

Challenges faced by caregivers in old people’s homes in Zambia

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Abstract

This paper is an extract from a PhD study on caring for the aged in old people’s homes in Zambia and implications for adult education programmes. It discusses the challenges faced by caregivers in old people’s homes which are a form of institutional care for the aged. The challenges faced by caregivers included inadequate and erratic funding, low staffing levels, lack of training opportunities, absence of a national policy on ageing, lack of transport, lack of information communication technology facilities and high demand for admission of the aged to old people’s homes. The paper concluded that the combination of the above challenges made caregivers in old people’s homes in Zambia operate under difficult and demotivating conditions. It recommended that the challenges needed to be mitigated by the government and other stakeholders so that caregivers could operate better and, ultimately, provide improved services and care to the aged residing in these homes.

Keywords: Old people’s homes, institutional care, the aged and caregivers.

Introduction

Old people’s homes are institutions in which needy and vulnerable aged persons are cared for. In Zambia old people’s homes are a post-Second World War phenomenon. The first home, Mitanda old people’s home in Ndola, was established by the British colonial government in the then Northern Rhodesia in 1948. An old people’s home is an institution providing food, accommodation, nursing care, physical, social and emotional care to elderly and other debilitated persons (Kamwengo, 2002) [13]. It should be pointed out that concepts ‘old people’s homes’ and ‘homes for the aged’ are taken to mean the same thing and are, therefore, used interchangeably in this paper. Similarly, concepts ‘the aged’, ‘the elderly’, ‘elderly people’ and ‘senior citizens’ are used interchangeably. By caregiver is meant a person who provides support and assistance, formal or informal, with various activities to persons with disabilities or long-term conditions, or persons who are elderly. This person may provide emotional or financial support, as well as hands-on help with different tasks (WHO, 2004) [28]. In this context, therefore, caregivers are staff working in old people’ homes and who provide services and care to the aged who are in residence.

According to Kamwengo (2001:84) [12], although institutional care for the elderly persons was and is still discouraged in Zambia, the government decided to retain the existing homes for the aged because it realised that:

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

There were 9 old people’s homes in Zambia at the time of the study, 2 of which were run by the government through the department of Social Welfare under the Ministry of Community Development, Mother and Child Health and were budgeted for directly by the Ministry of Finance, while 7 were run by faith-based organisations, that is churches, but received occasional financial support from the government through grants. The homes are located in 8 districts and 5 provinces of the country. Table 1 below shows the location of old people’s homes by districts, provinces and agencies running them:

Table 1: Location of old people’s homes by district, province and agencies running them

No	Old People’s Home	District	Province	Run By
1.	Chibolya	Mufulira	Copperbelt	Government of the Republic of Zambia
2.	Chibote	Luanshya	Copperbelt	Catholic Church
3.	Divine Providence	Lusaka	Lusaka	Catholic Church
4.	Kandiana	Sesheke	Western	United Church of Zambia
5.	Likulwe	Senanga	Western	Catholic Church
6.	Maramba	Livingstone	Southern	Government of the Republic of Zambia
7.	Mitanda	Ndola	Copperbelt	Salvation Army
8.	Nkhulumazhiba	Solwezi	North-Western	Peace Embassy International
9.	St.Theresa’s Village	Ndola	Copperbelt	Ndola Ecumenical Hospice Association

Source: Field Survey, 2013.

Seventeen caregivers in the 9 old people’s homes in Zambia were interviewed using interview guides. Additionally, 5

Provincial Social Welfare Officers, 8 District Social Welfare Officers in charge of provinces and districts where old

people's homes are located, the Director of the department of Social Welfare, Assistant Director, Human Resources and Administration and the Chief Planner at the Ministry of Community Development, Mother and Child Health headquarters were also interviewed.

2. Challenges faced by caregivers in old people's homes in Zambia

Caregivers in old people's homes in Zambia faced a number of challenges which included inadequate and erratic funding, low staffing levels, lack of training opportunities, absence of a national policy on ageing, lack of transport, lack of information communication technology (ICT) facilities and high demand for admission of the aged to old people's homes. The challenges are discussed below.

2.1 Inadequate and erratic funding

The study established that the funding system to old people's homes in Zambia was in two main types. Government run homes were directly funded through monthly grants from the Ministry of Finance that is, from the government treasury, while privately run homes had to source their own funds but also received occasional grants from government to supplement these resources. All caregivers, Provincial and District Social Welfare Officers indicated that inadequate and erratic funding was the biggest challenge faced in the running and operation of old people's homes. The 2 government run homes received monthly grants from the Ministry of Finance, which implied that they were assured of funding, but which could barely meet the basic daily needs of the aged. Although privately run homes also expected supplementary grants from government for their operations, the funds were not only inadequate, but also erratically disbursed or not disbursed at all in, some cases. This situation is highlighted by a caregiver at Mitanda old people's home who stated:

Government grants to the home are erratic. For example in 2012, nothing has so far come through. Even from the Salvation Army, it is inadequate. So we have to supplement the income. Mitanda has a deficit of eleven million kwacha per month. The biggest challenge we have here, therefore, is poor funding.

A caregiver at Chibote old people's home pointed out that the Catholic Church raised its own funds for operations of the home but which were inadequate and that the government was supposed to disburse quarterly grants. He explained that the disbursement was, however, irregular. He gave an example of the year 2012 when the home was only funded once by the government. The caregiver lamented that the elderly seemed to be a neglected segment of the population and that their needs were not considered a priority in financial resource allocation.

The study further established that 1 of the 7 privately run old people's homes, St. Therese's Village, was predominantly funded by international donors and individuals. This caused a threat to its existence as it solely depended on this source of income for its operations. At the time of data collection, the home faced eminent closure. A caregiver at the home lamented:

Poor funding is a major problem here because we are heavily dependent on grant aid and individual donations. Next year we are going to close this home because we had donors who were helping us, but they have stopped. December 2012 is the

last month of funding. It has been tough going for us. And these Social Welfare offices in Ndola; we are registered with them and every month they get the statistics. There is a certain report we make, that is how many people we are keeping and so on. So we expect to get something from the Ministry of Community, Mother and Child Health but for the past three years, we haven't received anything. I think we just received one million five hundred kwacha and that was in 2010; 2011 nothing, 2012 nothing.

The researcher made a follow-up with the caregiver, who had described the above state of affairs six months later in order to establish whether the home had closed as anticipated. The caregiver informed the researcher that the home had not been closed and was still operating. She explained that some other funders and well-wishers had come on board to sponsor its operations and that the government had also pledged to provide grants in a timely manner.

Inadequate and erratic funding experienced by old people's homes had implications for provision of services and care to the elderly. Privately run homes were more affected by the financial constraints because they did not have regular or predictable income in form of grants from government. The study established that all old people's homes experienced financial constraints which negatively affected provision of services and overall care for the aged in old people's homes in Zambia. The study also revealed that owing to the inadequate financial environment in which old people's homes operated, some privately run homes had taken measures and initiatives to raise additional funds to supplement what they received from their sponsors and government. For example, a caregiver at Divine Providence Home explained that every year they undertook fundraising walks to raise additional funds from well-wishers in order to offset operational costs which she said were very high. She stated that with the money they had collected from the fundraising walk the previous year (2011), they were able to start a chicken rearing project. They sold the chickens to people in the surrounding community. Similarly a caregiver at Mitanda old people's home informed the researcher that since they did not have permanent income to depend on, they raised some supplementary funds by renting out the self-contained flats which belong to the home and are located within its premises to members of the public at fairly low rates. Despite these initiatives, however, the funds raised could not adequately meet the ever rising cost of running the homes.

The Chief Planner at the Ministry of Community Development, Mother and Child Health headquarters attributed the inadequate funding to old people's homes to the general economic malaise in the country which resulted in poor financial resource allocation to various sectors including social services. However, the challenge of inadequate funding towards the welfare of the aged in institutional care is not peculiar to Zambia. Glendinning (2012) ^[7] reports that long-term care in England is widely acknowledged to be seriously under-funded relative to levels of need. He explains that despite sharing demographic pressures common to all European countries, there has been a continuing political failure to achieve a comprehensive, sustainable and equitable basis for funding social care in England and that since 1998, several official and independent committees of enquiry have proposed funding reforms, but failed to secure the necessary political commitment. Persistent Challenges to Providing

Quality Care (2012) ^[23] states that in England people are being admitted with more severe and complex care needs, but with inadequate funding allocated to meet their needs as both social care and Continuing Health Care (CHC) eligibility criteria are being tightened.

2.2 Low staffing levels

The second challenge faced by caregivers in old people's homes was low staffing levels. The study established that all old people's homes in Zambia were understaffed. The workers were overstretched and could not adequately attend to the needs of the elderly. One caregiver at Maramba old people's home explained that because of low staffing levels at the home, sometimes the few officers had to work round the clock, even when they were supposed to knock off because of the workload. He went on to explain that the official staff establishment for the home as prescribed by the government was 7, which he said was a drop in the ocean because the home was taking care of 46 elderly residents. He said:

As a consequence, we don't even follow our job descriptions. If we did, there would be no work being done here. The government will never give us additional staff outside the official establishment. For example, we recently converted the watchman into a driver and in the night we have to depend on dogs. It is terrible. The problem is at policy level. We are only using volunteers to bathe, clothe and shave some elderly persons here. We would like to recruit more staff, but we are constrained by lack of financial resources and a narrow staff establishment. Staffing levels should be increased and improved. Imagine, how can one person cook for more than forty people?

At Nkulumazhiba old people's home, there was only one male caregiver taking care of and doing everything for 10 elderly residents and was also working on a voluntary basis as a member of the church sponsoring the home. He was initially assisted by a lady who cooked and washed for the elderly residents but she quit her job due to non-payment of salary or any kind of remuneration. Kandiana old people's homes had only 2 caregivers, who complained of being overworked and overstretched. Mitanda old people's home had the highest number of workers at 16. However, this number was still considering inadequate due to the numerous activities and amount of care that the aged needed. The caregivers stated that they wished to recruit more staff but were unable to do so because they did not have the capacity to pay them. The Assistant Director, Human Resources and Administration at the Ministry Community Development, Mother and Child Health headquarters attributed the low staffing in government run old people's homes to rigid staff establishments which did not provide for recruitment of additional staff. He said that the situation was even worse in privately run homes because most of them did not even have clear staff establishments. He added that the government needed to revisit the staff establishments in old people's homes in order to increase and improve staffing levels in line with the increasing number of elderly persons in these homes. He, however, clarified that this required structural changes and government approval. He stated:

The establishments at old people's homes are narrow, inadequate and limiting. There may be need to expand them so that more positions are created and appropriate personnel at various levels employed. There is also lack of uniformity in the

establishments between government and privately owned homes. For example, there are no specific establishments in privately owned homes and no prescribed qualifications for staff.

Caregivers in all old people's homes pointed out that they faced the problem of staff shortage in all areas of service provision and care for the aged. Consequently, the staff were overworked, became tired and, in some cases, demotivated. This is consistent with Habjanic (2009) ^[8] who states that due to low staffing levels, people working in nursing homes in Slovenia were not satisfied with their working conditions and reported that they suffered from physical and mental fatigue. Harrington (2001) ^[10] points out that there is a relationship between nursing home outcome and staffing levels. She explains that the lack of staffing, skill-mix, training and services leaves the elderly people at risk of harm. She suggests that care facilities should make a greater investment in staff training and professional development to reduce high turnover of staff. Murphy *et al.* (2006) ^[19] further point out that appropriate staffing levels and skill-mix in long-stay care facilities and that low staffing levels and inappropriate skill-mix were major barriers to the provision of quality care.

Ensuring a stable supply of manpower is vital to the success of institutional care for the aged. According to Simone (2008) ^[26], there are several ways to minimise the labour shortage problem in institutional homes. Firstly, training for elderly care should be organised by the government. He says elderly care should for example, be added to the curriculum of employee re-training programmes organised by government to maintain a consistent supply of skilled labour. Secondly, regulations on minimum salaries or subsidies from the government for care or nursing workers should be enacted to increase the competitive power of the elderly care industry.

Thirdly, it would be helpful to develop care giving skills as professional knowledge through a licensing system or educational system, just as nursing is now recognised as a specialist profession. Simone (2008) ^[26] further explains that there are several ways to improve the level of elderly care services. To begin with, the staff-to-elderly ratio should be increased so that basic level personal care such as feeding and bathing can be improved, which will also relieve the work burden of staff. He points out that many comments about the poor services provided by elderly residential care services stem from overburdened servicing staff and that the heavy work load leads to poor service levels and poor staff attitudes. He adds that an increased staff ratio would allow more personal care services like talking with the elderly and handling their daily needs. In this study, most caregivers indicated that they hardly had time to develop closer interpersonal relationships with the residents in their care because they were preoccupied with daily routine tasks owing to understaffing.

Habjanic (2009) ^[8] asserts that in a situation where there is a critical shortage of permanent staff to care for the aged in institutional homes, part-time employees could also help in routine interventions like accompanying residents and making beds. Caregivers at Maramba old people's home indicated that from time to time they engaged part-time staff from the surrounding community to help with tasks such as bathing and shaving some residents but that this was not sustainable as there was no budget-line for such expenditure. In fact, for most old people's homes in Zambia, this arrangement was difficult because of financial constraints. For example,

Likulwe and Nkulumazhiba old people's homes were using volunteers from the community to care for the aged, but some of whom would withdraw their services without notice, hence causing some disruption in service provision.

2.3 Lack of training opportunities

Training is a planned activity, or sequenced set of activities aimed at developing appropriate skills, knowledge and attitudes of participants for improved performance at individual, organisational and national levels (Public Service Training Policy, 1996) ^[24]. Training is a vital component for caregivers and other personnel looking after the elderly. It is, therefore, important that they are appropriately trained for them to offer quality services. Training for caregivers was identified as an important aspect in service delivery and care in old people's homes by caregivers, Provincial and District Social Welfare Officers as well as senior officers at the Ministry of Community Development, Mother Child Health headquarters. However, the study established that most caregivers in old people's homes lacked even basic training in elderly care and related aspects. Apart from two caregivers at government run old people's homes and another four at privately run homes who had undergone some training in psychosocial counselling, the rest had not been accorded any chance to receive training, let alone orientation in issues of ageing and elderly care. A caregiver at Maramba old people's home remarked:

There has been a lot of orientation and training organised by the Ministry on looking after children, but none on looking after the elderly. I think we need skills in care for the elderly, like is the case with children. We need training and capacity building. So far, we have never been called for any training. Everybody should know how these homes operate and how to run them. Government should do more for the aged living in old people's homes.

The District Social Welfare Officer for Western province pointed out that the then Ministry of Community Development and Social Services, with the assistance of United Nations Children's Fund, had conducted a lot of capacity building and training of staff but that this was mainly for those working in institutions for children. She explained that not much had been done to train staff on how to care for the aged residing in old people's homes and that caregivers had been asking for capacity building and training so that they could get necessary skills in elderly care. She stated that there was no short-term or long-term training for staff working in old people's homes because there were no funds for the exercise. She lamented that caregivers in old people's homes were not accorded training opportunities unlike their counterparts in other sectors of government. The challenge of lack of training opportunities for caregivers was also highlighted by the Chief Planner who stated:

There is lack of trained staff, especially in privately owned old people's homes. There is also lack of specialised training for the care of senior citizens, which is badly needed. There is need for trained personnel in health and especially geriatrics to be attached to the home. Homes should have geriatric clinics with specialists in charge. These are currently missing. Besides, very few medical practitioners specialise in geriatrics in Zambia, hence this service lacks at the moment. All old people's homes should be run by trained and appropriately qualified caregivers. The lack of knowledge and skills in

caring for the aged in old people's home is in line with Kamwengo (1999:ix) ^[11] who asserts: "Many caregivers in both the community and homes for the aged lack skills and knowledge for effectively working with and for the aged. These include counselling skills, skills in handling the aged and knowledge about the needs, demands and expectations of the aged." In emphasising the need for training caregivers who work in old people's homes, McGivern (2007) ^[16] states that there is a need to train staff in long-stay care homes and an overwhelming need for nutrition and dietetic services to advise and assist with menu planning, appropriate prescribing of nutritional supplements and weight management of residents. Nyanguru (1991) ^[22] points out that there is need to train people who work with the elderly in institutional homes. He states that they need simple physiotherapy skills, simple occupational therapy skills, general supervision of the elderly to prevent malnutrition and related aspects. He further states that there is need for better understanding by staff of what constitutes proper nutrition for older people. However, Hannan, Norman and Redfern (2001) ^[9] observe that educational and training programmes must be relevant to the needs of staff in old people's homes and residents if they are to have a positive impact or outcomes. Blackburn and Dulmus (2007) ^[3] postulate that education interventions are designed to provide caregivers with critical information that will enhance their abilities to provide care and cope with associated stress of looking after the aged. They explain that most of these programmes are intended to either increase the knowledge or skills of caregivers to provide care or address their psycho-emotional needs by teaching self-care or coping skills. They also explain that skill-focused educational programmes include those that teach about specific disease processes, direct care skills and behaviour management.

According to Beringer and Crawford (2003) ^[2], there is a relationship between nursing home outcome and staffing levels. They state that lack of staffing, skill-mix, training and services leaves the elderly people at risk of harm. They suggest that care facilities should make a greater investment in staff training and professional development to reduce the high turnover of staff. Glendinning (2012) ^[7] reports that in England home care workers' skill levels are relatively low but that employing agencies are required to have specified levels of qualified staff and that skills and qualification levels of workers in care homes are slowly rising through workplace-based training and assessment. He explains that new unqualified staff must register for training within 6 months of starting employment, but that up to the end of March 2007, between a fifth and a quarter of registered home care agencies had not yet met this requirement. Glendinning (2012) ^[7] further reports that home care provider organisations in England reported significant problems in recruiting and retaining staff and turnover was high due to low pay levels. Persistent Challenges in Providing Quality Care (2012) ^[23] also states that a lack of training for care assistants' courses which were considered essential in the provision of even basic care, such as manual handling, was identified as one of the challenges in care homes in England. Moriarty *et al.* (2010) ^[17] prescribe on-site training for caregivers which they say tends to be favoured over off-site delivery because it is easier to organise in terms of fitting in with staff's regular working hours. They state that outcomes of training of care workers have been measured through self-report and/or by observation

and that the most frequent benefits of training reported by workers are great confidence in providing care and greater understanding of the issues faced by older persons. Drennan *et al.* (2012) ^[6] further point out that education and training that incorporates strategies on recognising and reporting potential neglect and abuse is also an important component as is training in how to deal effectively with conflicts that may arise between staff and residents. They explain that there are a number of training programmes that could be incorporated into undergraduate and continuing education for health and social care professionals that cover both an awareness and understanding of abuse and psychological aspects such as dealing with abuse and stress reduction. It is, therefore, of crucial significance that caregivers working with the aged in old people's homes are equipped with the necessary knowledge, skills, competencies and attitudes in issues of ageing and how to better care for the aged without abusing or neglecting them.

2.4 Absence of a national policy on ageing

The other challenge faced by caregivers in old people's homes in Zambia was absence of a national policy on ageing. Caregivers and Provincial and District Social Welfare Officers, senior officers in the welfare and planning departments at the Ministry of Community Development, Mother and Child Health headquarters all observed that the absence of a national policy on ageing in Zambia posed a challenge to the status of the aged and their well-being as well as operations of old people's homes. They stated that the absence of the national policy on ageing entailed lack of a regulatory framework on programmes and welfare of the aged. A caregiver at Mitanda old people's home stated:

Lack of a national policy on ageing is a limiting factor. One cannot be resourceful, but when the policy comes into effect, provisions for the aged will be respected and legally binding like any other social protection measures. The policy will provide guidelines for the operations of old people's homes and funding.

This study established that there was no operational national policy on ageing in place though the process of coming up with one had started as early as 2008. At the time of data collection for the study, the policy was just in draft form, awaiting approval by Cabinet and subsequent ratification by parliament. This is consistent with The Situation of Older People in Zambia (2006:41) ^[27] which states: "...Furthermore, an ageing policy is not yet put in place. As a result, older people continue to find difficulties in accessing basic social services such as health, water and social protection schemes." Therefore, the absence of a national ageing policy was a major source of concern among caregivers and other stakeholders. The Situation of Older People in Zambia (2006:86) ^[27] adds: Many older people, public officials and other stakeholders have been asking for an ageing policy. They have demanded that a policy be established as a matter of urgency. The government has been willing and ready to pay for the development of an ageing policy. That has been good news for many people. The District Social Welfare Officer for Luanshya noted:

The policy on ageing is not yet in place, but just in draft form. Consequently, older people continue to find difficulties in accessing basic social services such as health, water and social protection schemes. You see, we have programmes

being formulated but there are no guidelines or policy for the implementation of these programmes. The earlier the national policy on ageing is approved and enacted, the better.

A caretaker for Divine Providence Home also explained that there was little social support and social security for vulnerable elderly persons in Zambia largely because of lack of a policy on ageing. She elaborately said:

Since there are no policy guidelines on ageing, there is no direction on how the programmes for the aged should be run and how capacity should be built. There is need for the enactment of the national policy on ageing. Programmes should be developed in order to keep the aged busy and engaged instead of them just sitting and waiting to die. Currently, there is lack of social support and social security for vulnerable elderly persons in Zambia, largely because of lack of a policy on ageing. I hope the policy could be enacted soon so as to streamline the operations of old people's homes in the country as they will be operating under a legal framework. The marginalisation of the aged in Zambia is reflected in the absence of a national policy on ageing since independence. Many sectors such as sports, gender, health, youth, to mention just a few, have got policies in place while that of the aged is still in draft form!

The Director of the Department of Social Welfare at MCDMCH headquarters pointed out that due to the absence of a national policy on ageing, there were no written guidelines on the establishment and operation of old people's homes in Zambia. As a result, even mechanisms to monitor the quality and adequacy of care provided to the aged were lacking. He explained that these regulatory mechanisms would be developed in order for the Ministry to better care for the aged in old people's homes once the policy was put in place. He said:

I have not seen written guidelines specifically on old people's homes, but for children we have guidelines. May be it is because of lack of a policy on ageing and probably because more people are interested in setting up homes for children than the aged. Once guidelines are developed, there will be a standard that will be followed in the establishment and operation of old people's homes in the country. The policy will also present minimum standards of operation for old people's homes and people will be trained in elderly care and related aspects.

The Draft National Policy on Ageing (2011) ^[20] indicates that the policy on ageing, once put in place, would be used as a guiding instrument not only for government committing itself to the plight of older persons, but also for purposes of allocation and expenditure of public resources. It further indicates that having a policy on ageing would assist in enhancing the mainstreaming of ageing issues in national development and that it would further pave way for legal reforms that could enhance realisation of rights of older persons and create an enabling environment that takes into consideration the needs of the ageing population.

A national policy on ageing is of crucial significance to any country, Zambia included, which seeks to promote the welfare of the aged. Age ways: Practical Issues in Ageing and Development (2014) ^[1] gives an example of the Fijian experience when it states: "Older people in Fiji now have a national policy, bringing them a range of financial benefits and a national council to protect their interests, thanks to sustained campaign." In emphasising the significance of a

national policy on ageing, Mudiare (2013) ^[18] asserts that the idea of keeping old people in institutional care still sounds strange for many Nigerians, yet it is increasingly difficult for families to cater for them in the absence of any welfare benefits. He points out that even those who are on monthly pension will at some point in time require assistance either from a caregiver or a professional health caregiver. He, therefore, recommends that policy makers expedite action on the policy implementation of provisions for the care of elderly people. Mudiare (2013) ^[18] adds that more awareness campaigns on the problems of ageing need to be mounted in schools and in the media, which would be strengthened if there was a policy direction and framework on ageing.

2.5 Lack of transport

The importance of transport to any organisation or undertaking cannot be overemphasised, and old people's homes are not an exception. The study established that only 1 old people's home out of the 9, namely, St. Therese's Village, had an institutional vehicle running, while Chibolya had 1, but which had long broken down. It could not be repaired due to lack of funds. Caregivers and District Social Welfare Officers indicated that most old people's homes lacked transport, which posed a huge challenge to their day-to-day operations. A caregiver at Nkulumazhiba old people's home stated:

When one of our elderly residents is very ill and can't walk, we are forced to use a wheel burrow to take him or her to the clinic. It would be helpful if we could have transport, especially a small bus to ferry the elderly who fall ill to the clinic or hospital. The same vehicle could be taking them for site-seeing or visiting places.

A caregiver at Divine Providence Home added that sometimes when elderly persons fell ill, she and her colleagues were forced to use their personal vehicles to take them to the clinic or hospital, which she said was expensive for them. She explained that the home could not manage to purchase a vehicle on its own because it had a lot of other competing needs to which the meagre resources it accessed were allocated. She said delivery of goods also became expensive because they, from time to time, had to hire vehicles to deliver certain goods to the home.

Availability of transport has repeatedly been found to be essential to effective elderly care, both in the community and institutional set-up. The Situation of Older People in Zambia (2006:75) ^[27] states that distance from health care facilities is a great problem. Older patients have no transport and some of them are non-ambulant and are finding it difficult to go to health facilities and access health care. This was the case with most of the aged in old people's homes in Zambia. Lack of transport meant that the aged in old people's homes could not easily access facilities which were far away, such as health facilities, pleasure resorts and others. For example, Nkulumazhiba old people's home is located about 70 kilometers from Solwezi and yet it had no transport at the time of the study. The caregiver lamented that they had problems transporting some items for use by residents and taking them to the clinic, let alone the hospital.

Ndonyo (2011) ^[21] points out that the public transport and communication systems in Zambia have not been responsive to the needs of older persons. There are no considerations for reducing transport fares for elderly people, given the nature of their conditions or disabilities. Transport fares are paid on

equal basis with those of any other user. Considering that public transport is expensive and beyond the means of elderly people, it would be appropriate for the private sector to take into account the welfare of senior citizens as they move from one place to another. It is also necessary for the government to enforce legislative measures such as subsidising transport to exempt the elderly from paying bus fares. Since public or private transport is generally not responsive to the needs of the aged in Zambia, especially those residing in old people's homes, it would be helpful if all the homes could be provided with transport in order to ease their access to other locations and services. Nyanguru (1991) ^[22] gives an example of an extreme case where an elderly man in one of the old people's homes in Zimbabwe was dying but could not be taken to a hospital or clinic which were located some 50 kilometres away because the only local rural bus had broken two days earlier. This was compounded by the fact that the home did not have any health facilities for the elderly residents to access.

2.6 Lack of information communication technology facilities

The other challenge faced by caregivers in old people's homes was lack of information communication technology (ICT) facilities. Most of the caregivers reported that they lacked ICT equipment and accessories such as computers, printers and internet connecting, resulting in poor record keeping and information management. Only 4 old people's homes had computers and were able to keep information on residents and other aspects of the homes in both hard and soft form. Additionally, most old people's homes had no written records on the history or background of the institutions and information on residents was poorly stored or not stored at all. For example, at 1 home the researcher observed that names of the residents were handwritten on pieces of paper and unsystematically stored in files, making retrieval and reference rather difficult. At 2 other homes, there were completely no written records of residents in terms of their background, when they were admitted to the home and related information. A caregiver at Kandiana old people's home stated:

We do not have internet facilities at this home. Communication with our cooperating partners and other stakeholders is, therefore, difficult. For example, I have to use my personal laptop and a 'dongle' to communicate because the home has no internet facilities.

A caregiver at St. Therese's Village also explained:

Lack of internet facilities is a very big challenge at this home. It would be great if we could have internet connectivity. We used to have internet connectivity some time ago, but now we can't afford the services any more. We also need computers and printers to make our work easier.

2.7. High demand for admission of the aged to old people's homes

One other challenge faced by caregivers was high demand for admission of the aged to old people's homes. All caregivers reported that there was a lot of pressure from various sections of society, including the aged themselves, for admission to old people's homes in Zambia. There was also constant pressure on caregivers and Provincial and District Social Welfare Officers to admit more elderly people to the homes. A caregiver at Chibolya old people's home stated:

One of the challenges we face here is too much demand for services. Due to the escalating demand for admission, you end up putting three people in one room instead of one or two. You tell yourself, this person may die of hunger and so on, if they are not taken on and admitted to this home. It is really a problem. There is need to build more structures in order to increase capacity of the home. Currently we have a lot of people on the waiting list and languishing in communities hoping to be admitted to the home.

The same caregiver also explained that there were a lot of desperate people in communities who wished to be admitted to old people's home upon learning of the existence of these homes. He pointed out that there was, consequently, a general feeling in government circles and other stakeholders that instead of having only 2 government old people's homes namely, Chibolya and Maramba, every province in Zambia should have a government owned and run old people's home, which would cater for the desperate and needy elderly persons as opposed to them having to move to other provinces. A caregiver at Chibote old people's home indicated that there were plans to build a new old people's home with bigger capacity than what was obtaining owing to increased demand for admission by the needy elderly. She stated: *We are planning to build a new home just here in Luanshya soon because the current one has very limited capacity while demand for new admissions is huge. We currently have 13 elderly people, but there are many others coming from other places seeking admission and we can't accommodate them. When we finish building another home, it will help because we shall be able to accommodate a few more genuinely needy elderly persons who are suffering out there.*

Provincial and District Social Welfare Officers also submitted that there was very high demand for admission of the aged to old people's homes. The department of Social Welfare was particularly under massive pressure from communities, churches, NGOs and the police to admit more elderly persons to old people's homes. This finding is in line with the Report of the Committee on Health, Community Development and Social Welfare (2011) [25] which states that old people's homes in Zambia are very limited in number and cannot cater for all the old people that need care. It further posits that Mauritius faced a similar challenge where there was increasing demand for services provided by old people's homes in comparison to existing institutions. Kamwengo (2001) [12] also points out that institutions created to provide care for the elderly in Zambia are few. He attributes this state of affairs to the official government policy which discourages institutional care in favour of the extended family care while accepting to retain the already established homes for the aged. Diana (1999) [5] asserts that as the number of elderly people moving into residential care homes continues to escalate in Hong Kong, increasing attention has been drawn to assisting these elderly people go through the new experience with dignity and success. Care Homes for Older People in the UK (2005) [4] also explains that demand for residential and nursing care places in the United Kingdom is influenced by two key factors, namely; demographic and government policy. It points out that in an ageing population, it is reasonable to expect that demand for care home places will increase but this has to be set against changes in government policy. It explains that the government in the United Kingdom places more emphasis on providing alternative forms of care in people's own homes in

order to enable people carry on living independently for longer. However, Persistent Challenges to Providing Quality Care (2012) [23] states that the population of England is ageing and people are living longer with long-term conditions and disabilities, resulting in increasing need for care homes. Kofod (2008) [15] posits that the present and future demographic trends predict substantial increase in the number of elderly people within the next forty years in Denmark and other industrialised Western countries and that researchers and policy makers predict that this increase will intensify the demand for nursing care. He explains that as a consequence, a larger number of elderly people will be in transition and eventually become nursing home residents. Simone (2008) [26] adds that with advancing age and prevalence of chronic illnesses in the population in Hong Kong, the majority of whom are frail and vulnerable, continuous and rapid growth of residential care services for the elderly is expected. He states that this creates a favourable market for the development of a flourishing private residential care service for the elderly that provides personal and/or nursing care. Kavita, Bipin and Geeta (2012) [14] state that in India, children are the main source of support for parents in old age in India, but that the physical ties of the elderly men and women with their adult children have weakened. They explain that the results of their study suggest that the state should be prepared to meet the needs of good institutional living arrangements for the elderly as demand for such care is likely to rise in future. In anticipation of rising demand for institutional care for the aged in Zambia, the Report of the Committee on Health, Community Development and Social Welfare (2011:16) [25] made the following recommendation: "The government, through the Ministry of Community Development, Mother and Child Health, should come up with a robust programme to provide old people's homes in all parts of the country. Furthermore, incentives should be considered to attract private companies to sponsor old people's homes."

3. Conclusion

Old people's homes, which are a form of institutional care for the aged and one of the living arrangements for elderly people in Zambia, have been in existence since 1948. Caregivers working in these homes faced a number of challenges which included inadequate and erratic funding, low staffing levels, lack of training opportunities, absence of a national policy on ageing, lack of transport, lack of information communication technology facilities and high demand for admission of the aged to old people's homes. A combination of the above challenges made caregivers work under difficult and demotivating conditions. There, was, therefore, need for the government and other stakeholders to mitigate these challenges so that caregivers could operate better and, ultimately, provide improved services and care to the aged residing in old people's homes.

4. References

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