

Community living for destitute older Zimbabweans: institutional care with a human face

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Abstract

Zimbabwe, like many other developing countries, has a relatively large number of destitute elderly people. For a variety of reasons it has become increasingly difficult to cater for these people – only a few old people's homes exist. In any event, conventional old people's homes have generally been frowned upon, not only for cultural reasons but also because they are perceived as being not "user friendly" and too expensive. For these and other reasons, it has become necessary to search for alternative types of accommodation for this population, which are affordable and socially more acceptable. This paper describes an alternative housing strategy with a more human face than residential institutions, which provides for co-operative living for destitute elderly persons.

Introduction

In traditional Zimbabwean society, as in other developing countries, the extended family network provided care for its elderly members. Kinship systems based upon consanguinal ties facilitated the absorption of the elderly within caring networks. However, the situation appears to have changed over the years. For example, a survey conducted in Zimbabwe slightly more than a decade ago showed that 5% of older people in rural areas lived away from their children (Hampson, 1985b). It may therefore appear that means of sharing and caring which may have worked in the past can no longer be relied upon.

This finding was corroborated by Nyanguru (1985: 7) who observed that "The urbanization and industrialization of Zimbabwean society with its concomitant emphasis on the nuclear family, has resulted in a loss of security and prestige for a growing proportion of the nation's aged." The commercialization of agriculture and the promotion of investments in the mining industry forced many Zimbabweans to move from rural areas into the commercial areas. Several commentators, including Bratton (1978) and Hampson (1985a), have noted that the rural village came to be regarded as a labour reserve that absorbed the cost of reproducing the labour force. The rural village also provided for the subsistence needs of older individuals for whom there was no longer a place in the commercial sector. This inevitably resulted in a loss of security and prestige for a growing proportion of the nation's population.

Black workers in domestic service, on commercial farms and in mines therefore lacked security. At the end of their working life they were expected to return to their rural home with no financial security. Efforts to provide financial security for urban workers upon retirement were met with intense opposition from interest groups such as the "native" commissioners; when the "natives" ended their period of employment, they were expected to return to their rural home. However, while many of the so-called natives did return home, some stayed on in the urban areas. A study by Muchena (1978), titled "African aged in town," found that a sizeable number of black old people lived alone in town. It also found that many of these people had to rely for food on selling vegetables from the market or on handouts from various benevolent agencies. Often they did not eat for "days on end" (Waterston, 1982).

The pre-independence government policy caused much hardship to the indigenous people of the country, especially migrant workers who flocked to Zimbabwe from neighbouring states, particularly Malawi, Zambia, Angola and Mozambique, to work in mines, on farms, and as domestic workers. At the time, these workers were not able to bring their families with them, with the result that in due course many lost contact with their families back home for several years.

Invariably the aliens had no rural home to retire to within Zimbabwe and for many of them, repatriation was not an attractive option since they had lost contact with their families in their country of origin. In some cases, they may have spent up to 30 or 40 years working in Zimbabwe and for the country's socio-economic development. On reaching an age when they could no longer be economically productive, they were retired from service and thus lost both their income and tied accommodation. The tendency for the migrant workers was then for them to drift to the urban areas.

In some cases, the liberation war that ravaged the country for over 15 years was partly to blame for the drifting of large numbers of people from rural to urban areas. When they arrived in the cities and towns, the majority were frail and destitute and settled as squatters in shanties on the outskirts of the areas. In the case of Harare, many slept in the open at Mbare Musika, the main market place, and at a terminus for rural buses, and ate what they could find from dustbins or on the banks of the nearby Mukuvisi river. Studies by several researchers (Muchena, 1978; Hampson, 1982, 1985a; Nyanguru, 1987) found these people to be destitute and lacking

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basic necessities, such as shelter, food and clothing. Many had no access to health-care facilities. They also experienced loneliness and increasing levels of incapacity.

On independence in 1980, Zimbabwe had scores of such destitute aliens who were living in squalid conditions. Some more fortunate ones were repatriated at independence but the majority were reluctant to be repatriated. A few others were fortunate to be placed in conventional institutions for the aged.¹

Nyanguru (1990) has observed that there were very few residential institutions for the elderly throughout Zimbabwe at independence in 1980. Consequently only a few of the destitute elderly could be accommodated in this conventional (Western) model of elder care. By 1990 the number of old people's homes had increased significantly, to around 71 institutions – but the homes accommodated fewer than 2 000 people (Ramji, 1990). Obviously the number of residents would have been far lower in 1980. Hence, many old people lived in conditions of abject poverty and squalor on the fringes of cities, such as Harare, as they could not be accommodated in old people's homes, partly due to the limited number of homes available but also due to logistical, financial and other constraints.

Rationale for forming a co-operative

In modern-day Zimbabwe, as elsewhere in the developing world, under normal circumstances support for the elderly generally occurs in four ways: through the family, the state, the private sector, or a combination of these sources (Adamchak, 1989). However, in the context of the population under discussion, support was not forthcoming from any of these sources for a variety of reasons, including the unavailability of such families, the apparent uncaring attitude of the state, ignorance of the existence of a public assistance facility, and the stringent means testing that precedes registration for public assistance.

Given this scenario, the majority of these people remained destitute and without assistance. For their part, the authorities were at a loss as to how to go about solving the growing problem of an increasing number of destitute people, not only in Harare but elsewhere in the country. The only answer that the authorities could think of was institutionalization in old people's homes. As noted, the conventional institutions could absorb only a tiny fraction of the destitutes.

A number of concerned citizens began to view the situation with trepidation and proceeded to try to determine how best the problem could be addressed. A consensus was that conventional old people's homes might not be the answer to the problem. These would be inappropriate for reasons that are well documented. For example, "total institutions" in the form of old people's homes have been observed to "dehumanize" residents and generally cause them more harm than they provide them care (Goffman, 1961).

Other problems include that of "regimentation" – a situation where activities or a certain routine may be monotonous and boring. Some commentators have characterized old people's homes as "a waiting room for certain death" (Nyanguru, 1985: 4), meaning that the homes do not offer residents any hope.

The group of concerned citizens hence felt that there was a need for a more "open" type of facility: one that would give residents a measure of personal freedom and allow for their participation, while at the same time afford the residents an opportunity to engage in self-help activities – such as the Melfort Farm Project (MFP).

Purpose and methodology

The purpose of this paper is to describe a pilot project on an "open" type of co-operative living for destitute elderly persons which was set up as an alternative to a conventional old people's home. The project appears ripe for replication elsewhere. The paper is based on an assessment of the project carried out by the author and completed in 1995. The methodology involved interviews and group discussions with resident members of the co-operative; unstructured interviews with some Steering Committee members; an analysis of existing records (including minutes of meetings); and casual observation. The author was a member of the Steering Committee of the project for several years and served as the chairperson for five years.

Melfort Farm Project

Facts and figures

The MFP co-operative for the destitute elderly was established in 1979 as a pilot scheme, with the groundwork having been laid a year earlier. The co-operative can accommodate 40 residents, both male and female. It operates on the basis of a constitution, based on conventional co-operative principles. It has always been the feeling of the Steering Committee that a greater number of residents than 40 would result in a loss of a sense of "community."

At present, the average age of the co-operative members, or residents is 62 years but the oldest member is in his early 90s. Many are either illiterate or semi-literate, although one resident claims to have been a mathematics lecturer at Fort Hare University in South Africa. Virtually all the members of the co-operative are single, although some have started casual relationships in the home. Most of the residents are of foreign origin, having hailed from Malawi, Mozambique, Zambia, Tanzania and South Africa, and only a few are locals. Very few have a religious affiliation and the majority believe in spirit mediums. However, certain church groups often conduct services at the co-operative. Some members are still able-bodied but the majority are frail, very old and spent out.

Financing of the project

The co-operative survives largely on a government grant, donations from well-wishers, and to a lesser extent proceeds from income-generating projects. It is hoped that the project may in due course become self-sufficient, through food production, etc. When a member joins the co-operative, an application is made to the government on behalf of the individual for public assistance. Members receive a grant of Z\$150 (approximately US\$15) each per month. The money is put into a pool and is used to meet the monthly expenses of food items such as meat, bread and milk, as well as other essentials such as electricity bills, travel and medical expenses.

The project has also received donations in cash and in kind from local and overseas well-wishers. Charities such as Help-Age, the Soroptimists, the Lions Club of Norah Valley and others have given donations in cash and/or in kind to the project. Church organizations, such as the Seventh-Day Adventists, the Catholic Church and the Anglican Church, have donated items of clothing and blankets at various times. Some of the donors have contributed towards the construction of additional buildings. Others, including local farmers, have made donations towards the costs of electrification, the refurbishment of existing structures, and the establishment of infrastructure for an irrigation project.

Administration of the co-operative

The MFP co-operative is administered by a Steering Committee made up of volunteers who are all employed full-time elsewhere. The committee, which is based in Harare, some 40 km away, consists of a chairperson, a vice-chairperson, a secretary, a treasurer and a number of committee members. Apart from a Steering Committee, there is also a House Committee headed by a chairman, which is made up of representatives of the co-operative members. The House Committee, in liaison with the residents, is responsible for making the day-to-day decisions on such issues as what projects to engage in, what food to procure, etc., as well as setting up general rules of conduct. Two members of this committee serve on the Steering Committee.

The project employs a full-time co-ordinator who is a middle-aged, literate, able-bodied handyman. His duties include monitoring the day-to-day activities of the project. He gives advice on farming matters and runs errands such as accompanying seriously ill residents to hospital. He also co-ordinates the procurement of food items and the preparation of food by members as well as supervises the cleaning of the premises. The co-ordinator thus operates as a warden of the institution; he is in a sense the eyes and ears of the Steering Committee. Once a week, the co-ordinator travels to Harare to report on the co-operative and to consult with the Steering Committee on various matters.

Replacement of members

Probably only half the pioneer members of the co-operative remain today, several years after the project was started. Some have died while a few have absconded for a variety of reasons. A few have left gracefully and ceremoniously following contact having been established with significant others elsewhere. Consequently, vacancies have occurred at the project at various times and these have been filled as and when they have occurred. When an older person expresses interest in joining the project, his/her application is considered, providing of course that there is a vacancy. If applicants choose to have their name placed on the waiting list, that wish is usually granted.

Should there happen to be a vacancy in due course, the individual is contacted and then interviewed by the co-ordinator to establish whether he/she meets the basic criteria; among other criteria, he/she must be elderly, destitute and, above all, willing to live in a co-operative type of environment in which resources are pooled. The co-ordinator reports back to the Steering Committee and the House Committee. If the candidate qualifies, he/she is then welcomed into the home.

Immediately a new member arrives, he/she is issued with basic necessities such as blankets and clothes. New members stay in the co-operative for a month on probation while their behaviour and general orientation are monitored and assessed by both the members and the co-ordinator. At the end of the probation period, a vote is taken by all the members to decide whether the new applicant should be allowed to stay or not. Once given the nod, the individual is then welcomed as a full member of the co-operative.

Discipline in the co-operative

When a member behaves in a manner that is deemed unbecoming, a report is made by the co-ordinator to the Steering Committee. A thorough investigation is then conducted to obtain a clear picture of the misdemeanour. If the misconduct is of a fairly minor nature, then the member may only be reprimanded and perhaps counselled. If it is a serious offence, then the misdemeanour is thoroughly discussed at a general meet-

ing comprising members of the Steering Committee and the House Committee and all residents.

This meeting is presided over by the chairperson of the Steering Committee. The general meeting will decide on what course of action to follow. Usually the member in question is given an opportunity to defend him-/herself. The worst that can happen is that the member is expelled from the co-operative. However, this action is usually taken as a last resort and only in the most serious of offences, particularly extreme cases which might involve the police.

General organization of the co-operative

The members of the MFP co-operative relate and co-operate in a variety of areas pertaining to socio-economic life in the co-operative. Basically they work together, eat together and share accommodation.

- **Accommodation.** The men live in a dormitory-like residence while the women share accommodation, two to a room, in separate quarters. The residents clean their rooms and make their own beds. They sleep on mattresses placed on the floor. Many of the residents have declined to use beds – some because they have never slept in a bed before, while others through fear that they might fall off the bed during the night, given their frail state.

Some of the residents are addicted to potent illicit local brews called *kachasu* and *chikokiyana*, and when they drink the brew become inebriated and helpless to the extent that they forget their names. Their addiction and resultant inebriation may also contribute to a fear that they may fall off their bed in the night and injure themselves.

The core structure at the co-operative is an old farmhouse which serves as the men's sleeping quarters as well as store rooms. Apart from this structure there is the recently-constructed co-ordinator's house-cum-clinic, built at a cost of Z\$65 000 (US\$ 6 500); a wing for women which comprises three separate small houses; and a few other structures that are dotted about the premises. Some residents have added pole and dagga huts for themselves, probably in pursuit of privacy.

- **Food.** The residents prepare and eat their food together. Within limits, they have a say in what is eaten at the co-operative. However, the Steering Committee sets some broad parameters regarding the choice of food items, basically to ensure that the type of food purchased is fairly balanced in terms of nutritional value. Although the members have a say about what is eaten, it is often difficult to cater for the varied tastes of all the members. The beer drinkers are particularly difficult to satisfy in this regard as many prefer "salty" foods.

In an evaluative study of the project, Chihoro (1986: 3) commented: "It was also noted that individuals tended to make separate fires outside the main kitchen for cooking their own special meals." A limitation regarding the choice of food is of course affordability, bearing in mind the limited resources available. In keeping with local tradition, the women prepare the food and fetch water from a nearby well. The men may help with gathering firewood (although the place has electricity) or fetching water, especially during periods when the seasonal well is dry. The men also help with the cleaning of utensils. The members normally have their meals outside in groups of four or so individuals. Plans to have a dining-hall constructed at the co-operative are at an advanced stage.

- **Health.** A medical doctor visits the co-operative once a month on a voluntary basis and holds a clinic. In addition, a

dentist has visited the co-operative, although irregularly, to provide dental care to the members. Professional help, including counselling, is also available from a qualified social worker, also on a voluntary basis. Where sick members are given prescriptions, the co-ordinator keeps a record to ensure that they are taking their medication correctly. A clinic has been established and the co-ordinator's wife has been sent on a first-aid training course so that she can assist in emergencies.

The main problem regarding health matters is that the project has no transport of its own which means that very ill elderly people sometimes have to be ferried on crowded public buses to a hospital in Harare – some 40 km away.

- **Deaths.** In the event of a death, the members rally together and all are involved in the burial exercise. The usual procedure is that when a resident passes away, a report is made to the police as quickly as possible. The members prepare a grave and once police formalities have been concluded, they bury their dead colleague. Usually a religious minister is summoned to perform the last rites and to conduct the burial. It gives the members peace of mind to know that when they die they are at least guaranteed a decent burial. This is a matter which many destitute elderly people are naturally very concerned about, as local culture affords it high priority.

Labour utilization

Apart from co-operation in the preparation of meals, all the members of the co-operative contribute in different ways to the running of the project. This includes both the able-bodied and persons with disabilities.² Over the years, the number of members with disabilities (other than frailty) has fluctuated but generally the number remains fairly high. For example, Chihoro (1986) showed that of the 38 residents at the co-operative at the time of his study, only 21 were able-bodied, i.e. they were able to engage in day-to-day routines. According to the findings of this study, the disabled led routine, boring lives which involved eating, sleeping and nothing else.

While this observation by Chihoro may hold some water, everything possible is done to address the problem of boredom. Residents with disabilities are encouraged where practical to go on short errands such as to buy milk or eggs at a nearby farm. They are also encouraged to make their bed and to clean the premises. The able-bodied residents do the greater part of the work; in fact, they help to run the entire co-operative. Among other things they are involved in cleaning their own and their colleague's rooms as well as the communal toilets. In addition, they are also expected to wash their own clothes as well as those belonging to their colleagues with disabilities.

The residents are also involved in the promotion of the co-operative's income-generating projects. They cultivate a common estate and in addition, are allocated individual plots where they grow vegetables of their choice with a view to instilling a spirit of competition often absent, though necessary, for maximum utilization of available resources. At the moment agricultural activities are the most popular type of income-generating projects. Approximately two-thirds of the total area of the farm is arable (i.e. 20 acres). However, of the twenty acres that are arable, only 14 acres are currently under cultivation. Irrigation facilities are available at the co-operative, although these are not fully utilized. In a wet season, a nearby stream provides abundant water for irrigation. Crops grown in the communal estate include maize, beans, pumpkins, rape, onion and tomatoes. The bulk of the produce

is sold to the public and the rest is kept for consumption by the members.

The proceeds from items sold are shared amongst the residents. Although co-operative principles dictate that proceeds be distributed according to how much each co-operative member has contributed, this is not very practical with this kind of co-operative and the principle is hardly ever enforced. The proceeds from the sale of the vegetables generated from individual plots are used as pocket money by individual members. Other types of income-generating projects that have been promoted at the co-operative include poultry and rabbit farming. Chickens are popular as they provide the members with meat and eggs, while the rabbits provide them with meat. Surplus produce, when generated, is normally sold to outsiders.

Participation

Participation is a central theme in the philosophy of MFP. There is an emphasis on participation in both decision making and the implementation of ideas. Regarding the gardening project, the vegetable beds are dug, planted, watered, weeded and harvested by the elderly members themselves. Regarding labour utilization, Chihoro (1986) noted that the amount of time spent in the fields was often minimal – an average of three and a half hours a day. From this Chihoro concluded that there was therefore under-utilization of labour at the co-operative. Chihoro further argued that this under-utilization of labour ultimately meant under-utilization of land.

While this argument might under "normal" circumstances hold water, what Chihoro perhaps failed to appreciate was the fact that this is not a "normal" situation; he failed to appreciate that he was referring to contributions by old and frail people – individuals in the twilight of their life. Such people could not be expected to put in a normal day's work. The overriding consideration must surely be their advanced age and frail state of health; a main objective should be therefore to keep them occupied so that they still feel useful. Short of employing able-bodied outsiders, it is difficult to see what else could be done to ensure maximum utilization of the land by these mostly frail older people.

Social life at the co-operative

Although there is very little in the form of entertainment, life at the MFP co-operative appears to be relatively lively. This is probably because of the homely nature of the environment coupled by a fairly high degree of independence afforded the members. Nyanguru's (1985) study found that most of the residents did not seem to have friends or relatives outside the co-operative. It was difficult to speculate as to why they did not have friends outside the co-operative but it may have to do with the fact that their friends have died, or because they themselves originally came from an area far away from where the co-operative is sited and had left their friends behind.

As for relatives, the fact that most of the members were aliens would explain the reason why many residents do not seem to have relatives who visit them at the co-operative. Because of a lack of outside friends and relatives, many residents could be expected to feel lonely. However this is not the case; the members generally do not seem to feel lonely, mainly because they have friends within the co-operative. As noted elsewhere, a few males even had relations with their female counterparts in the co-operative. In his study, Nyanguru (1985) observed, through casual observation, that most of the members were to be found in groups of two to four, chatting about local news or their past history. He found that 76% had

close friends in the co-operative and 94% were satisfied with the type of friendship afforded to members in the co-operative. Several members made friends by exchanging gifts of food, beer and cigarettes.

In his study of the co-operative, Chihoro (1986) argued that the members were lonely because entertainment was lacking. His observation was however refuted by Nyanguru (1985), whose observations a year earlier had persuaded him to conclude that the atmosphere at the co-operative was generally lively. Informal interviews by the present author several years later (1994/95) with the co-operative members appear to corroborate Nyanguru's observation.

In any event, a television set as well as a radio entertain the members, especially in the evenings and at weekends. Although Chihoro had argued that the radio and television programmes were mainly in English, and hence the members did not benefit much by way of entertainment from these media items, informal discussions with the residents (1994/95) seemed to indicate that they enjoyed watching television and listening to the radio immensely. Some had become virtually addicted to these two forms of mass media entertainment.

The co-operative has simple boundaries and is not fenced off, and thus the members are able to go anywhere as and when they so wish. Some of the members frequently visit neighbouring farms where they drink alcohol. The type of alcohol they prefer, illegal and potent brews such as *kachasu* and *chikokiyana*, has very high alcohol content: 70 % ethyl alcohol, compared with lagers which have only about 3% ethyl alcohol. Some members' health has been badly affected through over-indulgence of these illicit brews.

The residents receive Z\$10 each a month as pocket money. They spend this money mainly on alcohol, cigarettes and/or other essentials. They are also able to obtain extra money from the sale of produce from their individual plots. The members generally appear to be happy at the co-operative. Nyanguru's study revealed that 91% felt that they had made the right decision by joining the co-operative, while the remainder were not so sure.

Co-operation with the surrounding community

When the MFP co-operative was first established, it was isolated in the commercial farming area where it is situated. What made matters worse was that the largely white commercial farmers wanted nothing to do with the exclusively black community made up of destitute and frail elderly people, some of whom had been their employees before they dismissed them, often with hardly a "thank you," let alone a gratuity or a pension. The Steering Committee took it upon itself to try to persuade the local farmers to get involved in the affairs of the project.

The committee's main reason for doing so was on the realisation that a major objective in starting the co-operative was to attempt to reconstitute the social supportive environment of the elderly destitute. A way to achieve this objective, it was felt, would be through efforts aimed at getting the farmers on the surrounding commercial farms interested in the project. This made sense, given that it is largely on farms belonging to these and other commercial farmers that most of these destitute elderly had spent their productive lives. Surely this was the least that the farmers could do to show their appreciation.

The local commercial farmers have in the past few years responded positively and favourably to the call. These farmers have organized various income-generating activities and have on occasions raised money which has been donated to the project. Some have offered to help prepare the land for agriculture, either for a nominal charge or free. In some

instances free transport has been offered to members. On important occasions, such as Independence Day or at Christmas, the farmers' wives in particular have prepared "goodies" for the members. A couple of the farmers currently serve on the Steering Committee – a very positive sign indeed.

In addition, other groups from the surrounding areas have also been in constant touch with members of the co-operative. These groups have included local church groups (which include some of the farmers mentioned above), as well as general labourers from the surrounding commercial farms. The interaction has proved healthy and has helped to enhance life in the co-operative. It has also helped to create a "community" atmosphere in the area.

Brief evaluation of the project

A great deal has been written about the negative effects of total institutions, including old people's homes, on residents. For instance, Tobin and Lieberman (1976) have argued that long-term care institutions for older people create an "institutional personality syndrome" in the residents. Numerous studies by gerontologists have shown institutionalized elderly to be disoriented and disorganized, withdrawn and apathetic, depressed and having feelings of hopelessness. Townsend (1962) has explained that in a total institution people live communally with a minimum of privacy and yet their relationships with each other are slender. Many are said to subsist in a kind of "defensive shell isolation." He says further that their mobility is restricted and they have little access to general society.

Further, the social experiences of residents of institutions are limited and the staff live a rather separate existence from them, which of course creates an unhealthy "we" and "they" attitude. Other writers (e.g. Coe, 1965; Bennett, 1963; Goffman, 1961) have also noted that institutionalized people are subtly oriented towards a system in which they submit to orderly routine (i.e. regimentation) and non-creative occupation, and cannot exercise much self-determination. Consequently, for the individual, there is fairly often a gradual process of depersonalization. In short, institutionalization, as Tobin and Lieberman (1976) have put it, is a coercive force often causing more incapacity than it cures. This view is shared by Goffman (1961) who has submitted that total institutions actually "dehumanize" their inhabitants.

The negative portrayal of total institutions as depicted above, basically constituted the main reason why the Steering Committee (that had been set up) decided to explore alternative approaches to caring for the elderly. The committee members all agreed on a need to move away from a conventional "total" institution approach to a more "open" and humane type of institution, organized along the lines of a co-operative – which writers such as Bennett (1963) and Coe (1965) would refer to as a "less total" type of institution. A major advantage of this type of institution is that it is "less closed." It incorporates the basic social work value of human worth.

In evaluating the MFP co-operative, Nyanguru (1985) argued that unlike in a total institution, not all activities (in this open institution) are conducted in the same place and under the same authority; residents are not treated alike and are not required to do the same thing, and there is no pre-arranged schedule for all activities done in the institution. At the MFP co-operative, he further observes, there are efforts to individualize rewards and punishments. Some activities, such as agricultural production and food preparation, are scheduled for groups, while other activities are open to choice and most decisions are made by the residents themselves, resulting in a relatively healthy atmosphere.

Addressing the question of welfare for the elderly in general, a medical officer is reported to have remarked: "What is needed is a combination of health care, social and recreational activities for the elderly so that they can be as productive as possible and not be frustrated" (United Nations, 1987: 8). These are the type of objectives that have guided the MFP co-operative.

The residents at the co-operative have a greater degree of self-determination in running the co-operative than those in "total" institutions, such as conventional old people's homes, are afforded in participating in the affairs of their particular institution. This conclusion emerges quite strongly from the evaluations that have been done of the MFP co-operative thus far (Nyanguro, 1985; Chihoro, 1986; Steering Committee, 1992). The co-operative members tend to place considerable value in the various creative activities in which they are involved, including agricultural production, poultry farming, gardening, rabbitry, etc. This has had the effect of facilitating a considerable degree of self-fulfilment among the residents. There is evidence of a strong community feeling existing in this place.

In financial terms, it has been found to work out far cheaper to keep an elderly person in a more open type of institution, such as the MFP co-operative, than in what Goffman (1961) has characterized as a total institution. The co-operative model is even cheaper if looked at in social terms. The problem with (total) institutions for the elderly is that they over-emphasize material goods such as shelter, clothing and food, at the expense of social and emotional needs.

Total institutions also tend to ignore the need for creative activity. They tend to underplay the fact that creative activity helps to maintain self-respect and dignity. There is need to at least maintain some kind of balance in terms of meeting the various needs of the elderly, and the MFP co-operative appears to have achieved this, to a large extent. It has achieved these successes basically because the co-operative philosophy of this particular project is guided by fundamental social work principles, in particular self-determination, participation and self-reliance. Above all, it affords members an opportunity for institutional care with a human face.

Conclusion: the way forward

The MFP pilot project on co-operative living for the destitute elderly has by most indications been a fairy-tale success story. This "open" type of institution appears to be a worthy substitute for the conventional "total" institution type of home for the elderly. Clearly, the project has been instrumental in building the capacities of the elderly and indeed in empowering them. As stated elsewhere, the elderly members of the co-operative are not only involved in the implementation of projects but also participate in decision making.

The elderly people in this project appear to have rediscovered themselves. As one of the members quipped: "We feel like human beings again." Touching words indeed, uttered by someone who has experienced nothing but severe hardships in life: a lack of shelter, and inadequate food and clothing – in short, abject poverty. Predictably, this co-operative, like any other venture, has had to contend with problems every now and then but nothing serious; hence it has forged ahead fairly smoothly. The local press has dubbed the project "a haven for the destitute elderly." This label is fitting, since to a large extent the destitute old in this co-operative have found a relatively happy new world.

Notes

1. At present three levels of care (or schemes) are operated in residential institutions for older Zimbabweans: Scheme A is for fairly independent residents; Scheme B is boarding-type care for people with limited mobility; and Scheme C is for persons who are ill and need medical care, or who are bedbound.
2. The term disabled is used here to include senile individuals, those with physical deformities, and individuals who are frail and no longer capable of working on the land.

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