan of Action on Ageing (MIPAA) and its call to action to 'build a society for all ages': "People as they age, should enjoy a life of fulfillment, health, security and active participation in the economic, social, cultural and political life of their societies. MIPAA was determined to enhance the recognition of the dignity of older people and to eliminate all forms of neglect abuse and violence on elderly people.

2.12.8 AFRICAN UNION POLICY FRAMEWORK AND PLAN OF ACTION ON AGEING

The African Union Policy Framework and Plan of Action on Ageing (PFPA) represent the regional response to tackling the challenge of ageing populations. Developed in a partnership between the AU, African governments and Help Age International from an initial focus of the Organization for African Unity, (now the African Union (AU)), Session of the Labour and Social Affairs Commission in Namibia 1999, the policy was approved at the 38th Ordinary session of the Assembly of Heads of State and Government in South Africa (2002). The PFPA states that it has been formulated to: 'Guide AU Member States as they design, implement, monitor and evaluate appropriate integrated national policies and programmes

to meet the individual and collective needs of older people.'. The PFPA commits all AU member countries to develop policies on ageing. 'Government has responsibility to provide leadership on the development of National Policies and to challenge discriminatory practices.' At the same time it recognizes the resource implications and recommends that:' the rights and needs of older people should be included in national budgets and Governments should advocate the allocation of resources for programmes to address ageing issues from the international donor community.

2.12.9 INTERNATIONAL HUMAN RIGHTS LAW

Adopted in 1948 by the UN General Assembly, The Universal Declaration of Human Rights is generally agreed to be the foundation of international human rights law1. As stated in its Charter, its purpose is to promote human rights, better living standards and social progress, develop positive relations among states and to maintain peace and security. Article 1 set out the core idea of human rights: 'All human beings are born free and equal in dignity and rights'. Other rights in the declaration include, but are not limited to, the right to life, liberty, non-discrimination, due process, ownership of property, education, political participation, work and leisure (Fredvang, and Biggs 2012).

2.12.10 UNITED NATIONS PRINCIPLES FOR OLDER PERSONS

In recognition of the United Nations Charter for Human Rights mentioned above, it is imperative for this study to review UN Principles for Older Persons. In this respect, in pursuant of the International Plan of Action on Ageing, adopted by the World Assembly on the Ageing (2002) and endorsed by the General Assembly in its resolution 37/51 of 3 December 1982, and, subsequently resolution 46/91 of 16 December 1991, encouraging governments to incorporate eighteen principles into their national programmes whenever possible is the basis of establishing this research study on the promotion of the rights of the older-persons in Cameroon, with case study in the North West Region of Cameroon.

2.12.11 AFRICAN CHARTER ON HUMAN AND PEOPLES RIGHTS

The African Charter on Human and Peoples Rights was adopted in June 1981 in Nairobi by African Member states of the Organization of African Unity (OAU) and entered into force in October 1986. This charter recalled Decision 115 (XVI) of the Assembly of Heads of State and Government at its Sixteenth Ordinary Session in Monrovia (1979) on the preparation of a

»preliminary draft on an African Charter on Human and Peoples' Rights providing inter alia for the establishment of bodies to promote and protect human and peoples' rights»;. This charter stipulates that »freedom, equality, justice and dignity are essential objectives for the achievement of the legitimate aspirations of the African peoples. The Charter reaffirms the pledge of the African governments, solemnly made in Article 2 of the said Charter to coordinate and intensify their cooperation and efforts to achieve a better life for the peoples of Africa and to promote International cooperation having due regard to the Charter of the United Nations and the Universal Declaration of Human Rights. Point 4 of article 18 of this Charter states that "the aged and the disabled shall also have the right to special measures of protection in keeping with their physical or moral needs" The protection of the rights of the elderly is fully recognized by this charter and the Universal Declaration of Human Rights. Cameroon is a signatory to this Charter and hence should be implementing it in support and care of older people, reason why this research is intended to evaluate how far Cameroon has gone in addressing issues affecting the rights and livelihoods of the elderly in the North West Region.

2.12.12 GAPS IDENTIFIED IN THE LITERATURE AND HOW THE WORK SHALL ATTEMPT TO FILL THEM

In the course of reviewing literature for this research, the researcher, observed that there were many elderly people with problems on rights and livelihoods but surprisingly, there was nearly nonexistent or very limited literature and information in this area. Scanty information on older people's care concepts in Cameroon was found on the poorly organized website of the ministry of social affairs and in the office of CDVTA. This is why this research is being carried out, to fill this gap and provide more information as well as add more value to future research in this area. It is the hope of the researcher that future researchers in this area may find these research findings useful to their work

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 INTRODUCTION

This chapter deals with the method of conducting the research and the design employed to facilitate data collection and analysis. Every worthwhile research needs to be conducted based on established principles that will ensure the objectivity of the research outcome. In order words, the gait of a research finding lies in the methodology applied to create a nexus between what is known and what is yet to be known.

3.1 STUDY CONTEXT

The social survey method was used in conducting this finding. The survey research method helps the investigator to gather the opinions of people of a particular problem or issue. The consensus of opinion of respondents on a particular problem will provide a solution to it.

The characteristics of a social survey are:

- The selection of a sample from a sample from a population
- The findings obtained from a carefully selected sample can be used to generalize the whole population
- Questionnaires and interviews are generally used to seek the opinions of individuals in a sample.

Survey research saves time and money without sacrificing efficiency, accuracy, or information adequacy. The researcher is interested in observing what is happening, to sample subjects without any attempt to manipulate or control them.

Designing the study is the key element of research methodology that needs to be taken seriously and handled with care. Nwana (1981) as cited by Poopola (2000) has asserted that the design of a research method is meant to describe a number of decisions which need to be taken regarding the collection of data before the data is collected. Such decisions include the following;

The target of the study, which involves taking census or sample of the elements in the population, the sampling techniques to be adopted and the setting of the research undertaking.

Varkevisser, Pathmenathan and Brownloo (1991) submit that research design is a plan developed to systematically collect, analyze, and interpreted data to answer a certain question or solve a problem.

3.2 DESCRIPTION OF THE STUDY AREA

The Northwest Region (known before 2008 as the Northwest Province) is the third most populated region in Cameroon with a series of young folded mountains. This region has seven Divisions as follows: Bui, Donga-Mantung, Menchum, Mezam, Momo, Ngoketunjia and Boyo. Each division is further subdivided into sub divisions making 31 in the Region. There are thirty-two councils in the region. There is a steady out-migration of young people from the villages to the towns for a better life leaving behind elderly people to look after themselves. In these villages elderly income is derived from off-farm earnings with little or no social services. This research has targeted the elderly in the following villages; Elemighong, Antusi, Kichu, Baingo Central, Tumuku (Boyo Division), Njinibi, Barakwe, Bessi Tibatoh, Acha, Ngwo (Momo Division), Bamari, Katsen II, Banmun, Elak, Ngashie (Bui Division) and Hausa, Mbesoh, Mufuoh, Ntekezon and Buh (Ngoketunjia), where a majority of elderly people live in poor environmentally fragile conditions and trapped in extreme poverty.

3.3 THE STUDY DESIGN

The study design used in this research is a cross-sectional survey design in which the opinions of the respective sub groups of the ageing, the old and the elderly, and their problems is gathered, compared and analyzed.

3.4 SAMPLING FRAME

The sampling frame of this research is made up of 500 older people drawn from four Divisions of the North West Region of Cameroon (Boyo, Momo, Bui and Ngoketunjia). And a sample size of 140 older people was extracted for the study.

Sample size as highlighted by Aina (2000) is a fractional part of the population selected for a detailed study or a subset of the population drawn for thorough investigation. It is not always possible for a researcher to work with the total population especially when the

population is large. It is necessary therefore, for a sample that has representative characteristics of the whole population to be used for the study.

This system of sample selection from a given population should as noted by Akimboye (1982) cater for peculiarities and characteristics of a population. Such characteristics must include;

- Degree of homogeneity
- Degree of heterogeneity
- Degree of clustering the population

3. 5 SAMPLING TECHNIQUE

This is very essential in social survey, especially when the problem to be solved involves a large population. This technique involves selecting an unbiased and representative sample from a population. The findings from the sampled population can be used to generalize the whole population.

The stratified sampling technique was used in this research because of the heterogeneous population of older sub groups involving men and women.

3.6 RESEARCH INSTRUMENTS

Research instruments are the various alternatives of data collection opened to a researcher when primary information is required. Again, the success and failure of an investigation depends on the use of appropriate method of data collection and field administration. In this study, data was collected using interviews, focused group discussions and simple bi-polar questionnaires of yes or no as well as opened ended questions designed to elicit the desired response.

The administration of questionnaires was done through a group of field officers who administered the field questionnaires. 160 questionnaires were administered and 140 were retrieved for analysis.

3.7 DATA COLLECTION

Two types of data were used: the primary and the secondary data. The primary data were derived from the answers respondents gave in the administered questionnaires by the researcher and information from informal interviews and focus group discussions. Formal

and Informal interviews were also carried out with major international development actors like HelpAge International, Common Age and South African Social Care Forum, academicians, government services and social workers during visits to Kenya, South Africa and Senegal to gather secondary data mainly on ageing policies that have worked elsewhere as well as academic secondary information from other researchers to inform the results of this research. Secondary data on the other hand, were derived from the findings stated in available books, journals, progress reports in CDVTA, internet and other published documents related to the research problem. These were based from literature and documents on the issues affecting the elderly especially the human rights of older people. Equally observations of the living conditions of older people, provided a more insightful and realistic data.

3.8 DATA ANALYSIS

The study employed both qualitative and quantitative approaches and data gathered was analyzed using statistical package for social science (SPSS), frequency tables, pie charts and histograms.

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF DATA

4.0 PROBLEMS OF THE ELDERLY PEOPLE WITH REGARDS TO RIGHTS AND LIVELIHOODS

In this chapter, the data gathered from elderly people of 20 groups in 4 Divisions of the North West Region is in relation to the research objectives. This chapter discusses the results of the semi structured questionnaires responded by 140 participants. The data collected is equally analyzed in response to the problems posed in chapter one of this research. Three objectives enabled the collection of the data and the subsequent data analysis. These objectives were to develop a base of knowledge on the rights and livelihoods of the elderly and to ascertain whether or not CDVTA has played any role in realizing elderly rights and improving livelihoods in the Region and to determine whether current perceptions on elderly rights and livelihoods and utilizations are consistent with the research objectives or the principles of older people. Findings in this chapter demonstrate the potential for merging theory and practice.

4.1 DESCRIPTION OF THE RESPONDENTS.

The research investigations were carried out in 20 elderly groups in 4 divisions of the North West Region of Cameroon as follows:

Boyo Division: 1)Elemighong elderly group 2) Baingo central elderly group 3) Antusi elderly group 4) Kichu elderly group and 5) Tumuku elderly group.

Momo Division: 1) Njinibi elderly group 2) Barakwe elderly group 3) Bessi Tibatoh elderly group, 4) Acha elderly group and 5)Ngwo elderly group.

Bui Division: 1) Bamari elderly group 2) Katsen II elderly group 3) Banmun elderly group 4) Elak elderly group and 5) Ngashie elderly group.

Ngoketunjia Division: 1) Hausa elderly group 2) Mbesoh elderly group 3) Mufuoh elderly group, 4) Ntekezon elderly group and 5) Mbuh elderly group. In each of these groups 7 elderly people of both sexes were randomly selected and investigated using questionnaires.

4.2 AGE OF THE RESPONDENT

During the field survey, questionnaires were administered to both men and women (140) of different ages as shown on the figure below.

Figure 1 below shows the Age of Respondents

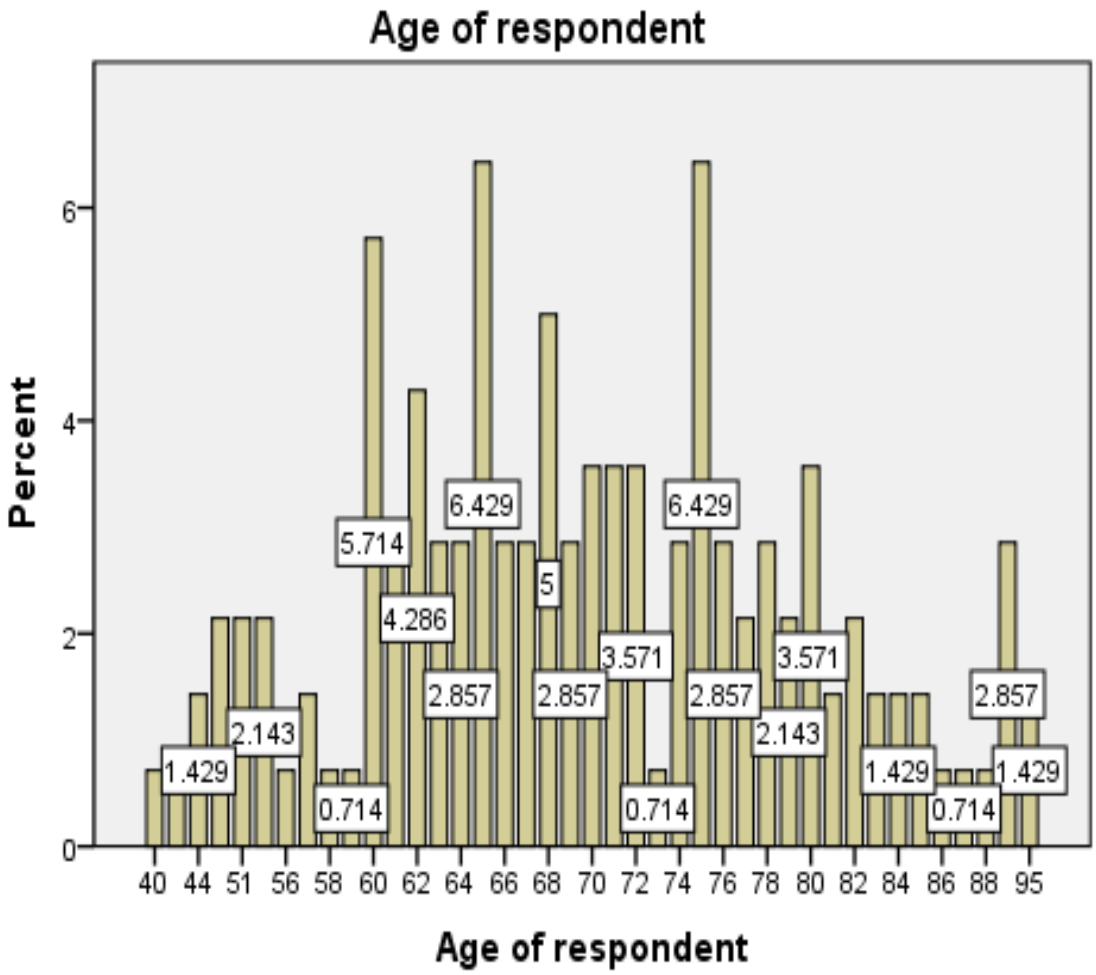

Figure 1: Age of respondents

Figure 1 above, shows the age range of the respondents, from the age of 40 to 95 years.

4.1.2 SEX OF RESPONDENT

Table 1 : Sex of Respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	59	42.1	42.1	42.1
	Female	81	57.9	57.9	100.0
	Total	140	100.0	100.0	

Source: Field survey

Table 1 above shows that 81 women and 59 men completed the questionnaires, giving a percentage of 57.9 percent for women and 42.1 percent for men respectively. More women answered the questionnaire than women, reason being that a lot of women were widows whose rights are usually violated by men. These results show that women are slightly more interested in group work than men as indicated in figure 2 (pie chart) below.

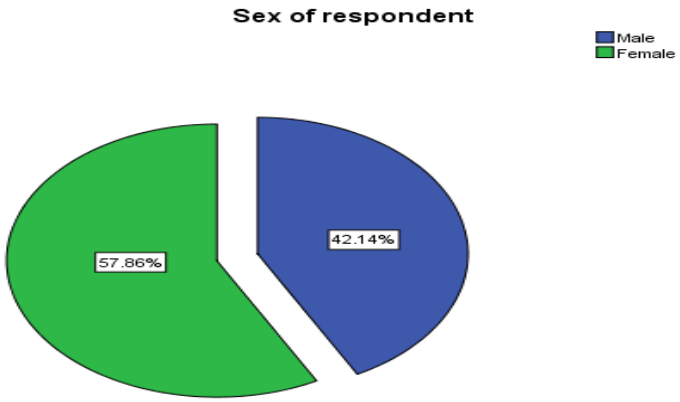

Fig. 2 above shows the percentage representation of respondents by gender

4.3 RECORDED AGE OF RESPONDENT

Table 2 below shows that 18 respondents, who answered the questionnaires, were lower aged people (40 to 59 years), 59 respondents were middle aged people (60 to 70 years), 54 respondents were advanced aged people (71 to 85 years) and 9 respondents were aged people (86 to 95 years).

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Lower aged people (40 to 59)	18	12.9	12.9	12.9
	Middle aged people (60 to 70)	59	42.1	42.1	55.0
	Advanced aged people (71 to 85)	54	38.6	38.6	93.6
	Aged people (86 to 95)	9	6.4	6.4	100.0
	Total	140	100.0	100.0	

Source: Field survey

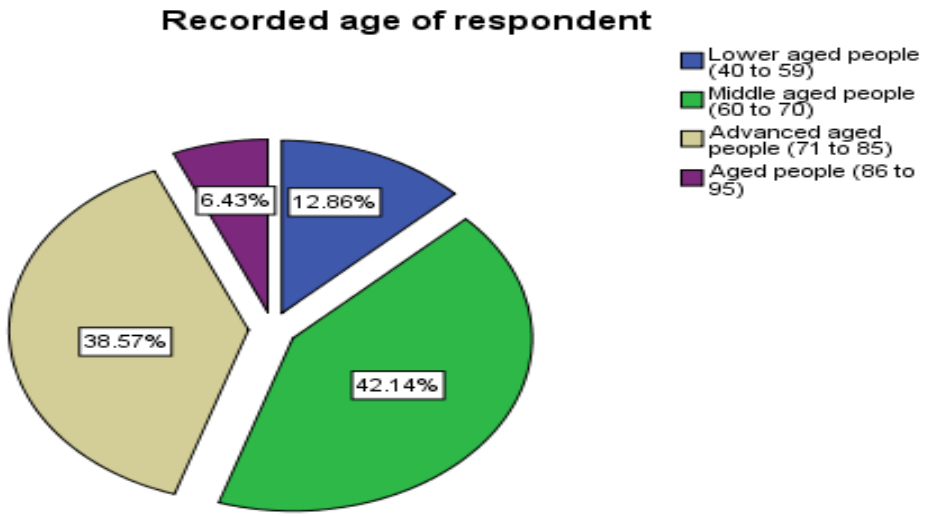

Fig: 3 above shows the recoded age percentage representation of respondents

4.4 EDUCATIONAL LEVEL OF RESPONDENT

Results in table 3 below indicate that 76 respondents were illiterate (54.3 percent), 52 respondents had undergone primary education (37.1 percent), 9 respondents had secondary education (6.4 percent), 1 respondent has high school education (0.7 percent) and 2 respondents had university education (1.4 percent).

Table 3 below presents analysis on educational level of respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not educated	76	54.3	54.3	54.3
	Primary level	52	37.1	37.1	91.4
	Secondary level	9	6.4	6.4	97.9
	High school level	1	.7	.7	98.6
	University level	2	1.4	1.4	100.0
	Total	140	100.0	100.0	

Source: Field survey

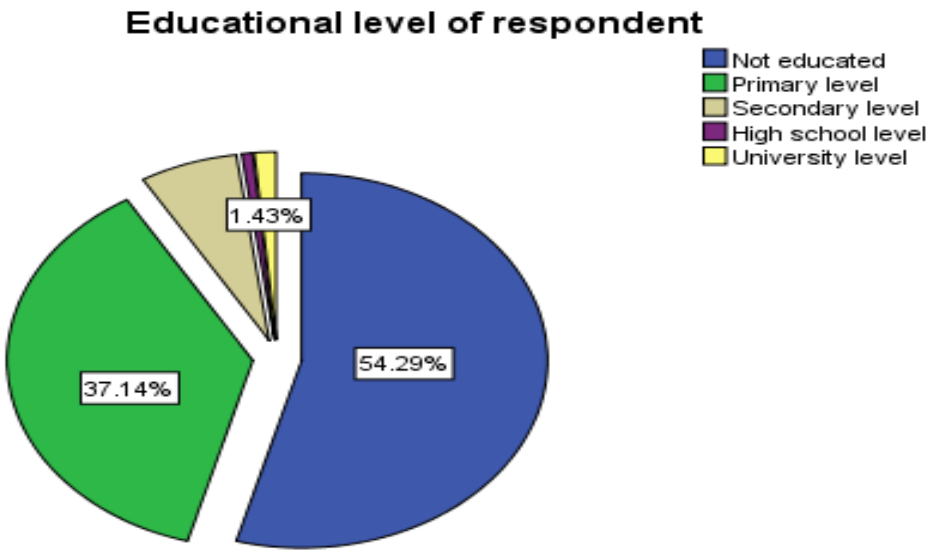

Fig. 4: above shows percentage representation of educational level of respondents

4.5 OCCUPATION OF RESPONDENTS

Table 4 presents data on occupation of respondent

Table 4: Occupation of respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Farming	117	83.6	83.6	83.6
	Carpentry	3	2.1	2.1	85.7
	Building	9	6.4	6.4	92.1
	Teaching	5	3.6	3.6	95.7
	Others	6	4.3	4.3	100.0
	Total	140	100.0	100.0	

Source: Field survey

Results in table 4 show that 117 respondents were local farmers (83.57 percent), 3 were carpenters (2.1 percent), 9 were builders (6.4 percent), 5 were teachers (3.6 percent) and 6

were from other professions (4.3 percent). The percentage representation of occupation level of respondent is indicated in the pie chart below.

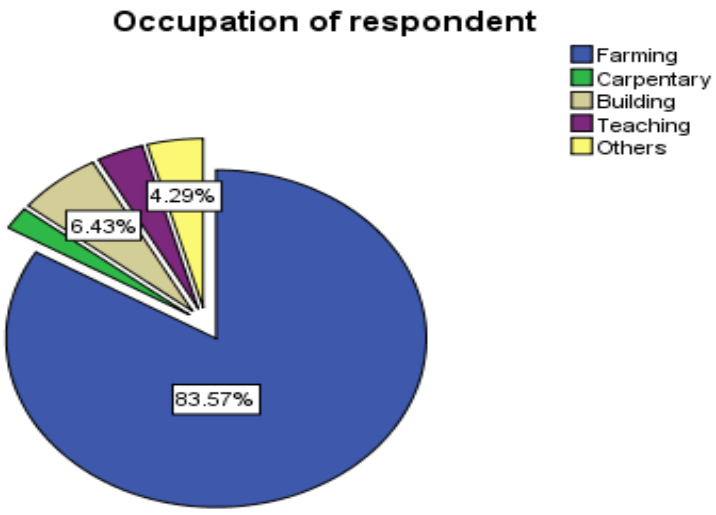

Fig. 5: above shows percentage representation of occupation of respondent.

ELDERLY LIVELIHOOD PROBLEMS

4.6 ELDERLY CLUBS BEFORE CDVTA

Table 5 below presents findings on whether there were elderly clubs before CDVTA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	11	7.9	7.9	7.9
	No	129	92.1	92.1	100.0
	Total	140	100.0	100.0	

Source: Field survey

In table 5 above, 129 respondents representing 92.1 percent indicated that there were no elderly social clubs in the selected communities before CDVTA started working there. Before going to the field for this research study, the researcher thought that CDVTA was the only organization that established social clubs for the elderly in the selected communities. These research survey findings have proved this assumption to be wrong as 7.9 percent respondent answers indicate that there were elderly social clubs before CDVTA.

When the researcher informally interviewed some club members, they indicated that by saying that elderly clubs existed before CDVTA meant that they had their social gatherings called "njangi" where they met monthly, socialized and make some financial contributions to members on a rotating basis.

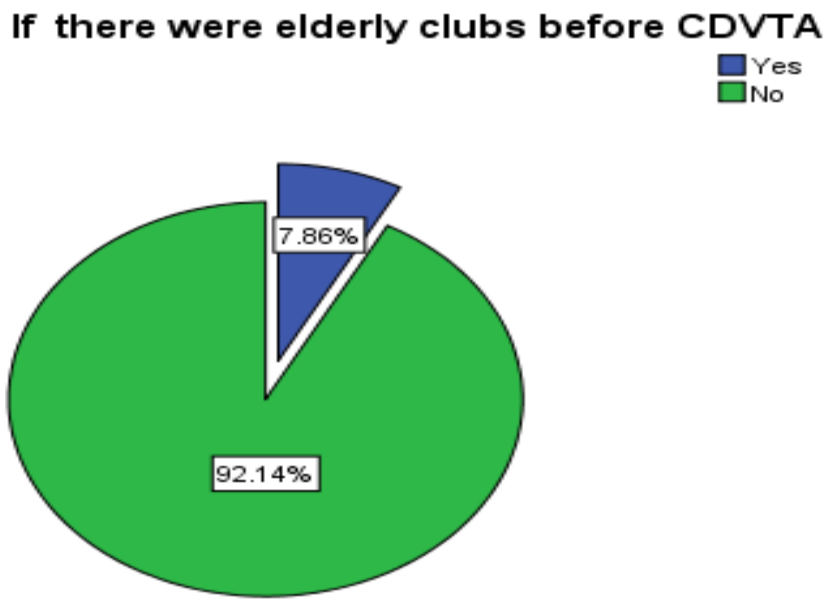

Fig. 6 above shows the percentage representation of respondent answers on the existence of elderly clubs before CDVTA

4.7 WERE ELDERLY INVOLVED IN THE USE OF MEDICINAL PLANTS BEFORE CDVTA?

Table 6 presents data analysis with findings on elderly involvement in the cultivation of medicinal plants before CDVTA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	29	20.7	20.7	20.7
	No	111	79.3	79.3	100.0
	Total	140	100.0	100.0	

Source: Field survey

Field investigations in table 6 above show 111 respondent answers stating that elderly people were not involved in medicinal plants before CDVTA. However 29 respondents indicate that elderly were involved in medicinal plants before CDVTA. Before carrying this investigation, the researcher had in mind that CDVTA is the only organization that engaged elderly people in medicinal plants cultivation for the treatment of minor ailments. Investigation results according to table 8 above indicate that although CDVTA brought medicinal plants knowledge and practice to the elderly, they had been using medicinal plants on their own either as traditional herbalists to treat minor ailments or for traditional rites to increase or maintain social cohesion.

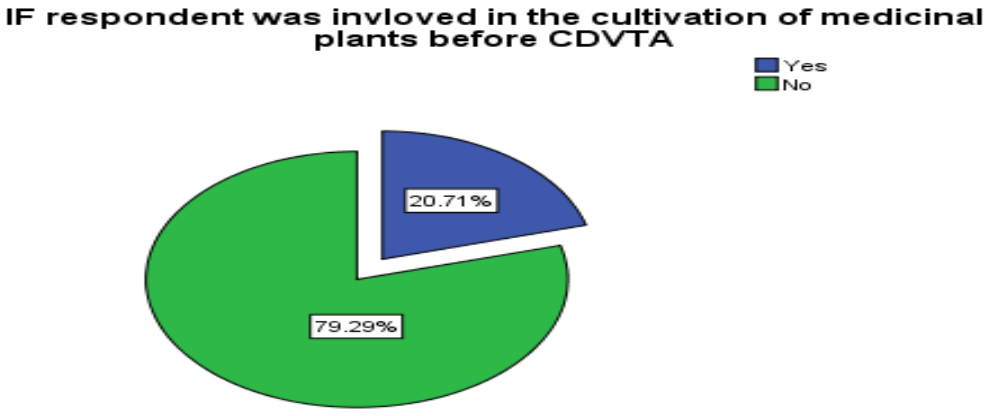

Fig. 7 above shows percentage representation of respondent answers on the involvement of elderly people in medicinal plants before CDVTA

4.8 LEVEL OF ELDERLY INVOLVEMENT IN GOAT REARING BEFORE CDVTA

Table 7 below presents findings of respondent involvement in goat rearing before CDVTA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	51	36.4	36.4	36.4
	No	89	63.6	63.6	100.0
	Total	140	100.0	100.0	

Source: Field survey

Before carrying out this study survey, the researcher had anticipated that CDVTA had assisted all elderly groups where it operates with goats. However, from the field investigation, results from respondent answers revealed that 51(36.4 percent), respondents were involved in goat rearing before CDVTA started working with them. 89 (63.6 percent) respondents indicated that they were not involved in goat rearing before CDVTA started working with them. In North West Cameroon, goats are used for traditional rights, marriages, and death celebrations and also for family consumption. These results are indicated on table 7 above. The percentage representation of these results is on the pie chart below.

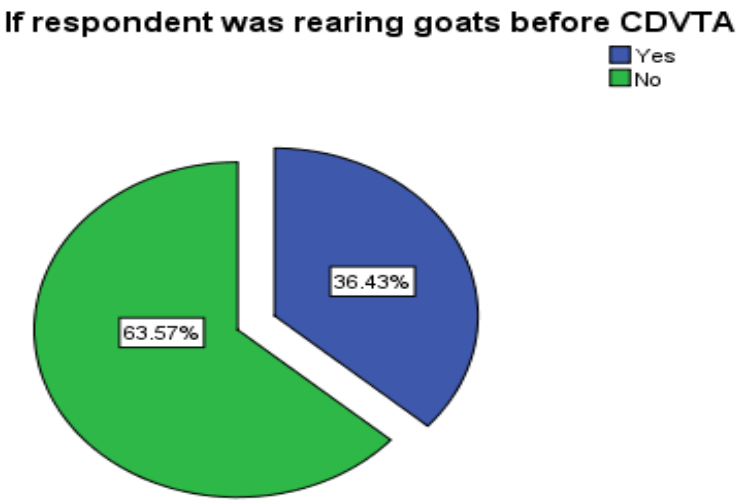

Fig.8: above shows the percentage representation of respondent answers on elderly involvement in goat rearing before CDVTA

4.9 LEVEL OF ELDERLY INVOLVEMENT IN OMO AND SOAP PRODUCTION BEFORE CDVTA.

Table 8 below presents field findings on elderly involvement in omo and soap production before CDVTA

Table 8: Findings on elderly involvement in omo and soap production before CDVTA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	15	10.7	10.7	10.7
	No	125	89.3	89.3	100.0
	Total	140	100.0	100.0	

Source: Field survey

In table 8 above 125 respondents revealed that they were not involved in omo and soap production before CDVTA. However 15 respondents indicated that they were involved in omo and soap production before CDVTA.

4.10 LEVEL OF ELDERLY INVOLVEMENT IN BEE KEEPING BEFORE CDVTA

Table 9 below presents statistics of findings on Level of elderly involvement in bee keeping before CDVTA

Table 9: Findings on Level of elderly involvement in bee keeping before CDVTA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	25	17.9	17.9	17.9
	No	115	82.1	82.1	100.0
	Total	140	100.0	100.0	

Source: Field survey

Results in table 9 above indicate that 115 respondents (82.1 percent) were not involved in bee keeping before CDVTA. The respondent answers percentage representation is indicated in the pie chart below.

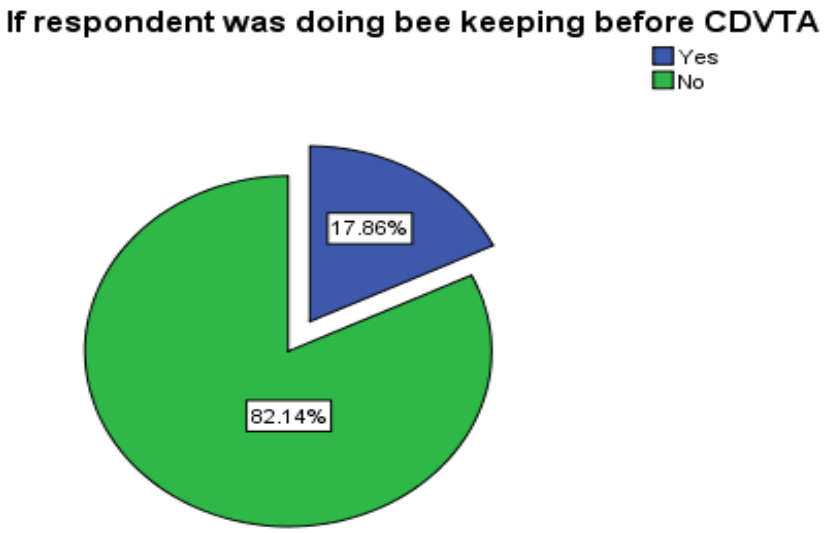

Fig. 9: above shows the respondent percentage representation of involvement in bee keeping before CDVTA

4.11 LEVEL OF RESPONDENT INVOLVEMENT IN OINTMENT PRODUCTION BEFORE CDVTA

Table 10: below present's data analysis for respondent involvement in ointment production before CDVTA

Table 10: Data analysis for respondent involvement in ointment production before CDVTA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	5.7	5.7	5.7
	No	132	94.3	94.3	100.0
	Total	140	100.0	100.0	

Source: Field survey

In trying to find out whether the elderly were involved in ointment production before CDVTA, 132 respondents indicated that they had never taken part in ointment production before CDVTA started working with them. 8 respondents indicated that they were doing ointment before CDVTA came. The results are in table 10 above.

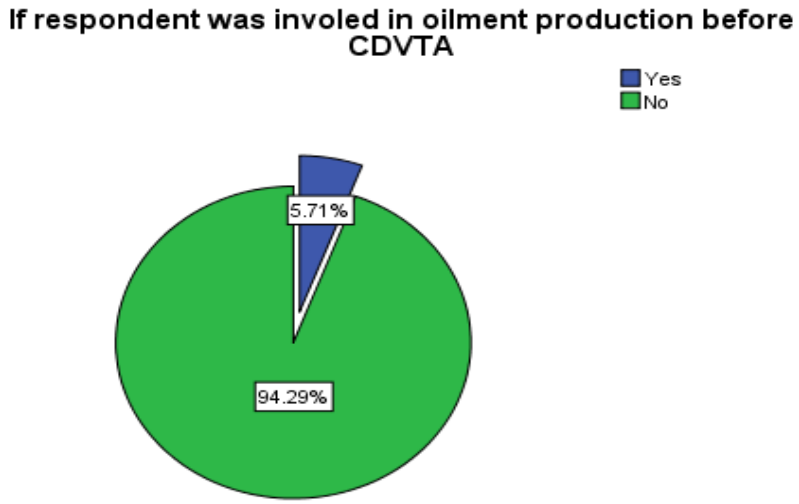

Figure 10 above shows percentage of respondent answers on involvement in ointment production before CDVTA.

4.12 WERE ELDERLY FACING PROBLEMS BEFORE CDVTA?

Table 11 below presents findings on whether respondents were facing livelihood problems before CDVTA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	133	95.0	95.0	95.0
	No	7	5.0	5.0	100.0
	Total	140	100.0	100.0	

Source: Field survey

In table 11 above, 133 respondents (95 percent) indicated that they were facing problems before CDVTA started working with them. However 7 respondents (5 percent) indicated that

they were not facing problems before CDVTA started work with them. The researchers interviewed some community members who confirmed that some of the 7 respondents were retired and earn a pension while others had well to do children in the city that takes good care of them.

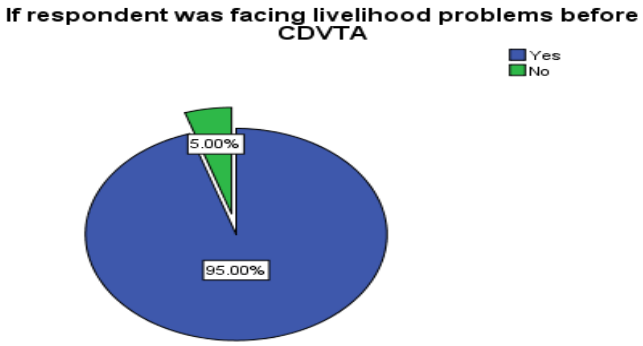

Fig. 11 above shows the percent of respondent answers on problems faced by elderly before CDVTA

4.13 TYPES OF LIVELIHOOD PROBLEMS FACED BY RESPONDENTS

Table 12 results on findings on Type of livelihood problems faced by respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Low income	45	32.1	32.1	32.1
	Poor health	20	14.3	14.3	46.4
	Poor nutrition	3	2.1	2.1	48.6
	In ability to pay for children's fees	8	5.7	5.7	54.3
	Isolation and poor relationship	25	17.9	17.9	72.1
	Poor agricultural methods	39	27.9	27.9	100.0
	Total	140	100.0	100.0	

Source; Field survey

On table 12 above, respondent answers indicated 4 key areas where elderly face livelihood problems as follows: Low income with 32.1 percent, poor agricultural methods with 27.9 percent, isolation and poor relationships, with 17.9 percent , poor health with 14.3 percent, poor health with 14.3 percent, inability to pay children's school fees with 5.7 percent and poor nutrition with 2.1 percent. This respondent answers are in line with this research problem statement which highlights a number of problems faced by the elderly, some of which have been indicated in this table by the field survey, giving reason why this research is undertaken to find out the role of CDVTA in realizing elderly rights and improving livelihoods. These percentages of elderly problems are highlighted in the pie chart below.

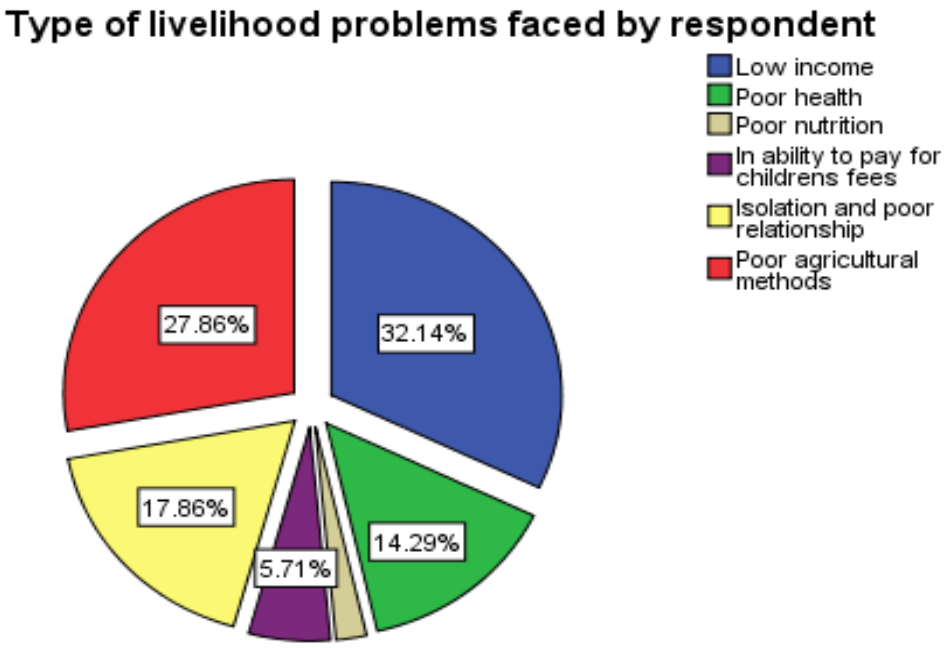

Fig. 12 above shows the percentage representation of respondent answers on the type of livelihood problems faced by the elderly. The above problems in fig 12 are interrelated in the sense that low income depicts high poverty, poor health, isolation and often poor nutrition and increases their vulnerability and dependence on others for livelihood assistance, a major reason for this research.

4.14 RESPONDENT ANNUAL INCOME BEFORE CDVTA

Table 13 below presents data analysis on respondent annual income before CDVTA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	XAF10000CFA	48	34.3	34.3	34.3
	XAF10000-25000CFA	27	19.3	19.3	53.6
	XAF25000-55000CFA	19	13.6	13.6	67.1
	XAF55000-80000CFA	9	6.4	6.4	73.6
	Above XAF80000CFA	37	26.4	26.4	100.0
	Total	140	100.0	100.0	

Source: Field survey

Results on findings in table 13 above, on the respondents level of income before CDVTA confirmed the problem statement of this research that elderly people are trapped in the inner core of poverty as follows; of the 140 respondents investigated, 48 of them with 34.3 percent indicated that their annual income is XAF 10,000, meaning that their monthly income is XAF 833, again meaning that they live on less than XAF 30 a day, an extremely deplorable level of poverty for elderly people. 27 respondents with 19.3 percent indicated that their annual income is between XAF 10.000 and XAF 25,000. 19 respondents with 13.6 percent indicated that their annual income is between XAF 25,000 and XAF 55,000. 9 respondents with 6.4 percent indicated that their annual income is between XAF 55,000 and 80,000. 37 respondents with 26.4 percent indicated that their annual income is above XAF 80,000. To confirm further the problem statement that elderly people in the informal sector of society are living far below the poverty line, this researcher analyzed the income of 37 respondents who indicated that their annual income is above XAF 80,000 with the assumption that their

average annual income should be XAF 100,000 and concluded that the 37 respondents live on less than XAF 300 a day. This again confirms why elderly people are often confronted

with poor health, poor nutrition, poor social relations which results in isolation which often translate into human rights abuses and lack of respect and recognition, a situation that needs more research investigations and studies to improve the rights and livelihoods of the elderly. This is why this study is being carried out.

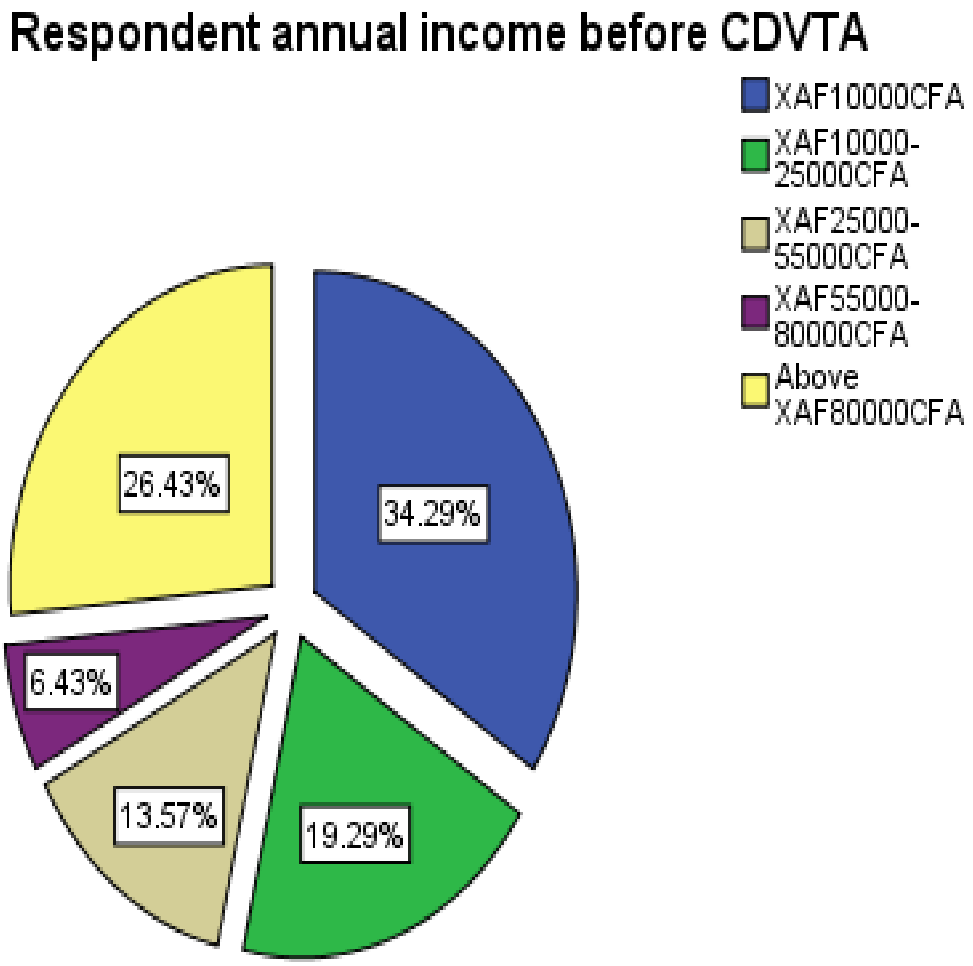

Fig.13 above shows the percentage of respondent annual income before CDVTA.

ELDERLY RIGHTS PROBLEMS

4.15 LEVEL OF RESPONDENT PARTICIPATION IN INTERNATIONAL ELDERLY DAY CELEBRATION BEFORE CDVTA

Table 14 below shows analyzed data results on If respondent was participating on elderly international day before CDVTA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	54	38.6	38.6	38.6
	No	86	61.4	61.4	100.0
	Total	140	100.0	100.0	

Source: Field survey

The researcher wanted to find out from respondents whether they participate in international elderly day celebrations before CDVTA and had the following results. 61.4 percent of respondents, 86 in number, answered that they had never taken part in international elderly day celebrations before CDVTA. 38.6 percent of respondents, 54 in number indicated that they had taken part in international elderly day celebrations before CDVTA. The researcher carried out further investigation to find out how 38.6 percent respondents knew about international elderly day celebrations before CDVTA. Interesting answers showed that the divisional delegations of social affairs used to mobilize them for elderly day celebrations in their localities. Statistics of these results are found on table 14 above.

4.16 ELDERLY RIGHTS BEFORE CDVTA`S INTERVENTION

The abuse of older people by family members dates back to ancient times. Until the advent of unities to address child abuse and domestic violence, in the last quarter of the 20th century, abuse of older people remained a private matter, hidden from public view. Initially seen as a social welfare issue and subsequently a problem of ageing, abuse of older people like other forms of family violence has developed into a public health and criminal justice concern, which has dictated to a large extent how the abuse of the elderly is viewed, how it is analyzed, and how it is dealt with (World report on violence and health)

This chapter section, will investigate, the state of elderly rights before CDVTA and compared it the state of elderly rights with CDVTA, respondent knowledge of elderly rights before and with CDVTA, elderly participation in rights based awareness raining events, levels of elderly rights violations, areas where respondent rights are violated, areas where CDVTA has attempted to realize and improve on elderly rights and further actions that are necessary to further improve on elderly rights.

Table 15: below shows data results on If respondent knew about elderly rights before CDVTA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	21	15.0	15.0	15.0
	No	119	85.0	85.0	100.0
	Total	140	100.0	100.0	

Source: Field survey

Research investigations with respondents on whether they had any knowledge on elderly rights before CDVTA resulted in the following findings? 85 percent of respondents, 119 in number revealed that they had no knowledge on elderly rights before CDVTA. 15 percent respondents, 21 in number, indicated that they had knowledge on elderly rights before. The researcher observed that these 15 percent respondents were retired public and private servants; others had children working out of the village and others with children abroad who had mentioned issues on the rights of the elderly top their parents. These findings are found on table 15 above.

4.17 LEVEL OF VIOLATION OF ELDERLY RIGHTS BEFORE CDVTA

Table 16 below shows data analyzed results for investigations on If the rights of respondent were being violated in any way before CDVTA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	103	73.6	73.6	73.6
	No	37	26.4	26.4	100.0
	Total	140	100.0	100.0	

Source: Field survey

This research went further to investigate whether or not respondent rights were violated in any way before CDVTA. 73.6 percent of respondents, 103 in number agreed that their rights were being violated as compared to 26.43 percent respondents, 37 in number who answered that their rights were not being violated before CDVTA. These data findings are found on table 16 above with the respondent percentage representation on a pie chart below.

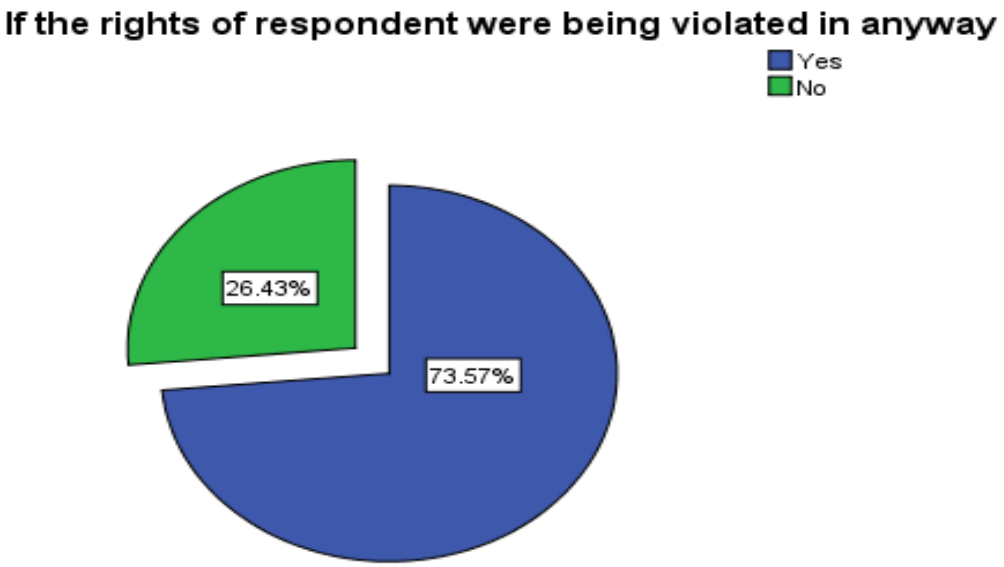

Fig. 14 above shows respondent percentage answers on elderly rights violation before CDVTA.

4.18 TYPE OF ELDERLY RIGHTS PROBLEMS FACED BY ELDERLY BEFORE CDVTA.

Table 17 below represents data analyzed on the Type of elderly rights problems faced by respondents before CDVTA

Table 17: Data analyzed on the Type of elderly rights problems faced by respondents before CDVTA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor education on national policy influence on elderly rights	12	8.6	8.6	8.6
	Lack of funds to pay for ID card	9	6.4	6.4	15.0
	Lack of respect from society	29	20.7	20.7	35.7
	Low social status	8	5.7	5.7	41.4
	Isolation and poor social relationship	19	13.6	13.6	55.0
	Ignorance on elderly rights	63	45.0	45.0	100.0
	Total	140	100.0	100.0	

Source: Field survey

Following 73.57 percent responses from respondents investigated in table 17 above, who indicated that their rights are violated, this researcher pushed the investigation further to know the specific rights based problems faced by respondents and came out with the following findings. 63 respondents (45 percent) indicated Ignorance on elderly rights, as a problem, 29 respondents (20.7 percent) indicated lack of respect from society as a problem, 19 respondents (13.6 percent) indicated isolation and poor social relationship as a problem, 12 respondents (8.6 percent) indicated poor education on national policy influence on elderly

rights as a problem, 9 respondents (6.4 percent) indicated Lack of funds to pay for ID card as a problem and 8 respondents (5.7 percent) indicated Low social status as a problem. The researcher would like observe that these elderly rights problems agree with the statement problem of this research and are interrelated, hence often affect one another, consequently places elderly people in a disadvantaged position of high vulnerability and human rights abuse. The percentage representations of these results are on the pie chart below.

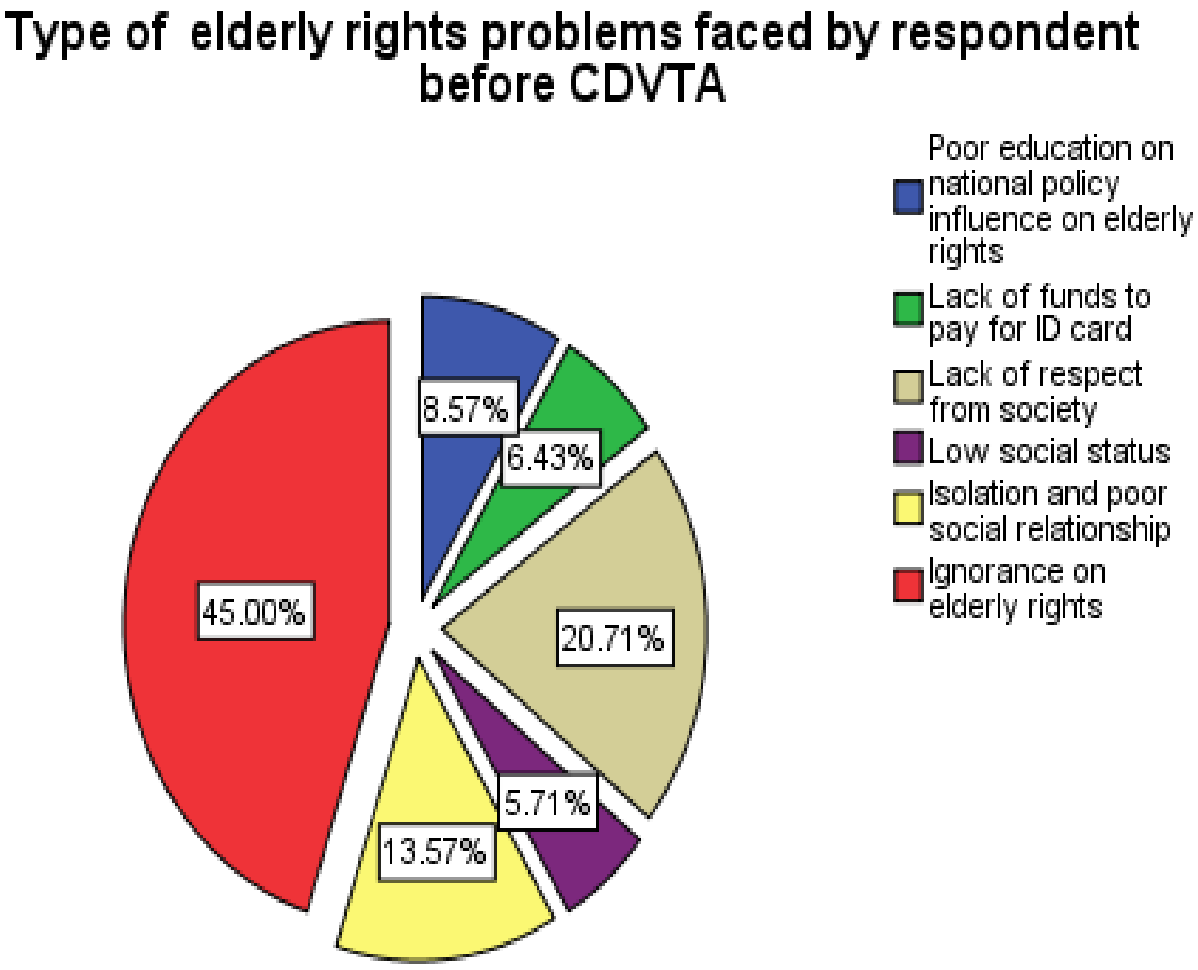

Fig. 15 above shows respondent percentage representation of areas where elderly people faced problems before CDVTA

THE CONTRIBUTIONS OF CDVTA IN ADDRESSING THE PROBLEMS OF THE ELDERLY IN THE NORTH WEST REGION

4.19 LIVELIHOODS

4.20 .1 ELDERLY LIVELIHOOD ACTIVITIES WITH CDVTA

Table 18 below presents data analysis of respondent involvement in medicinal plants cultivation with CDVTA

Table 18: Data analysis of respondent involvement in medicinal plants cultivation with CDVTA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	117	83.6	83.6	83.6
	No	23	16.4	16.4	100.0
	Total	140	100.0	100.0	

Source: Field survey

The study investigation on whether or not elderly people are involved in medicinal plants with CDVTA, 117 with a percentage of 83.6 percent answered that they are involved in medicinal plants with CDVTA, compared to 23 respondents with a percentage of 16.4 percent who answered that they are not involved in medicinal plants with CDVTA. These results are found on table 18 above.

4.21 LEVEL OF RESPONDENT INVOLVEMENT IN OMO AND SOAP PRODUCTION WITH CDVTA

Table 19 below presents data analysis on respondent involvement in omo and soap production with CDVTA

	Frequency	Percent	Valid Percent	Cumulative Percent	Cumulative Percent
103	73.6	73.6	73.6	83.6	83.6
37	26.4	26.4	100.0	16.4	100.0
140	100.0	100.0		100.0	

Source: Field survey

Research findings on whether respondents are involved in omo and soap production showed as indicated on Table 19 above show that, 103 respondents representing 73.6 percent are involved in omo and soap production with CDVTA while 37 respondents with a percentage of 26.4 percent indicated that they are not involved in medicinal plants with CDVTA.

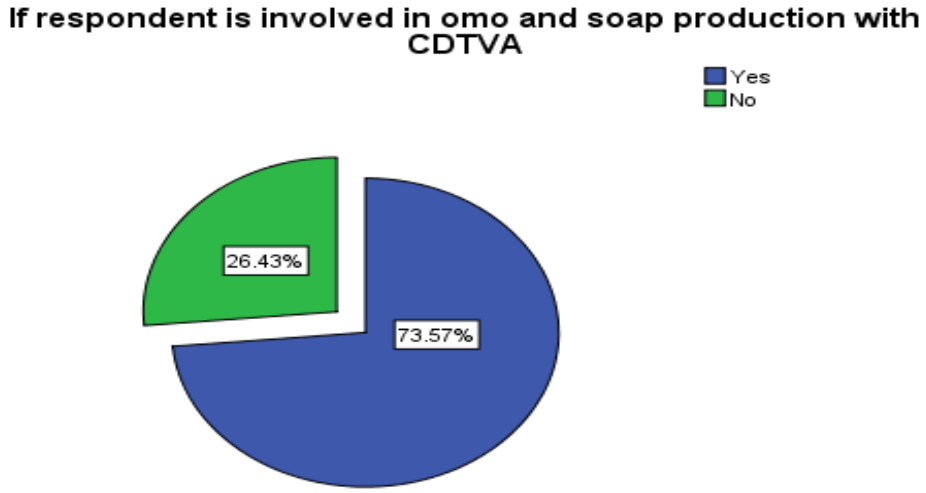

Fig. 16 above shows the percentage representation of respondent involvement in omo and soap production with CDVTA

4.22 LEVEL OF INVOLVEMENT OF RESPONDENT IN BEE KEEPING WITH CDVTA

Table 20 below presents data analysis on involvement of respondents in bee keeping with CDVTA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	54	38.6	38.6	38.6
	No	86	61.4	61.4	100.0
	Total	140	100.0	100.0	

Source: Field survey

Study findings on whether or not respondents were involved in bee keeping with CDVTA indicated that 86 (61.4 percent) respondents were not involved in bee keeping with CDVTA while 54 (36.6 percent) respondents indicated that they are involved in bee keeping with CDVTA. Before this study investigation, the researcher thought that all elderly people were involved in bee keeping with CDVTA. This variable finding is found on table 20 above with a percentage representation of respondent answers on the pie chart below.

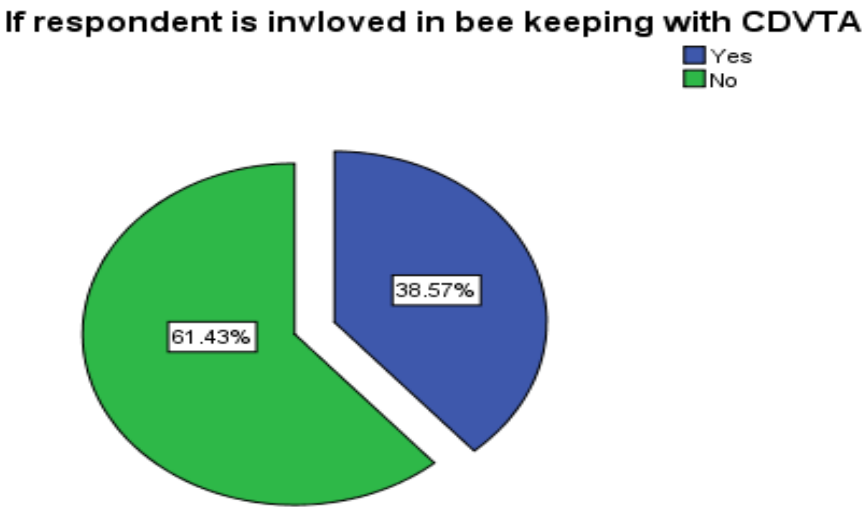

Fig. 17 above shows percentage of respondent involvement in bee keeping with CDVTA**.**

4.23 LEVEL OF INVOLVEMENT OF RESPONDENT IN OINTMENT PRODUCTION WITH CDVTA

Table 21 below presents data analysis on respondent involvement in ointment with CDVTA.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	117	83.6	83.6	83.6
	No	23	16.4	16.4	100.0
	Total	140	100.0	100.0	

Source: Field survey

Study findings on the involvement of respondents on ointment production with CDVTA, indicated that 117 respondents (83.6 percent) are involved in ointment production with CDVTA as compared to 23 respondents (16.4 percent) who indicated that they are not involved in ointment production with CDVTA. This finding is found on table 21 above while the percentage representation of respondent answers is found on the pie chart below.

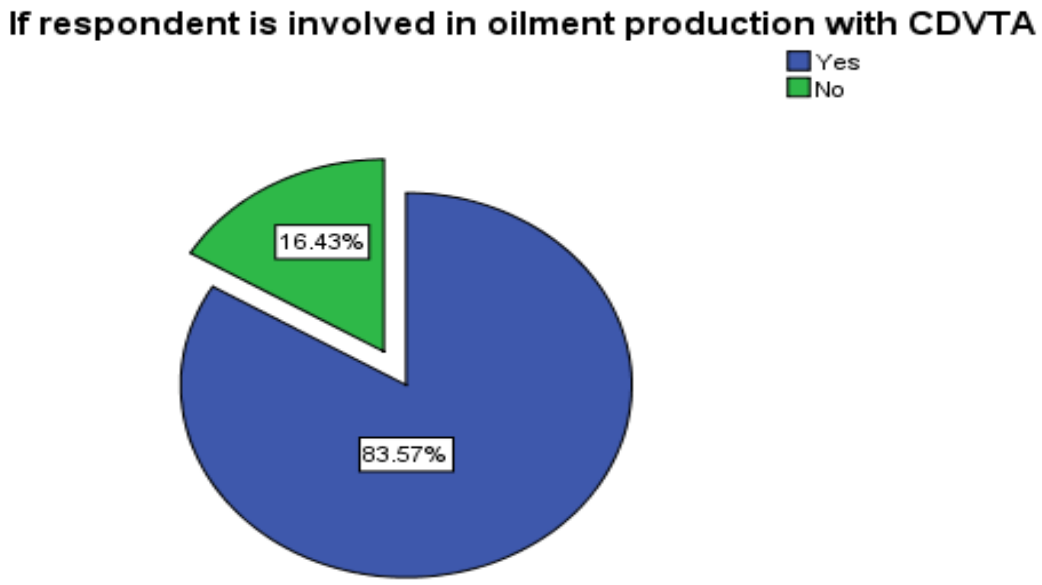

Fig. 18 above shows percentage representation of respondent involvement in ointment production with CDVTA

4.24 LEVEL OF RESPONDENT INVOLVEMENT IN GARDENING WITH CDVTA

Table 22 below presents data analysis on respondent involvement in gardening with CDVTA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	115	82.1	82.1	82.1
	No	25	17.9	17.9	100.0
	Total	140	100.0	100.0	

Source: Field survey

On investigating the opinions of respondents on whether or not they are involved in gardening with CDVTA, 115 of them representing 82.1 percent of respondents answered that they are involved in gardening with CDVTA while 25 respondents representing 17.9 percent answered that they are not involved in gardening with CDVTA. This finding is further explained by statistics on table 22 above with a respondent percentage representation on the pie chart below.

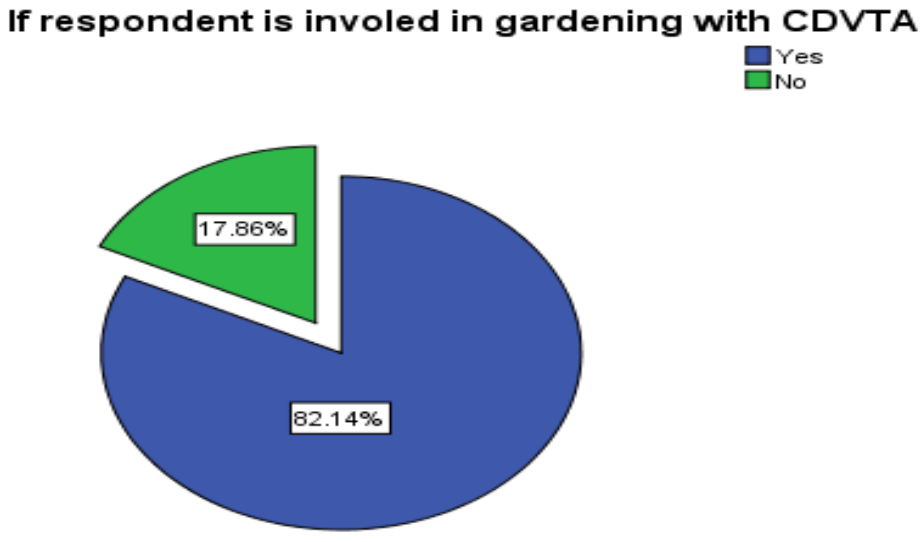

Fig. 19 above shows percentage representation of respondent involvement in gardening with CDVTA.

4.25 LEVEL OF INVOLVEMENT OF RESPONDENT IN GOAT REARING WITH CDVTA

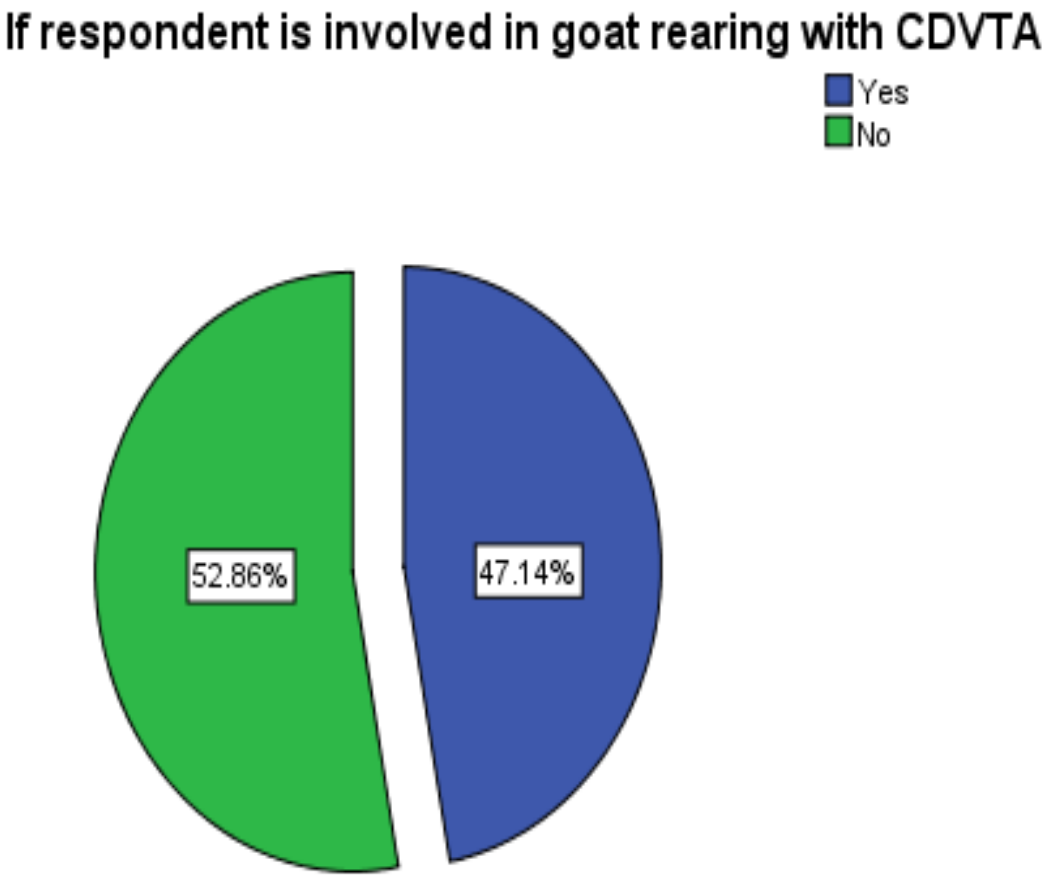

Fig. 20 above shows percentage representation of respondent's involvement in goat rearing with CDVTA

The researcher went further to carry to out more investigation on whether or not respondents were involved on goat rearing with CDVTA. 47.14 percent of respondents answered that that they were involved in goat rearing with CDVTA; while 52.86 percent of respondents answered that they were not involved in goat rearing with CDVTA.

4.26 RESPONDENT ANNUAL INCOME WITH CDVTA

Table 23 below presents data analysis of respondent answers on respondent annual income with CDVTA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	XAF10000CFA	16	11.4	11.4	11.4
	XAF10000-25000CFA	36	25.7	25.7	37.1
	XAF25000-55000CFA	30	21.4	21.4	58.6
	XAF55000-80000CFA	19	13.6	13.6	72.1
	Above XAF80000CFA	39	27.9	27.9	100.0
	Total	140	100.0	100.0	

Source: Field survey

After a thorough investigation of the respondent annual income before CDVTA, researcher went further to investigate respondent annual income with CDVTA, in order to determine whether or not CDVTA has had any positive impact in improving livelihoods of respondents and came out with the following findings.

a) 11.4 percent respondents, 11 in number answered that their annual income with CDVTA was XAF 10,000 as compared to 34.3 percent respondents, 48 in number, whose annual income was XAF 10,000 before CDVTA, meaning that CDVTA had improved the income of 22.9 percent respondents, 32 in number.

b) 25.7 percent respondents, 36 in number answered that their annual income with CDVTA was between XAF 10,000 and XAF 25,000 as compared to 19.3 percent respondents, 27 IN

number whose annual income was between XAF 10,000 and XAF 25,000 before CDVTA, meaning that CDVTA had improved the income of 6.4 percent respondents, 9 in number.

c) 21.4 percent respondents, 30 in number answered that their annual income with CDVTA was between XAF 25,000 and XAF 55,000 as compared to 13.6 percent respondents, 19 in number whose annual income was between XAF 25,000 and XAF 55,000 before CDVTA, meaning that CDVTA had improved the income of 7.8 percent respondents, 11 in number.

d) 13.6 percent respondents, 19 in number answered that their annual income with CDVTA was between XAF 55,000 and XAF 80,000 as compared to 6.4 percent respondents, 9 in number whose annual income was between XAF 55,000 and XAF 80,000 before CDVTA, meaning that CDVTA had improved the income of 7.2 percent respondents, 10 in number.

e) 27.9 percent respondents, 39 in number answered that their annual income with CDVTA was above XAF 80,000, as compared to 26.4 percent respondents, 37 in number whose annual income was above XAF 80,000 before CDVTA, meaning that CDVTA had improved the income of 1.5 percent respondents, 2 in number.

These findings confirm that CDVTA has improved elderly income for 45.8 percent of them. These survey findings are found on table 23 above with the percentage representation of respondent answers on the pie chart below.

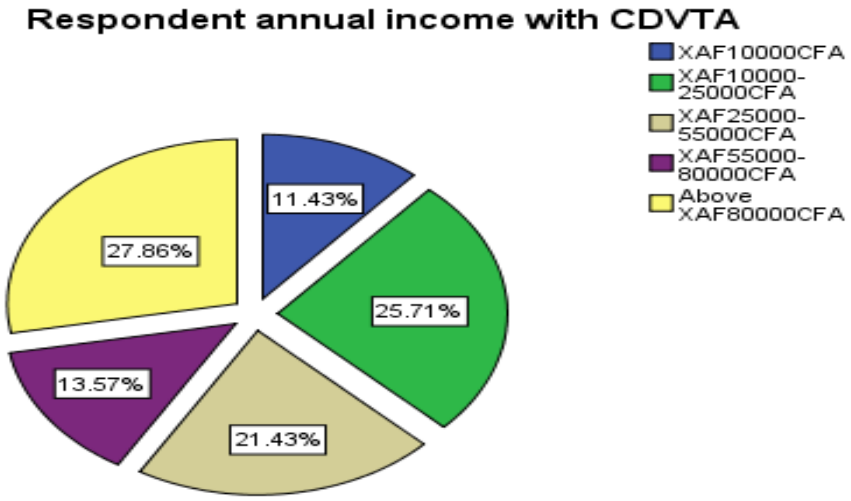

Fig. 21 above shows percentage representation of respondent answers on their annual income with CDVTA

4.27 HAS CDVTA CONTRIBUTED TO THE IMPROVEMENT OF ELDERLY LIVELIHOODS?

Table 24 below presents data analysis of findings on respondent answers on whether or not respondent livelihoods have improved with CDVTA

Table 24: Data analysis of findings on respondent answers on whether or not respondent livelihoods have improved with CDVTA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	132	94.3	94.3	94.3
	No	8	5.7	5.7	100.0
	Total	140	100.0	100.0	

Source: Field survey

132 respondents in table 20 above (94.3 percent) indicate that their livelihoods have improved with CDVTA. On table 24 above, 94.3 percent of respondents, 132 in number answered that CDVTA has improved their livelihoods as compared to 5.7 percent respondents, 8 in number who answered that CDVTA has not improved their livelihoods.

4.28 AREAS WHERE CDVTA HAS IMPROVED ON RESPONDENT LIVELIHOODS

Table 25 below presents data analysis on respondent Areas where CDVTA has improved respondent livelihoods

Table 25: Data analysis on respondent Areas where CDVTA has improved respondent livelihoods

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Improved income	34	24.3	24.3	24.3
	Improved health	33	23.6	23.6	47.9
	Improved nutrition	2	1.4	1.4	49.3
	Able to pay for children fees	3	2.1	2.1	51.4
	Improved relationships	35	25.0	25.0	76.4
	Improved agricultural production	33	23.6	23.6	100.0
	Total	140	100.0	100.0	

Source: Field survey

In respect of these study findings which indicate that only 45.8 percent of respondents, 64 in number agreed that CDVTA has improved their livelihoods, the researcher went further with investigations to know specific areas where CDVTA has improved respondent livelihoods. 24.3 percent of respondents, 34 in number, indicated that CDVTA has improved on their income, 23.6 percent of respondents, 33 in number indicated that CDVTA had improved their health, 25 percent of respondents, 35 in number indicated that CDVTA has improved their social relationships and 23.6 percent respondents indicated that CDVTA has improved on their agricultural production methods. Less improvement responses were observed in nutrition where only 2 respondents indicated that their livelihoods had improved. Similarly

2.1 percent respondents indicated that CDVTA had improved their ability to pay children, s school fees. Statistics to qualify these findings are found on table 25 above and the percentage representations of these findings are found on the pie chart below.

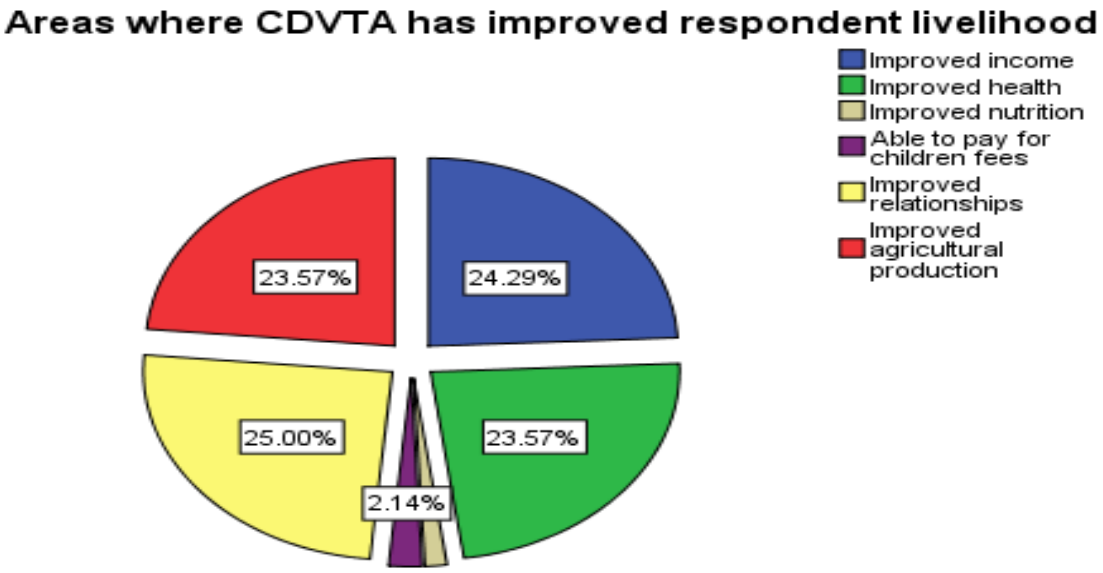

Fig. 22 above shows percentage representation of respondent answers on areas where CDVTA has improved on respondent livelihoods

ELDERLY RIGHTS

4.30 LEVEL OF RESPONDENT PARTICIPATION ON ELDERLY RIGHTS AWARENESS EVENTS WITH CDVTA

After having a human face of the problems affecting the rights of respondents with hindsight on the title, problem statement and objectives of this research in a bid to get palpable empirical answers to the research questions, this researcher religiously again pushed further more unprejudiced investigations on what CDVTA has done to improve on the rights of the elderly in the North West Region. After a careful analysis of the responses got from respondents, the following results and findings were revealed as follows:

Table 26 below shows data analyzes results on whether respondents have participated in elderly rights awareness events with CDVTA

Table 26: Data analyzes results on whether respondents have participated in elderly rights awareness events with CDVTA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	132	94.3	94.3	94.3
	No	8	5.7	5.7	100.0
	Total	140	100.0	100.0	

Source: Field survey

Results on table 26 above indicate that 132 respondents (94.3 percent) have participated in elderly rights awareness events with CDVTA. Awareness raising events in this finding include international elderly day celebrations, national day celebrations, Labour Day celebrations, annual conventions and celebration of elderly clubs anniversaries. In these forums the elderly showcase issues affecting their rights, make their voices heard and make informed choices in order to influence the government and civil society to act in favour of their rights. The above analyses mean that CDVTA has engaged the elderly in these activities. The percentage representation of these results is found on the pie chart below.

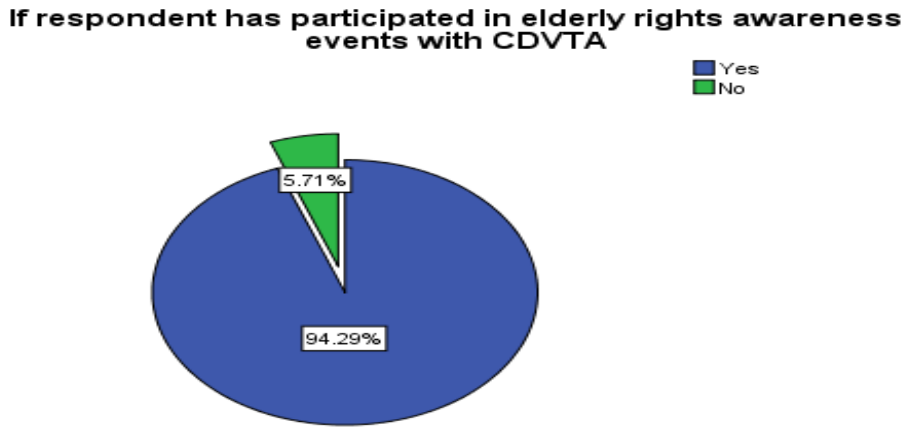

Fig. 23 above shows respondent percentage representation of elderly participation in awareness events with CDVTA.

4.31 RESPONDENT VIEW ON WHETHER CDVTA HAS IMPROVED ON ELDERLY RIGHTS

Table 27 below represents data on respondent responses on whether CDVTA has improved on respondent rights as an elderly person

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	138	98.6	98.6	98.6
	No	2	1.4	1.4	100.0
	Total	140	100.0	100.0	

Source: Field Survey

It was important for this researcher to know whether or not CDVTA engagements with respondents have improved on their rights. Data analysis on this question produced the following results. 138 respondents (98.6 percent) indicated that CDVTA has improved on their rights as compared to 2 respondents (1.4 percent) who indicated that has not improved their rights. These respondents were observed to be retired public servants whose pensions were quite high, one of them a United Nations retired international public servant who resides in the village in the comfort of his investments while in service and decided to join the older people's club to be well socialized with the local community and people since he had lived out of the village for too long. These findings are found in table 27 above with respondent percentage representation on the pie chart below.

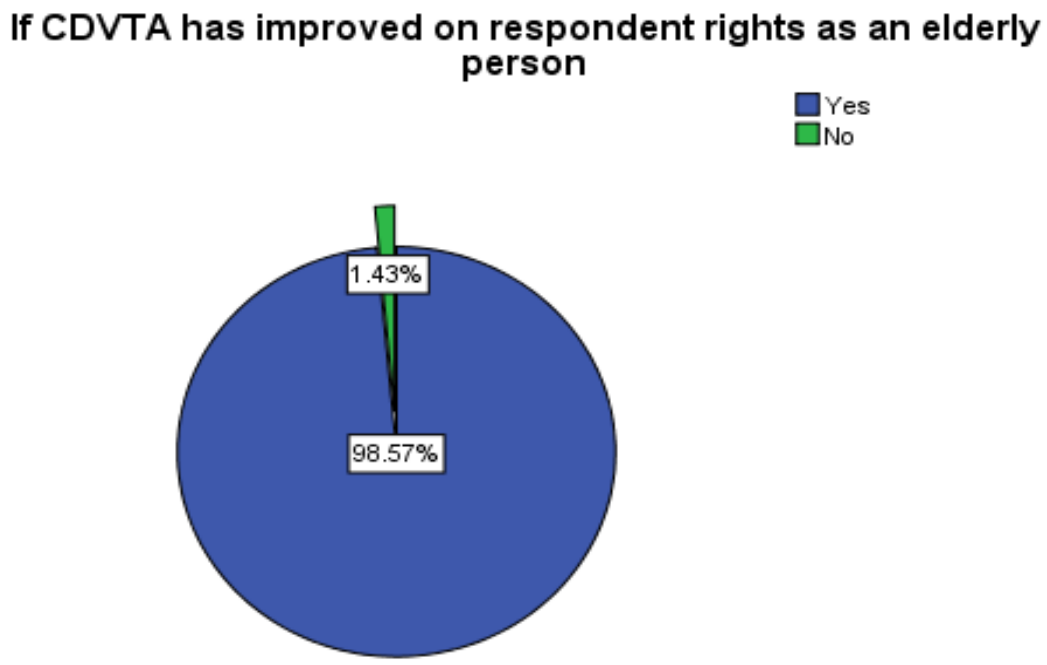

Fig. 24 above shows respondent percentage representation of whether or not CDVTA has improved on elderly rights

4.32 RESPONDENT AREAS WHERE CDVTA HAS IMPROVED ON ELDERLY RIGHTS

Further investigations became even more necessary when 138 respondents (98.6 percent) indicated that CDVTA has improved on their rights, as this researcher once again was interested to know the areas in which CDVTA had improved on respondent rights. Respondent answers were as follows:

a) 50 respondents (35.7 percent) projected improved social solidarity as an area with improved rights

b) 23 respondents (16.4 percent) projected election involvement and national policy influence as an area with improved rights

c) 20 respondents (14.3 percent) projected improved respect for the elderly by society as an area with improved rights

d) 16 respondents (11.4 percent) projected Improved social status as an area with improved rights

e) 14 respondents (10 percent) projected Identification cards provision as an areas with improved rights

Table 28 below represents data analysis on respondent responses on areas where CDVTA has improved on elderly rights

Table 28: Analysis on respondent responses on areas where CDVTA has improved on elderly rights

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Election involvement and national policy influence	23	16.4	16.4	16.4
	Identification cards provision	14	10.0	10.0	26.4
	Improved respect for the elderly by society	20	14.3	14.3	40.7
	Improved social status	16	11.4	11.4	52.1
	Improved social solidarity	50	35.7	35.7	87.9
	Improved elderly community leadership	17	12.1	12.1	100.0
	Total	140	100.0	100.0	

Source: Field survey

The above findings are found on table 28 above and the respondent percentage representation on a pie chart below.

These empirical findings confirm changes that have taken place with elderly people, their communities and national sector policy with the involvement of CDVTA. Cameroon has under study a draft national policy on ageing finalized in 2010 in Kribi the active participation of CDVTA. CDVTA has organized 5 large gathering of elderly people in North West Cameroon, with elderly population participating from 3000 to 25,000 in 2010 (Belo),

2011 (Oku), 2012 (Bamenda), 2013 (Banso) and 2014 (Ndop) to increase on the voice of the elderly and enable them to make informed choices and influence government to act in favour of their rights. CDVTA has had audiences with the Prime Minister Head of government and Ministers of Social Affairs and Women as well as members of the President's cabinet in company of elderly people to make their voices and concerns known to the government of Cameroon in favour of better elderly rights and policies.

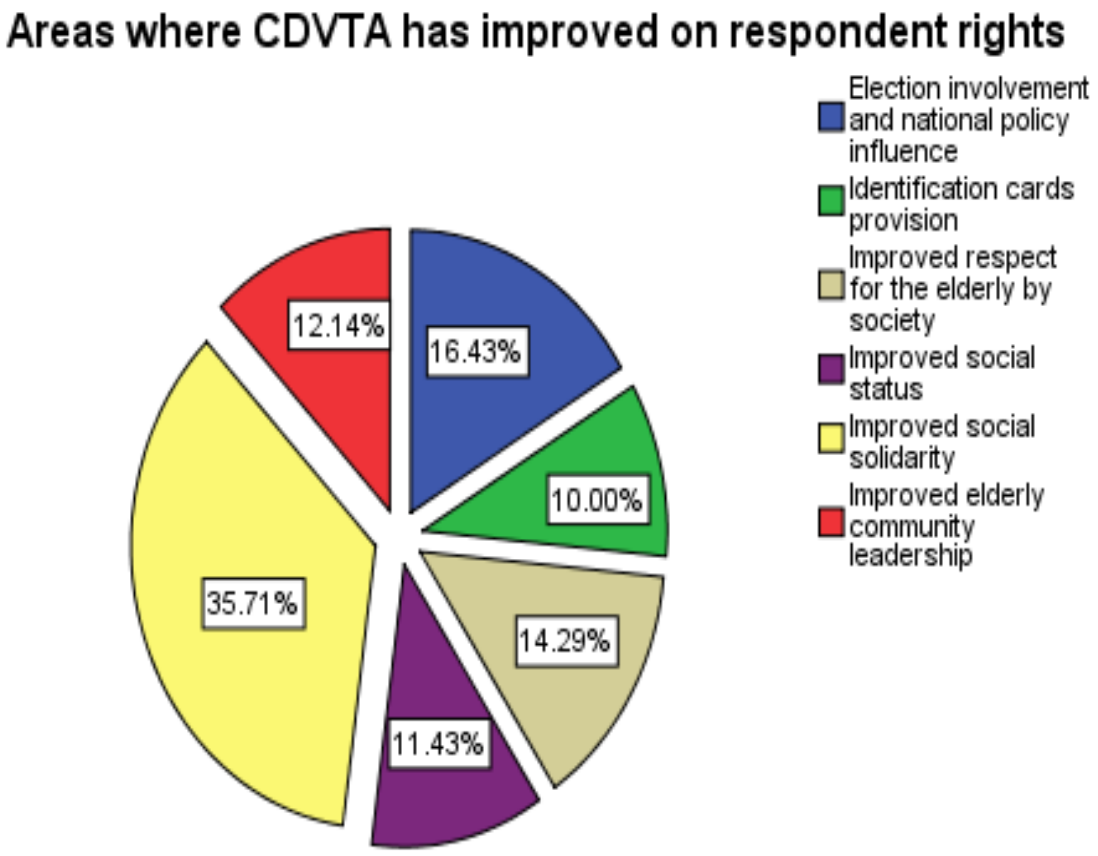

Fig. 25 above shows respondent percentage responses on areas where CDVTA has improved elderly rights

MEASURES NECESSARY TO PROMOTE ELDERLY RIGHTS AND LIVELIHOODS

4.33 MEASURES NECESSARY TO PROMOTE ELDERLY LIVELIHOODS

4.34 RESPONDENT RECOMMENDATION OF FURTHER ACTIONS TO FURTHER IMPROVE ELDERLY LIVELIHOODS

Table 29 below presents data analysis of respondent recommendations for further actions to further improve elderly livelihoods

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Government subsidies for the elderly (Non contributory social pension)	76	54.3	54.3	54.3
	Government should fund elderly livelihood programs	19	13.6	13.6	67.9
	Government should sign into law a national aging policy	19	13.6	13.6	81.4
	More national and international organization should fund elderly programs	15	10.7	10.7	92.1
	State and non state institution should include elderly in decision making structures	10	7.1	7.1	99.3
		1	.7	.7	100.0
	Total	140	100.0	100.0	

Source: Field Survey

Curious on these research findings on respondent livelihoods and understanding that only 45.8 percent respondents, 64 in number, improved their income as compared to 76 respondents whose income did not improve, the researcher went further with more

investigations to find out from respondents which further actions will be required to further improve income for the elderly and had the following results.

a) 54.3 percent of respondents, 76 in number indicated that government should provide subsidies for the elderly through non contributory social pensions.

b) 13.6 percent of respondents, 19 in number indicated that government should fund elderly livelihood programmes.

c) Another 13.6 percent of respondents, 19 in number indicated that government should sign into law a national policy on ageing.

d) 10.7 percent of respondents, 15 in number indicated that more national and international organization should fund elderly programs

e) 7.1 percent of respondents, 10 in number indicated that State and non state institutions should include elderly in decision making structures

These findings, whose quantitative analysis is found on table 29 above, support the third objective of this research which is aimed to propose more effective measures to further promote rights and improve elderly livelihoods. The percentage representation of respondent answers is found in the pie chart below.

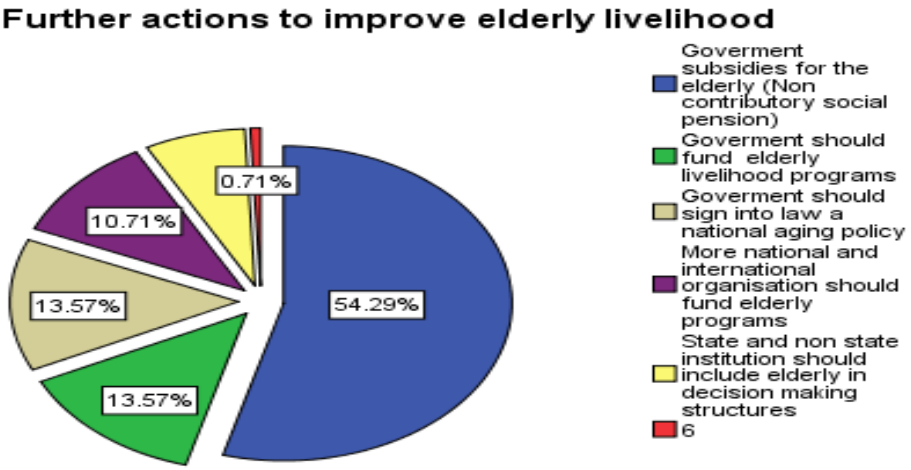

Fig. 26 above shows percentage representation of respondent answers on areas where further actions are required to further improve elderly livelihoods

4.35 MEASURES NECESSARY TO PROMOTE ELDERLY RIGHTS

4.36 RESPONDENT RECOMMENDATIONS ON FURTHER ACTIONS TO FURTHER IMPROVE ELDERLY RIGHTS

Finally this researcher was interested to answer the third research question on this study is looking for respondent answers on areas necessary for more strategic development actions to be put in place to further realize elderly rights and improve livelihood in the North West Region of Cameroon. More investigative findings on this question came out with the following results:

a) 66 respondents (47.1 percent) requested that the Cameron government should sign into law a national policy that recognizes elderly rights

b) 32 respondents (22.9 percent) requested that the Cameroon government should fund elderly rights programs

c) 17 respondents (12.1 percent) requested that the Cameroon government should provide budgetary allocations for the defends of elderly rights

d) 17 more respondents (12.1 percent) requested that more national and international organizations should consider including funding for elderly rights in their funding schemes.

e) 8 respondents (5.7 percent) requested that state and non state institutions should include elderly rights in their decisions making processes.

Table 30 below shows data analysis on respondent responses on recommended further actions to further improve elderly rights

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Government should sign into law a national policy that recognizes elderly rights	66	47.1	47.1	47.1
	Government to fund elderly rights programs	32	22.9	22.9	70.0
	Government to provide budgetary allocations for the defends of elderly rights	17	12.1	12.1	82.1
	More national and international organizations should fund elderly rights	17	12.1	12.1	94.3
	State and non state institutions should include elderly rights in their decisions	8	5.7	5.7	100.0
	Total	140	100.0	100.0	

Source: Field survey

These findings completely agree with the point 3 and 4 on Article 18 of the African Charter on Human and Peoples Rights which state as follows:

"The state shall ensure the elimination of every discrimination against women and also ensure the protection of the rights of the woman and the child as stipulated in international

declarations and convections. The aged and disabled shall also have the right to special measures of protection in keeping with their physical and moral needs" (1986). Cameroon is a signatory to this convention. Again these findings agree with universal call for the United Nations to convene a world convention to ratify the rights of older people and for UN member governments to adopt national policies in their national capitals in support of the rights of the elderly. The pie chart below shows the percentage representation of respondent responses on further recommended areas where elderly rights can be further improved in Cameroon.

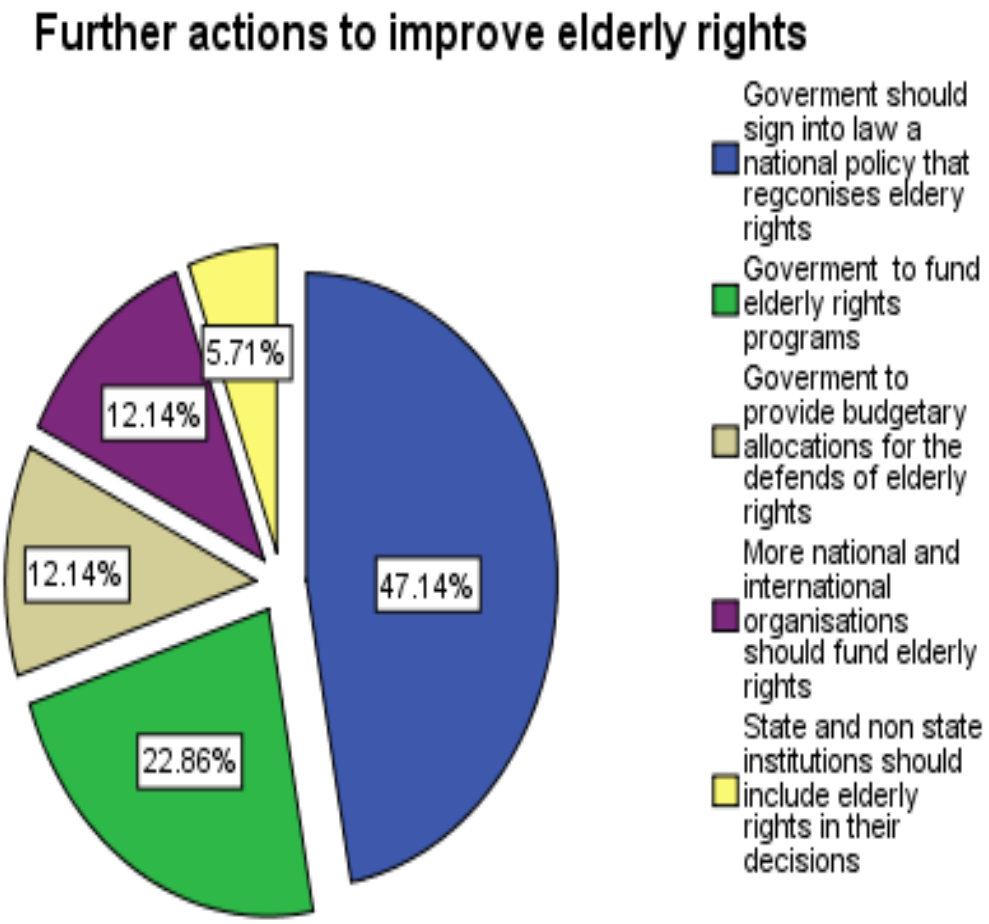

Fig. 27 above shows percentage representation of respondent answers on recommendations for further actions to improve elderly rights.

4.36.1 IMPLICATIONS OF THE FINDINGS

The results of this field investigations and the review of literature at a wider level, has empirically revealed that elderly people face unprecedented human rights and livelihood problems in the 4 divisions where this research was carried out. The study findings have also revealed that CDVTA is addressing some of the problems affecting the elderly and has recommended more strategic measures to further address the rights and livelihoods of the elderly in the North West Region of Cameroon. Despite studies in this area, older people continue to experience discrimination and violation of their rights at a family, community and institutional level. Unprecedented demographic ageing means that the number of people who may experience age discrimination and violation of their rights in old age is likely to increase. As a result, attention to older people's rights by human rights monitoring mechanisms, governments, academics, the human rights community and civil society in Cameroon has ignored this area. Consequently, older people's rights are not being sufficiently protected. Carrying out more research studies in this area, is very important to evaluate the extent to which development actors, academics and governments have gone with the global campaign to encouraged the United Nations to organize a UN convention on the rights of older people which would protect older people's rights under international law. The convention would also 1)Provide a definitive, universal position that age discrimination and ageism are morally and legally unacceptable, 2)Provide clarity on governments' human rights obligations towards older people, 3)Create an enforceable monitoring mechanism to hold those in authority to account for their actions towards older people, 4)Put age discrimination and older people's rights higher up on governments', donors' and NGOs' agendas and 5)Encourage a shift in attitude from older people being considered recipients of welfare to rights holders with responsibilities. There is a dearth of relevant scholarly and academic information on elderly issues in Cameroon. This study provides useful basic data that could be used by other researchers to identify gaps as well as potential areas of scientific investigation by other researchers. The issues and insights revealed by this study could be of great help in providing possibilities and pointers to areas that may require more scholarly research attention. This study will also serve as a source of information for the private sector, non-government organizations and the government on issues pertaining to the elderly in Cameroon. For policy makers, the study provides very useful literature that can be helpful in the formulation of policies for older people in Cameroon.

4.36.2 LIMITATIONS OF THE STUDY

This research study encountered the following limitations.

Lack of reliable data on the rights of the elderly in Cameroon, limited the scope of this research to the North West Region of Cameroon, where CDVTA has been working in support and care for the elderly in the last 6 years. This research could have benefited from more relevant literature and information on the rights of the elderly if Cameroonian academics had already started researching on the rights and policies of the elderly in Cameroon and if courses on social gerontology, ageing and geriatrics were offered in our universities.

Another limitation in the study is that instead of carrying out the study in 7 Divisions of the North West Region, the researcher selected only 4 Divisions in the Region, hence making the findings of this study only relevant to 4 divisions of the North West Region and not representing the views and opinions of the elderly in other 3 Divisions of the region.

After completing the interpretation of the findings of this study, I discovered that the way in which I gathered data inhibited by ability to conduct a further analysis of some part of the results. For example, I regret not including a specific question in the study survey on different types of human rights abuses suffered by the elderly, which in retrospect could have helped me to identity different types of human rights abuses suffered by the respondents. There is therefore urgent need for more research on elderly rights, to revise the specific method of data collection for gathering data.

The time allocated for this study was too short as compared to the vast area covered by this study; hence it took the researcher a longer time to visit all the Divisions, meet with the selected groups and respondents and work with them in data collection. This limited the number of respondents per group and also the number of groups selected per division.

54.29 percent of the respondents were illiterate and 37.14 percent of respondent had only primary education. This made understanding questions on the questionnaire very difficult and needed interpretation and explanations in the local language of the respondents to ensure clear understanding of questions on the questionnaire before completing the research instruments. The researcher not a native of many of the villages, hired educated locals in the different villages, who could speak the local language to explain well questions to the elderly

and provide answers to complete the questionnaire questions. Consequently questionnaires took longer to be administered completely and costly for the researcher too.

The study was not sponsored and for lack of secondary data in Cameroon on elderly rights and national ageing policies, the researcher had to take a longer time with more financial resources spent to visit major age care policy development actors in Kenya, South Africa and Senegal to have a greater insight in national ageing policies as a means of adequately informing this research findings and recommendations and to provide a stronger resource base for future elderly policy work and research in Cameroon.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0 SUMMARY OF FINDINGS

The findings of the study is discussed in relation to the three research questions presented in chapter one. The findings are also related to the trends and developments outlined in the literature review in the second chapter. Given that literary predictions are closely related to the local values of a specific society and culture (Barton, 1999), respondents openness and perspectives played a significant role in influencing the results of this study.

5.1 REALIZING ELDERLY RIGHTS

The investigation on the role of CDVTA in realizing elderly rights showed that older people in the North West Region were typically characterized as economically unproductive, dependent and passive and were considered at best as irrelevant to development and at worse as a threat to the prospects for increased prosperity before CDVTA started working with them.

More specifically, 129 respondents representing 92.1 percent indicated that there were no elderly social clubs in the 20 selected communities before CDVTA started working there. 7.9 percent respondent answers indicate that there were elderly social clubs before CDVTA.

Informal interview answers indicated that before CDVTA, elderly people had social gatherings called “NJANGIs” where they met monthly, socialized and made some financial contributions to members on a rotating basis. CDVTA elderly clubs only added value to what they were already doing.

85 percent of respondents, 119 in number revealed that they had no knowledge on elderly rights before CDVTA. 15 percent respondents, 21 in number, indicated that they had knowledge on elderly rights before. The researcher observed that these 15 percent respondents were retired public and private servants; others had children working out of the village and others with children abroad who had mentioned issues on the rights of the elderly top their parents. 38.6 percent of respondents, 54 in number indicated that they had taken part in international elderly day celebrations before CDVTA. 73.6 percent of respondents, 103 in number agreed that their rights were being violated as compared to 26.43 percent respondents, with 37 respondents answering that their rights were not being violated before

CDVTA. The study observed the 37 respondents to be retired people living in the village and others being leaders in the local church who had heard of elderly rights in their various services.

The study revealed the following as areas where their rights were violated; Ignorance on elderly rights, lack of respect from society isolation and poor social relationships, poor education on national policy influence on elderly rights, Lack of funds to pay for individual identification and Low social status. These elderly rights problems, agree with the statement problem of this research and are interrelated, hence often affect one another, consequently placing elderly people in a disadvantaged position of high vulnerability and human rights abuse. 73.6 percent of respondents, 103 in number agreed that their rights were being violated. With regard to the played by CDVTA in empowering the elderly to realize rights, 132 respondents (94.3 percent) have participated in elderly rights awareness events like conventions, elderly day celebration, and national day and Labour Day celebrations with CDVTA involvement.

Overall, 138 respondents (98.6 percent) indicated that CDVTA has improved on their rights as compared to 2 respondents (1.4 percent) who indicated that has not improved their rights. These respondents were observed to be retired public servants whose pensions were quite high, one of them a United Nations retired international public servant who resides in the village in the comfort of his investments while in service and decided to join the older people's club to be well socialized with the local community and people. Consequently elderly people are now actively participating in the formulation and implementation of policies that directly affect their rights.

5.2 LIVELIHOODS

95 percent of the respondents revealed that before CDVTA, they faced livelihood problems in the following areas; low income, poor agricultural methods, isolation and poor relationships, poor health, inability to pay children's school fees and poor nutrition. Logical analysis of elderly income by this study shockingly revealed that respondents were living on less than half a dollar a day, a high devastating, level of vulnerability which confirms this research statement that elderly people in the informal sector are often trapped in the inner core of excruciating poverty, poor health, poor nutrition, isolation, poor hygiene and economic and social insecurity. This case is worse for elderly people who have been isolated from the community either for the accusation of witchcrafts or some other forms of domestic

violence or gender based violence. This was seen to affect women more especially widows who had lost their property on the death of their husbands.

In respect of the overall findings on elderly livelihoods with the involvement of CDVTA, 45.8 percent of respondents, 64 in number agreed that CDVTA has improved their livelihoods in the following areas, income, health, social relationships and agricultural production. Results also showed that elderly people have increased their well-being and economic empowerment and that respondents now feel more included and cared for by the community, through active club membership, regular home-visits by volunteers, intergenerational learning and sharing with local school children, and integration with their families. The study also observed that some elderly people in the community are not only economically poor but also frail, disabled and housebound and that CDVTA involvement with this category of elderly people helped to raise awareness about improved nutrition, hygiene and sanitation, environmental and gender issues, hence raising their living standards in areas where no other government or NGO support exists. These results are in line with Millennium Development Goal (MDG) one which aims to eradicate extreme poverty and hunger

This research also confirms that the family support systems for the majority of older respondents whether in the context of extended families, co-residence of parents, with their adult children or otherwise, remains in place. The most unfortunate are either those who live utterly alone or with young dependent grandchildren and no middle generation. Many elderly people are accompanied by chronic illnesses and disability, which is the result of life, lived in poverty, with little or no access to adequate health care facilities.

Finally this research observed that reducing vulnerability and promoting inclusion for older people is therefore not so much about creating special services for older people but rather ensuring that they have equal access to mainstream services along with other vulnerable groups (Gorman, 1999)

5.3 CONCLUSION

This research provides an example for academics, human rights groups, development actors, government services, funders, students interested in social gerontology, geriatrics and ageing as well as other stakeholders to see, that elderly social mobilization is possible and that it is also possible to realize elderly rights and improve their livelihoods. The presence of

elderly social clubs and the improvements they bring to individuals and community lives strengthens the rights of the elderly. These research findings equally provide strong evidence, that the elderly can work together to exercise their rights. On the other hand, the research findings also indicate that advocacy to the authorities could be a relevant mechanism by which these research results could influence more studies in this area throughout Cameroon. Regrettably, the total absence of academic studies on ageing in Cameroon has resulted in the absence of strong data which can helpfully advice more development actions and research studies in this area. Unfortunately the Cameroon, national social insurance Fund (CNPS) does not include non contributory social pensions for elderly people in the informal sector. Consequently the Cameroon national insurance scheme has fallen short of addressing adequately the five UN principles for older people which include independence, care, self sufficiency, dignity and participation. The absence of a clear policy framework and coordinating mechanism for the delivery of older age programmes in Cameroon has indeed aggravated the problems affecting this special population group and increases their vulnerability to various forms of human rights abuses to include domestic and gender based violence.

5.4 RECOMMENDATIONS

In respect of the above discussions, the following recommendations are made to further address the situation of the elderly in Cameroon

1. The government should put in place a social protection scheme for the elderly with respect elderly health schemes, social non contributory pensions, housing schemes, food and nutrition subsidies and recreational centres.
2. CDVTA should continue to advocate for a national policy that will promote the support and care of the elderly in Cameroon
3. All development actors, civil society and government institutions should join the universal call for a UN convention on the rights of older people.
4. Cameroon universities and other higher institutions of learning should include progranmmes that focus on studies pertaining to older people.
5. Older people hold huge oral knowledge and information in the culture and tradition of society. They traditionally are linked to society's ancestral lineage, uphold and advance societal norms and values to maintain and increase social cohesion. Given this important role, it is advisable for all state and non state actors to promote positive

messages on ageing, which supports care for older people at all levels and in all societies.

6. Finally, older people should, continue to support the national advocacy campaign, which seeks to improve issues affecting their rights and livelihoods.

5.5 SUGGESTED AREAS FOR FURTHER RESEARCH

Further research should be carried out on gender, older people, human rights, policy and advocacy. This further research will provide a greater insight into how the rights of older people are regarded in different societies and possibly recommend more measures on how elderly rights can be further promoted and realized.

The study equally suggests more research on effective social protection measures for older persons in Cameroon. This should include holistic designs and approaches that can effectively challenge issues being faced by the next generation of older persons (for instance 40-59 years age in Cameroon), who will be in need of a social protection unit that involves older people in the informal sector in the next two decades.

Lastly, research activities should investigate how older people can move out of extreme poverty and scale up to minimize overdependence tendencies. This research if undertaken will provide more answers to this research question 3 which is; what strategic measures are needed to further realize elderly rights and improve livelihood in the North West Region of Cameroon?

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ANNEX

Annex 1. Questionnaires

Pan African Institute for Development West Africa Buea

Questionnaire and semi structured questions to the elderly to evaluate the role of CDVTA in the promotion of elderly rights and livelihoods in the North West Region of Cameroon

Aim of this questionnaire: The aim of this questionnaire to find out if CDVTA has contributed in promoting elderly rights and livelihoods in the North West Region of Cameroon. This is in partial fulfillment of a BSc in Development Studies with specialty in social works at the Pan African Institute of Development West Africa (PAIWA) Buea.

Confidentiality: The data collected will be strictly used for the purpose for which the questionnaire is designed and any information collected will not be shared with third party.

Dear respondent,

I have the honour to inform you, that I am carrying out a study on the above subject and would be honoured to have you, please kindly provide me, with feedback on whether or not CDVTA has made contribution to your rights and livelihoods.

A- Background information

A1. CDVTA Project Area: 1 = Bui 2 = Boyo 3 = Ngoketunjia 4 = Momo	[___]

CONSENT:

A2. Has the respondent given consent to complete the questionnaire? 1 = Yes 2 = No	[___]

A3. If the respondent has refused. What was the reason? 1 = Too busy 2 = Not interested 3 = Refuses to give reason 4 = Other (specify) 9 = Don't know	[___] If other [_____ ____]

B- Details of respondent

B1. Gender of respondent: 1 = Male 2 = Female	[___]
B2. What is your age?	[___|___] years
B3. Religious Background? 1 = Catholic 2 = Baptist 3 = Protestant 4 = Pentecostal 5 = Muslim 6 = Other (specify)	[___] [_____ ____]
B4. Education level? 1 = No education 2 = Primary School 3 = Secondary 4 = High School 5 = University	[___]
B5. Your marital status? 1 = Single 2 = Married 3 = Widow(er) 4 = Divorced 5 = Separated	[___]
B6. Nº of wives in your compound? 1= No wife 2 = 1 wife 3 = 2-4 wives 4 = 5-7 wives 5 = above 7 wives	[___]
B7. Nº of children that you have? 1 = No child 2 = 1 child 3 = 2-4 children 4 = 5-7 children 5 = above 7 children	[___]
B8. Occupation? 1 = Farming 2 = Carpentry 3 = Building 4 = Teaching 5 = Other (specify)	[___] [_____ ____]
B9a. Type of house?1 = Thatched house/grass roof 2 = Mud brick house/grass roof 3 = Mud brick house/zinc roof 4 = Simple Cement block house/zinc roof	[___] [_____ ____]

B9b. Number of rooms in house? 1 = 1 room 2 = 2 rooms 3 = 3 rooms 4 = 4 rooms 5 = Others (specify)	[___]
B9c. House ownership? 1 = Renting 2 = House owner 3 = Living with family member 4 = Succeeded the house from family member	[___] [_____ ____]

C- Livelihood before CDVTA came

C1. Were there any elderly people clubs in your locality? 1 = Yes 2 = No	[___]
C2a. Were you receiving any home visits and care? 1 = Yes 2 = No	[___]
C2b. Did you feel lonely and neglected? 1 = Yes 2 = No	[___]
C3a. Were you involved in Medicinal plants cultivation? 1 = Yes 2 = No	[___]
Cb. Did you have difficulties with catering for your health?1 = Yes 2 = No	[___]
C4. Did you have support to pay your children's school fees?1 = Yes 2 = No	[___]
C5. Were you involved in Bee Keeping? 1 = Yes 2 = No	[___]
C6. Were you involved in Goat rearing? 1 = Yes 2 = No	[___]
C7. Were you involved in Crop Farming? 1 = Yes 2 = No	[___]
C8. Were you involved in Omo and Soap Production? 1 = Yes 2 = No	[___]
C9. Were you involved in Ointment production? 1 = Yes 2 = No	[___]

C10. What was your Annual Income (CFA) before CDVTA came? 1 = <10000frs 2 = 10000-25000frs 3 = 25001-55000frs 4 = 55001-80000frs 5 = >80000frs	[___]
C11a. Were you facing problems in your livelihoods? 1 = Yes 2 = No	[___]
C11b. What problems were you facing on livelihoods before CDVTA came? (underline answer(s) 1 = Low income 2 = Poor Health 3 = Inadequate Nutrition 4 = Inability to pay for children's fees 5 = Poor Housing 6 = Isolation/poor relationships 7 = Poor Agricultural Methods	

D- Elderly Rights before CDVTA came

D1. Did you know about elderly rights before CDVTA? 1 = Yes 2 = No	[___]
D2a. Did you have an ID card before CDVTA came? 1 = Yes 2 = No	[___]
D2b. Have you ever faced any problems with law enforcement officers because you lacked an ID card? 1 = Never 2 = Rarely 3 = Often	[___]
D3a. Were you participating in community leadership before CDVTA came? 1 = Yes 2 = No	[___]
D4. Were you participating in elections to influence decision making on national policy before CDVTA came? 1 = Yes 2 = No	[___]
D5. Were you participating in rights awareness campaigns like national day, international day of elderly, etc before CDVTA? 1 = Yes 2 = No	[___]

D6a. Were your rights violated in any way? 1 = Yes 2 = No	[___]
D5b. What problems were you facing on your rights before CDVTA came? (underline answer(s) 1 = Poor education on national policy influence 2 = Lack of funds to pay for ID cards 3 = Lack of respect from society 4 = Poor social status 5 = Isolation/poor relationships 6 = Ignorance on elderly rights	

E- CDVTA Impact on Elderly Livelihoods

E1a. Do you attend club meetings with home visits? 1 = Yes 2 = No	[___]
E1b. Are you involved in the club savings/loans scheme? 1 = Yes 2 = No	[___]
E1c. Do you feel lonely and neglected within CDVTA? 1 = Yes 2 = No	[___]
E2. Are you involved in Gardening? 1 = Yes 2 = No	[___]
E3a. Are you involved in Medicinal plants cultivation? 1 = Yes 2 = No	[___]
E3b. Has the use of the Medicinal Plants as First AID reduced expenses on drugs and improved on your health and family? 1 = Yes 2 = No	[___]
E4. Are you involved in Bee Keeping? 1 = Yes 2 = No	[___]
E5. Are you involved in Goat rearing? 1 = Yes 2 = No	[___]
E6. Are you involved in Crop Farming? 1 = Yes 2 = No	[___]
E7. Are you involved in Omo and Soap Production? 1 = Yes 2 = No	[___]
E8. Are you involved in Ointment production? 1 = Yes 2 = No	[___]

E9. Are you involved in Club Njangi contributions? 1 = Yes 2 = No	[___]
E10. Annual Income (CFA) after CDVTA came? 1 = <10000frs 2 = 10000-25000frs 3 = 25001-55000frs 4 = 55001-80000frs 5 = >80000frs	[___]
E11. Did you receive an ID Card through CDVTA? 1 = Yes 2 = No	[___]
E12a. Has CDVTA improved on your livelihood? 1 = Yes 2 = No	[___]
E12b. In what other specific way has CDVTA improved on your livelihood? (underline answer(s) 1 = Improved income 2 = Improved Health 3 = Improved Nutrition 4 = Able to pay for children's fees 5 = Improved housing 6 = Improved relationships 7 = Improved Agriculture	
E12c. What do you think needs to be done to further improve livelihoods for the elderly in Cameroon? (tick correct answer(s) 1 = Government subsidies for the elderly in the informal sector through non-contributory pensions 2 = Government should fund livelihood programs for the elderly in the informal sector 3 = Gov't should sign into law a national ageing policy that supports informal sector elderly livelihoods 4 = More national and international organisations should consider funding elderly livelihoods programs 5 = State and non-state institutions should consider including elderly in decision making structures	

F- Impact of CDVTA on Elderly Rights

F1. Were you enlightened on elderly rights in the club? 1 = Yes 2 = No	[___]

F2. Has CDVTA motivated your participation in community leadership? 1 = Yes 2 = No	[___]
F3. Has ID Card motivated participation in elections and influence on national policy? 1 = Yes 2 = No	[___]
F4. Have you participated in rights awareness campaigns like national day, international day of elderly through the project? 1 = Yes 2 = No	[___]
F5a. Has CDVTA improved on your rights as an elderly? 1 = Yes 2 = No	[___]
F5b. Do you now feel confident that you understand what your rights are? 1 = Yes 2 = No	[___]
F5c. In what other specific way(s) has CDVTA improved on your rights? (underline answer(s) 1 = Election involvement and national policy influence 2 = Identification papers 3 = Improved respect 4 = Improved social status 5 = Improved social solidarity 6 = Improved elderly community leadership	
F5c. What do you think needs to be done to further improve rights of the elderly in Cameroon? (tick correct answer(s) 1 = Government should sign into law a national policy that recognises human rights of the elderly 2 = Government should fund human rights programs for the elderly in the informal sector 3 = Government should provide a budgetary allocation for the defense of elderly human rights 4 = More national and international organisations should consider funding elderly rights programs 5 = State and non-state institutions should consider including elderly in decision making structures	

Thank you for your participation.

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