

Firming Up Institutional Policy for Deprived Elderly in Cameroon

CHARLES CHE FONCHINGONG

Development Policy Research Network

In a context of deepening poverty, policy realignment is crucial in tackling deficits in social security provision for Cameroon's growing elderly population. Tackling deficiencies is undermined by institutional failings, a dysfunctional bureaucracy, and a policy process characterized by dithering rather than concrete action. This article uncovers an impasse linked to the inability of existing institutional frameworks to confront the aging problematic. Empirical data point to elderly agency and a range of resources to fill the gaps left by state retreat. Institutional strengthening and social capital theory resonate here. A triangular policy framework reveals intricacies of coping via individual, family, and mutuality, explicating cardinal administrative roles. I suggest the design and delivery of social welfare provision should concentrate on institutional strengthening, improving architecture, and the workings of ministerial departments. Embedding a people-oriented bureaucracy and delivering targeted social assistance can serve as useful paradigms in policy revamps for the deprived elderly.

Keywords: Aging Policy, Africa, Agency, Elderly, Deprivation, Institutional Policy, Impasse, Social Capital, Social Security, Social Policy, Welfare Policy, Old Age, Sub-Saharan Africa, Cameroon.

Related Articles:

Mohammed, Abdulai Kuyini. 2013. "Civic Engagement in Public Policy Making: Fad or Reality in Ghana?" *Politics & Policy* 41 (1): 117-152.

<http://onlinelibrary.wiley.com/doi/10.1111/polp.12003/abstract>

Considine, Mark. 2012. "Thinking Outside the Box? Applying Design Theory to Public Policy." *Politics & Policy* 40 (4): 704-724.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1747-1346.2012.00372.x/abstract>

Acknowledgements: The author acknowledges constructive comments from *Politics & Policy's* co-editors in chief and several anonymous reviewers for helpful suggestions on earlier drafts.

Knutsen, Wenjue Lu. 2012. "An Institutional Account of China's HIV/AIDS Policy Process from 1985 to 2010." *Politics & Policy* 40 (1): 161-192.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1747-1346.2011.00339.x/abstract>

Related Media:

World Health Organization. 2013. "Promoting Healthy Ageing in Africa." <http://www.afro.who.int/en/media-centre/pressreleases/item/5798-promoting-healthy-ageing-in-the-african-region.html>

African Development Bank. 2011. "Aging Population Challenges in Africa-African Development Bank."

<https://www.un.org/ageing/documents/. . . /AUFrameworkBook.pdf>

CDVTA Cameroon. 2014. "Elderly Empowerment through Community Development." http://www.cdvta.comeroon.org/Where_we_work.html

La política de realineamiento es crucial para resarcir rezagos en seguridad social para una creciente población de la tercera edad en Camerun en un contexto de profundización de la pobreza. La tarea de resarcir los rezagos es subvertida por fracasos institucionales, una burocracia disfuncional, y un proceso de políticas caracterizado por la vacilación en lugar de la acción concreta. Este estudio revela un impasse vinculado con la inhabilidad de marcos institucionales existentes para confrontar la problemática del envejecimiento. Los datos empíricos ponen a descubierto la iniciativa de la gente de la tercera edad así como una variedad de recursos faltantes que ha dejado la retracción del estado. Las teorías de fortalecimiento institucional y capital social son muy relevantes a esta problemática. Un marco de política triangular revela tanto la complejidad de enfrentar a nivel individual, familiar, y en mutualidad, así como los roles administrativos cardinales-explicativos. Sugiero que el diseño y producción del bienestar social debe concentrarse en el fortalecimiento institucional, que mejore la arquitectura y los procesos de entrega de los departamentos ministeriales. Fincando una burocracia orientada hacia los beneficiarios y una entrega de asistencia social etiquetada pueden server como paradigmas útiles en replantamientos de políticas para la vejez en pobreza.

It is projected that by the year 2020, approximately 64 percent of Africa's elderly will live in areas defined as rural (HelpAge International 2004). In many rural areas in Africa, the elderly already constitute the majority of the population (Maharaj 2013). Population aging has not, however, been a priority area for national governments, given the host of problems facing the African continent. According to a World Population Prospects report (United Nations 2007b), the population aged 60 and over in Africa will reach 64.5 million by 2015, which is also the target date for attaining Millennium Development Goals (Maharaj 2013; United Nations 2007b; World Bank and International Monetary Fund 2010). By 2030, projections point to 103 million older people, increasing to 205 million by 2050 (United Nations 2007b).

In terms of proportion of total population, the percentage of population aged 60 and above grew from 4.9 to 5.3 percent between 1950 and 2005 (United Nations 2007b). Projections suggest an increase from 5.6 percent in 2015, to 6.8 percent in 2030, to 10.4 percent in 2050 (United Nations 2007a, 2007b). Compared with other regions of the world, the population of Africa is growing older faster, at a rate of 2.27 percent (United Nations 2011). Often the focus is on a “crisis” of population aging rather than a challenge for policies to be developed that avert the negative consequences associated with this major demographic change (Gresh and Maharaj 2013; Randel, German, and Ewing 1999).

Cameroon’s growing elderly population constitutes a policy headache due to rising poverty and gaping inequality. In 2000, the aging population constituted 7 percent of the total population of South Africa, followed by Cameroon with 5.2 percent, and Ghana with 5.1 percent (Pillay and Maharaj 2013). A report for Cameroon provided by HelpAge International (2013) details a population index estimated at 21.7 million, with the older population (60 years and above) at 1.1 million. The percentage of this older population was 5.4 percent in 2012, which is projected to rise to 9.5 percent by 2050. While the percentage of the population above 80 in 2012 stands at .5 percent, it is projected to reach .8 percent by 2050 (United Nations 2011). The World Health Organization’s (WHO 2013) Global Health Observatory put Cameroon’s life expectancy at birth at 51.4 years for males and 53.9 years for females. The total life expectancy is 52.6 years, with a world ranking of 181 (WHO 2013).

A notable feature is the absence of social pensions in Cameroon, which exacerbates the poverty situation of the elderly. On the policy side, the government’s signal to introduce a national policy on aging since 2002 remains pending. Budgetary constraints have been blamed for lack of action in the formulation of policies (Gresh and Maharaj 2013). The elderly draw on social capital by engaging in subsistence farming, trading, and other informal sector activities to fend off poverty. Hence a huge percentage of older persons, 60+ years, in Cameroon remain in the labor force: 78 percent of males in this cohort and 51 percent of females (United Nations 2012). The scale and dimensions of the challenges that face policy making in this area are evident from demographics, health status, life expectancy profiles, and disparities in rural/urban poverty index. Health status, in particular, remains problematic; the need to develop appropriate long-term health care targeting the elderly is ever urgent. Yet the elderly remain sidelined and often suffer from abuse, isolation, and marginalization. In general, rural areas have a higher dependency burden than urban areas: a higher child dependency ratio and a higher old age dependency ratio (United Nations 2009).

The fertility ratio for Cameroon is, on average, 4.97 percent, with almost 42 percent of the population below the age of 15 (with males estimated at 3,443,505 and females at 3,367,571). A majority is concentrated in the 15- to 64-year-old

age category, which constitutes 54.5 percent of the population (males estimated at 4,431,524 and females at 4,392,155). The population aged 65 years and over stands at 3.4 percent, with males constituting 253,242 and females 296,751 in 2007 (United Nations 2007a). Two points are discernible from the available data: first, the large concentration of population in the 15- to 64-year-old category suggests a future surge in the elderly population. Second, gender differentiation portrays a growing older population of women.

In most of Africa, functioning social security programs are in short supply, and most governments struggle to cater for their aging population (Bailey and Turner 2002; International Labour Organization [ILO] 2001; van Ginneken 2003). Viable social protection programs can no longer be delayed, given emerging demographic transitions: significant shifts with notable implications for development policy (Lloyd-Sherlock 2010). The elderly are therefore trapped in poverty and the prevailing paradigm contained within the informal and traditional family support system (Fonchingong 2013; Maharaj 2013).

Apart from constitutional and minimal human rights safeguards, very little is known concerning the policy framework signaling the preparedness—or not—of Cameroon to meet this daunting challenge of population aging. The cardinal role of any state social policy is to safeguard citizen welfare, particularly the elderly, the most vulnerable, and those trapped in endemic poverty. Present funding and budget allocation for key ministries in the country has failed to connect with the challenges of population aging. Stepping up funding and designing realizable, yet cutting-edge, policies to address these fundamental concerns remains a huge mountain for the state to climb. Providing care for the elderly living “on the edge” clearly warrants a redefinition of policy directions. This article charts the dilemmas facing, and agency displayed by, the elderly against backdrop of a patchy institutional framework. The central research question is: amid such endemic poverty, what coping strategies are available to the elderly and what institutional failings are proving to be most obstructive?

Focusing on institutional strengthening and social capital theory, this article proposes welfare policy initiatives that can be deployed to enhance the well-being of the elderly in Cameroon. Old age sets in at a point in life when people are no longer able to actively carry out their family roles (Maharaj 2013). Functional rather than chronological age is seen as an important indicator of aging in a rural subsistence context (Roebuck 1979). For the purpose of this article, the elderly are categorized as those aged 60 and above, with or without access to a pension, and surviving mostly on informal care arrangements and other forms of social assistance.

Available evidence indicates that over 90 percent of the elderly remain uncovered with only a meager 10 percent receiving a pension. Seven percent in the public sector and 3 percent in private sectors benefit from social security. Even pension recipients wait for years before receiving full entitlements. The majority of the uncovered elderly live predominantly in rural areas and rely on

skeletal assistance from immediate family, grandchildren, and hired helpers (Fonchingong 2013; L'Effort Camerounaise 2006). In most African countries, one in ten older people received a pension in 2011 (Pension Watch 2011). South Africa stands apart, however: pensions there provide an essential means of support in old age, with 70 percent of older persons receiving some kind of government support (Statistics South Africa 2010). Old age pensions fulfill a poverty protection role in households with older persons in which younger unemployed members are also supported (Burns, Keswell, and Leibbrandt 2005).

With an ever-increasing aging population resident in rural areas of Cameroon—approximately 53 percent (International Fund for Agricultural Development [IFAD] 2008; World Bank 2009)—any more tinkering by the government may prove costly in efforts to fend off poverty. Mapping out the elderly's needs, Cameroon formed a study carried out by Ministry of Social Affairs in conjunction with the United Nations in May 2009. Health and well-being were major concerns. Emphasis was placed on the following challenges: inaccessibility of health care; inadequate care of elderly ailments due to insufficient specialists in geriatrics and ignorance; poor nutrition due to ignorance; the absence of certain foods; poverty; and human immunodeficiency virus/acquired immunodeficiency syndrome, which also impinges on the elderly. No specific schema of care exists in Cameroon for the elderly who are infected. The absence of a concrete national policy on aging in Cameroon highlights the magnitude of the problems both now and in the future.

Fending off poverty is a major cause for concern in Cameroon with variations across its different regions (see Abwa and Fonchingong 2004). The first national household survey in 1996 estimated that 51 percent of the population was living in poverty. The figure had fallen to 40 percent by the time the second survey was conducted in 2001. However, the decline mainly benefitted urban dwellers. As a corollary to the 1996 survey, an IFAD (2008) survey indicates that 22 percent of the people in urban areas are poor compared with nearly 50 percent in rural areas. Given substantial regional variations in income poverty across agro-ecological zones in Cameroon, a study on living standards and poverty (Direction de la Statistique et de la Comptabilité Nationale 2002) noted that capital cities like Yaoundé and Douala had poverty rates of 7.9 percent and 8.6 percent, respectively. In other cities, the poverty rate is 7.8 percent; rural forest regions stand at 29.0 percent, rural high plateaus at 33.6 percent, and rural savannah regions at 40.6 percent. The article places urban poverty at 13.6 percent and rural poverty at 34.7 percent.

Apart from insufficient disposable income, location, access to water, health and sanitation, roads, housing, gender, and level of education are major indicators of nonmonetary poverty in Cameroon. Although data is not disaggregated by age, extrapolations point to rural areas being the hardest hit. Unsurprisingly, the elderly in rural areas are worst off; their plight is compounded by increases in material poverty, out-migration of younger

populations, and rising unemployment, which poses a major threat to intergenerational support (Aboderin 2006) and traditional care arrangements (Fonchingong 2013). Competing demands for elderly service delivery square with Alcock's (2008) typology of the welfare state, comprising the informal sector, voluntary sector, private sector, and state sector. From a stakeholder perspective, the welfare policy conundrum is unpacked against tenuous institutional organization and social agency mobilized to fill the gaps.

This article resonates with my published research on livelihood strategies among the elderly living on the fringes in rural areas of Cameroon (see Fonchingong 2013). With reference to verbatim quotes gleaned from respondents, this article builds upon and stretches this problematic. It recasts the thorny question of aging populations through the prism of institutional malaise, the jeopardizing of policy formulation, and the implementation of a viable social security system. In chronicling the scale of the problem, a policy framework and institutional model is proposed charting the way forward for social policy to protect marginalized and poverty stricken elderly, without social pensions and other forms of social assistance.

Data, Methods, and Analysis

This exploratory, qualitative article is based on interviews and narratives of elderly interviewees. The research is preliminary and tentative in nature, but given the dearth of updated, qualitative, and quantitative information, the article adds a welcome perspective on this crucial but clearly underresearched subject, both within Cameroon and beyond. Interviews were conducted by the author in the North West and South West regions of Cameroon. The article involved in-depth interviews with 20 elderly men and women drawn from a diverse sample of elderly people aged 60 and above, across sex, ethnicity, age, area of residence, and religion. An interview guide containing questions was framed to explore the dilemmas of the elderly and the range of resources available to them, as it is mobilized both formally and informally. The research purpose was explained and viewpoints sought on questions in the interview guide. Questions addressed major problems impacting upon welfare for the elderly, formal and traditional (informal) forms of support, means of income, access to key resources and welfare services, livelihood/coping strategies, and links with state institutions. The research was fortified by gaining contextual knowledge of "daily worlds and travails" of the elderly, and how they navigate and negotiate institutional arrangements that are currently in place. Patterns of care and forms of support being fashioned for elderly welfare are also explored. The informal approach proved suitable as respondents felt relaxed and willing to "air out" concerns and feelings on the subject. On average, interviews lasted 45-60 minutes. Interviews were tape recorded for those who gave consent. The elderly were approached directly at convenient venues—home, social clubs,

churches, village development meetings, farmlands and grazing sites, local markets, bars, and drinking places frequented by the elderly.

Interviews, guided by the interview schedule, with framed questions ensured consistency and reliability. This permitted an objective appraisal on forms and levels of support. Through direct observations, snippets of information and snapshots on survival strategies were uncovered. These included first-hand visualization of the elderly performing certain tasks such as carrying wood, fetching water, selling wood, buying/selling basic commodities and provisions, and selling local medicines (herbal therapies). The elderly not interviewed at home were approached and escorted to a quiet space. The research purpose was explained and consent sought. All respondents were assured of confidentiality and advised that they were free to withdraw at any time. For the purpose of anonymity, pseudo names and localities of respondents are used in the quotes and thematic discussion that follows. Interviews were conducted in English and Pidgin English, and information gleaned from respondents was translated carefully to ensure the fuller picture and original meaning is retained.

Narratives and accounts were pieced together and their content analyzed to tease out the most central policy implications with reference to secondary data on the institutional impasse and the policy process. Narratives reflect diverse groups, variations in support mechanisms—which are noticeable for different elderly categories. Dissimilar scenarios were particularly visible in terms of needs and coping strategies. In nonherder communities, the elderly (notables) rely on the largesse of traditionally oriented communities through direct provisions of food, firewood, and drinks. In traditionally governed communities, the elderly rely on fines obtained through arbitration over community matters dealt with by traditional village councils. This differed from nomadic communities, where Fulani elders count on lineage networks and culturally prescribed norms (*pulaaku*). As Nigel (2001) observes, ethnographers should guard against “going native.” The temptation of getting too close without losing the ability for detached analysis did prove to be a huge challenge. Given the diversity of responses, it was tricky to listen in to accounts and snippets of information while maintaining an objective academic interest. The narratives are teased out based on a review of governmental policy response. Institutional defects are catalogued drawing on government statutory documents and policy data to understand the wider implications on elderly welfare.

Thematic data and subthemes, analyzed in consonance with the research questions, capture the dilemmas faced by the elderly and their livelihood strategies. In meeting much-needed care requirements, dominant typologies portray the elderly in rural settings battling for subsistence and living off fragmented nuclear and extended family ties. As detailed in the quotes, coping is mediated through family, children, grandchildren, and hired helpers drafted in to provide care. Whatever care the family provides, elderly agency and other community resources garnered cannot be downplayed.

Elderly Impasse and Coping Strategies

Elderly pensioners and nonpensioners rely on public institutions for service delivery to enhance their well-being. Pension processing and administrative bottlenecks have proven onerous for recipients, increasing poverty. Whatever pittance is received remains vital in ensuring sustenance. Elderly persons drawing a pension recount the nightmare and trauma of processing payments. Although Cameroon's government recently introduced up-front payments to the point where entitlements are finally processed, such delays in pension payments are detrimental to well-being. The vast majority without pensions are worst off as access to pensions represents a direct means of income. Nonpensioners live in abject poverty as income generated through alternative sources is inadequate. With limited and indirect access to pensions, women's vulnerability is evident, as they constitute a small number of pensioners and indirect beneficiaries. As widows, some may draw on a widow's allowance.

Inhabiting rural areas with all the trappings of underdevelopment and a dearth of essential services makes things difficult for the elderly. They navigate these shortages through a vast array of informal sector activities, farming, and other allied agricultural activities. Livelihoods are contingent on an assortment of informal sector activities. This is captured in one respondent's account (Fonchingong 2013):

I own a farm and have been growing snails and this is thanks to support from an NGO [non-governmental organization] that helps us with skills on how to keep snails. I sell them to traders for their business and they use it for food preparation like "congo-meat, pepper soup and snail soya." The money raised keeps me going and I am able to pay school fees for my children and grandchildren. (Male, aged 66, Mamfe)

A female respondent, aged 71, from Muea commented that having once been a farmer all of her life, her deceased husband had also been a farmer on a cocoa and oil palm plantation. Both took on the role of buying and reselling their products (buyam-sellam). When her husband passed away, she then set up a store for provisions in her home where she continued to sell foodstuffs bought previously at rural markets. With the proceedings, she bought a diesel-operated oil press machine used for processing palm oil for the store. She also charged a fee to customers for processing their palm oil. Known as Mama Diesel within the city of Mbalangi, her trade in palm oil and the money that she earned at her store provided her with an income of around 60,000 CFA¹ a month, which she used to look after her family, to construct a home in Fundong, and to pay school fees for

¹At time of research 60,000 CFA Francs is equivalent to approximately 113 US dollars. This article builds substantially on, and adds a new dimension to, my 2013 publication "On the Fringe of Poverty: Care Arrangements for Older People in Rural Cameroon," in *Aging and Health in Africa International Perspectives on Aging*, edited by Pranitha Maharaj and published by Springer (see Fonchingong 2013).

her five children. She went on to say that her greatest worry was related to the poor quality of transport infrastructure, which often led to the foodstuffs rotting while in transit. Another worry was for her physical state as she commented that those who are physically weak cannot enter into the buyam-sellam business (see Fonchingong 2013). Research elsewhere (ILO 2010; Lombard and Kruger 2009) confirms that older people remain in the labor force and the fact that Africa is the region with the highest labor force participation of older workers.

Access to land is fundamental in shaping livelihoods, and without it women who often constitute the bulk of the deprived elderly are hard hit. Survival is negotiated through individual agency and transactions to obtain leased rights to farmlands from male counterparts. Moreover, dilapidated transport infrastructure impacts substantially upon economic growth and poverty. Due to bad roads, the strain of coping is evident, echoing a study by the World Bank (2009) conducted in Cameroon that emphasizes road infrastructure as vital in reducing poverty.

As a key resource, land remains a strong determinant of health and well-being of the rural elderly—several accounts point to its centrality. A male respondent, aged 78, from Mankon relates the importance of agriculture—particularly in relation to the cultivation of plantains, palm oil, and other food crops—to their survival by emphasizing the crucial nature of work for survival among the elderly. Through his family's 150 palm trees, they extract palm oil from the collected kernel every two months, meaning that they produce around one and a half tins of palm oil each week, which is shared among his married children who sell each tin for around 8,000 CFA. The sale of plantain provides petty cash for the family and can raise between 500 and 1,500 CFA per bunch. The plantain that is left over is used for feeding the household. The family processes cassava into *garri*, which the participant's wife sells at the local market each week. From profits raised by the sale of foodstuffs, the family makes regular contributions to the weekly *njangi* (cash generating society) with 1,000 CFA and to the monthly *njangi* with 1,500 CFA. This money is used to cover important family costs such as school and hospital fees as well as other basic necessities like as rice, soap, and other ingredients (Fonchingong 2013).

Ownership and access to land remain vital assets in guaranteeing livelihoods as one respondent stated (Fonchingong 2013):

In fact, I am still alive today because of landed property I inherited from my parents. The land is rented out to farmers on an annual rate. I am able to raise 45,000 CFA every year. Added to this, I am involved in food crop cultivation and snail domestication that generates about 35,000 CFA every month. My trouble is my health as I have asthma and high blood pressure but, thank God, I use herbs locally to treat it. (Male, aged 68, Mamfe)

Another female respondent, aged 68, from Nkambe described her ordeal due to a lack of access to running water, which jeopardizes her's and other

elderly people's well-being. She states that she must collect water from a stream about 10 kilometers away from her home and that the water is often not suitable for drinking as other people use it for bathing and other activities. While during the rainy season the elderly collect and store more rainwater, she asserts that poor storage conditions and the quality of the water itself make them ill. This concern resonates with Aboderin (2010, 362) who observes that "the majority of public health programs across the African continent face a 'triple burden:' resource constraints; prevalence of infectious and rising chronic disease; and conflict, injury, and trauma."

A male respondent, aged 68, from Mankon recalled his troubling experience of a severe headache due to a lack of water. The community had a borehole in the village that broke and led to an outbreak of typhoid, entailing several trips to a health facility in another community. When it is not possible to travel, the elderly rely upon traditional herbal remedies over medicines (Fonchingong 2013).

A widow, aged 68, from Mamfe further commented on the lack of basic amenities for the elderly, particularly related to the struggle to consume enough food. She related this directly to the necessity for improved infrastructure to transport foodstuffs and also related to the long treks required by children and grandchildren to collect water for the family (Fonchingong 2013).

Fragmentation of family-based support and other traditional systems of social security are evident. Nonformal institutions—efforts by individuals, families, and communities—play a dominant role in the provision of welfare. Activities to provide assistance are culturally mandated and require family members, friends, and the community to take responsibility for enhancing social welfare and assisting those in need (Midgley 1997). Poor water services continue to account for rural–urban disparities, although there is notable progress. In 2006, 70 percent of the population had access to safe drinking water; coverage in urban centers is 88 percent, significantly better than the 47 percent in rural areas. Many urban dwellers also lack access to safe drinking water (WHO 2013; WHO and UNICEF 2008). The situation is complicated because of erratic supplies and the distance covered to get clean drinking water. As a corollary, Ardington and Case (2009) discuss health status and socioeconomic status as important determinants of individuals' well-being. Information on income alone is not sufficient. They contend that better health can lead to higher income, and higher income can lead to better health, but neither process can be understood without the other.

Reduced access to health services and hospitals exacerbates the health condition of most rural dwellers. On the lack of health services, a male respondent, aged 68, from Mamfe declared that he had been suffering from blood pressure problems for the past six years until he was able to go to the hospital to take aspirin, which alleviated his condition. However, he believes that he is still alive today because of his knowledge of herbal medicines, which he is able to prepare for himself and also, for a small token fee, to the other

villagers of his community. Through this activity and the cultivation of food crops, he is able to sustain himself and to buy basic necessities.

There is a recognition that an improvement in African health systems remains challenging, considering that the continent is home to the worst health systems in the world (Robinson *et al.* 2007). Another 68-year-old female respondent from Mamfe was worried that if she were to fall sick, she would feel frightened because she relies on herbs as the hospital is far away. As well as the distance, she commented that she also did not have money to pay the consultation fees to see the doctor (Fonchingong 2013). This account is telling; reliance on herbs to treat certain ailments due to nonexistent health facilities, compounded by lack of money to pay medical fees, are major deterrents to accessing health services. Randel, German, and Ewing (1999) find a link between health and aging. They contend that both are intimately connected as good health often means the ability to continue participating in the labor force and achieving a reasonable standard of living; crucial for creating and maintaining a productive society.

Gender underpins survival and coping strategies. Childless women and widows often constitute highly disadvantaged groups as they carry a heavy burden fending for themselves. This is heightened by anachronistic traditions and customary laws that impede the socioeconomic advancement of women. A widow, aged 77, from Mamfe recounts her survival approach, commenting that she has been a traditional birth attendant since the age of 21, learning the skill from her late mother who was naturally gifted with herbs. She has delivered around 100 children in remote villages around Mamfe, using herbs to ease labor pains and to aid breast milk flow for nursing mothers. While she does not charge fees for the service that she provides, she is highly respected with the community and the villagers compensate her with money, food crops, and farming plots (Fonchingong 2013). Women are heavily reliant on farming for their economic survival, but due to patriarchy and male influence, are often denied direct access to land. A widow's account is instructive (Fonchingong 2013).

I am now a rural farmer and petty trader and I grow food crops on land that I rent from others. When my husband died, his land was taken over by his relations. I sell vegetables and other foodstuffs in rural and urban markets. I usually make about 15,000 CFA every month from the sales. I am also relying on a small pension and also rent from two houses that we constructed when he was still alive. With this income, I run a household of six children. (Female, aged 67, Mankon)

Out-migration also threatens survival arrangements of the elderly in rural areas. The elderly often struggle to cope with exigencies of rural living because family support mechanisms are fragmenting. Increasing urbanization and migration have led to the movement of young people away from rural areas, and this has meant fewer people to take care of the elderly (Maharaj 2013). In-depth

interviews reveal the novel phenomenon of hired helpers as an increasing means of providing elderly care (Fonchingong 2013). Reliance on hired helpers, mostly young carers recruited by mutual agreement to provide support in return for a specified form of assistance, is prevalent. One male respondent, aged 68, from Mbatu put it starkly by commenting that in today's times, the elderly are unsure of whether their children will look after them when they are old and weak, much unlike the cultural norms of the past. When the respondent's wife died, his daughter sent a boy to live with him. The boy cares for the respondent by cleaning, fetching water, and cooking; in exchange, he receives the fees to attend the local government school in the village, paid for by the respondent's daughter (Fonchingong 2013).

This account suggests that reliance on immediate and extended family is waning, and hiring helpers is on the rise. Hired helpers play a crucial role in enhancing the well-being of the elderly. They are involved in securing essential needs—such as the provision of food, help with daily care (hygiene and sanitation), fetching water, assistance with farm work, accompanying frail elderly people struggling with ill health to various treatment centers, and offering “shelter” from isolation, boredom, and abandonment. Children and grandchildren represent a vital source of elderly support (Fonchingong 2013), but with increasing urbanization and migration, traditional care systems are on the decline (Maharaj 2013).

Most interviewees indicated that sustenance in rural areas was bearable. Direct access to land provides them with a livelihood. They cultivate and undertake other agricultural activities including livestock rearing. A male respondent, aged 68, from Awing asserted the natural attachment that he feels to the village of his birth where he has lived for his whole life, cultivating the land that he inherited from his grandfather. He rents some of the plots for farming and so is able to cultivate food crops for both household consumption and for sale. When he is feeling weak, he is able to rally others to assist in clearing the land and for weeding and harvesting. His land has made life less difficult for him and he's been able to plant a “raffia bush” that enables him to tap palm wine. Moreover, the land keeps him occupied, and on some days he is able to earn around 1,500-2,500 CFA. He asserts a concern related to the scarcity of land, and for those who live in the town, they are required to buy the land for building and farming. Unoccupied land is difficult to find and the price is often very high (Fonchingong 2013).

A similar sentiment is expressed by another female respondent, aged 71, from Bafut who prefers to live in the village because of the land left to her by her polygamist husband who married three wives. She asserts that she feels lucky to have been allocated this land by him for agricultural activities as it is the “lifeblood” of her family, providing enough produce to sell at the local market. Moreover, the plantains and palms that she plants require a lot of space and allow her to sell both the palm oil extracted from the palms and the plantains themselves (Fonchingong 2013).

Rural areas are also characterized by high levels of poverty, poor housing and transportation systems, and lack a wide range of basic social services (Maharaj 2013).

Notwithstanding, the issue of respect for the elderly and close community ties is an asset. A male respondent, aged 68, from Mankon stated that life in the village made him and other elderly members of the community feel closer to nature. They feel for one another, and respect for elders remains as a tradition that enforces the local culture. As a village notable and secretary of the village council, the respondent and other elders are respected in the village as they settle land, boundary disputes, marital problems, traditional marriage, witchcraft, and other problems within the community. In exchange for his work in this role, many of the villagers offer the respondent food, drink, and help with farming. He further comments that urban communities are losing many values and that the tradition of respect for the elderly is dying (Fonchingong 2013).

This account echoes stronger attachment and kinship ties visible through participation in village and communitarian ventures (Fonchingong 2005). Such involvement in communitarian ventures adds to the stock of social and cultural capital with tangible returns such as food, drinks, and entrenching the community values of respect and reciprocity.

Affiliation in faith-based organizations remains a viable option for the elderly to stave off poverty and fend off marginalization and isolation. One female respondent, aged 73, from Nkambe stated the personal importance that she places on attending church each Sunday for the reasons of singing and listening to the scripture as a healing process. Also she commented that other church members “kept an eye on her.” Through the church, she receives foodstuffs, wood for heating or cooking, as well as regular visits to make sure that she is safe if she did not attend church the previous Sunday (Fonchingong 2013).

The role of faith-based organizations in providing care is pivotal. Direct provision of basic necessities such as food and pastoral visits to communities are transforming lives, making life bearable for often-isolated and neglected rural dwellers.

Although there is a directorate in the Ministry of Social Affairs in charge of people with disabilities and minority groups, nomadic communities feel left out of institutional arrangements. The situation of Fulani nomads is fraught with development problems, making life almost unbearable. Fulani are not only battling an ethnic and identity crisis. They are also fending off political marginalization (Hickey 2002). An elderly Fulani respondent, aged 62, summed up their plight asserting that he was in constant fear of being chased away from the land, which meant that he and other herders were constantly on the move and could not rely upon the government for help. Worry over their families and cattle meant that they often did not get enough sleep, and children could not be relied upon to assist them as other groups are constantly looking down on them.

The respondent further comments that the cattle are often given priority for care over the elderly as the cattle are what provide food to them and their families (Fonchingong 2013).

Another Fulani herder, aged 69, from Nkambe explained that cattle is the only form of support that herders can pass on to their children; however, quarrels with neighbors over land often makes this difficult as the herders are often accused of cattle trespassing and for the destruction of food crops. He asserts that this remains the major problem and worry for many herders (Fonchingong 2013).

Again, another male Fulani herder, aged 71, from Sabga stated that the Mbororo (a small subgroup of the Fulani ethnic group) do not receive support from the state, and their children do not have access to public service jobs. He asserts that while his community makes a significant contribution to the economy through their cattle activities that are heavily taxed, they do not have access to basic amenities such as water, health centers, and electricity. He feels that his colleagues and he are often duped by administrative authorities and are looked down upon as a primitive minority without access to land. Other issues faced by the respondent and his fellow herdsman are that they often have to pay bribes to the authorities; they do not have full access to the judiciary to present their case and that they are always considered as intruders. For this respondent, cattle rearing marks the main facet of his “soul and blood”: his identity, history, social security, culture, and mode of subsistence. Despite this, he asserts that herders do not have any protection from the state (Fonchingong 2013). This narrative is attuned to Hickey’s (2002) study on citizenship rights and local politics among minority groups in Cameroon.

Overall, the narratives reveal how the elderly in rural areas are “living on the edge” as their quality of life is affected by a dearth of infrastructure and basic amenities. It is not a totally bleak situation because rural areas offer tangible rewards such as heightened community relations and greater bonding, as the elderly rely on social capital to navigate hardships. Designing and framing tailored policies and a mandate for the introduction of social pensions and other social assistance schemes should be a cornerstone of any viable institutional back up.

Feeding Off Social Capital

Social, cultural capital, and entrenched local realities are potential building blocks used by the elderly to navigate the problematics of limited social protection schemes. Building partnerships and collaborative ventures with local institutions such as *njangis*, mutual societies, village development associations, religious organizations, and cooperatives that develop and maintain programs and schemes to fend off poverty remain crucial. Social capital (as the narratives indicate) is pooled through varied sources: participation in social, economic, spiritual, and cultural ventures. Respondents mention belonging to

cash-generating societies (*njangis*), faith-based groups, traditional associations, and kinship-based groups to provide vital support crucial for their care arrangements. Being in a state of material poverty may be a persistent or an episodic experience that can be life threatening, life restricting, and disempowering (Dixon 2010). The accounts from the interviews show that the elderly are seeking to escape the grip of poverty through a strong reliance on trusted relations within village-based organizations, church groups, family support networks, and other solidarity networks, although such mechanisms are increasingly under strain.

While fraught with challenges, building capacity and engaging in social and traditional networks links to social capital theory. The literature on social capital carries an idealization of “community” that is seen as the prime source of building social capital. In unpacking the World Bank perspective on social capital, Collier (1998, 14-40) underscores the quantity, quality, and persistence of social interactions among neighbors, friends, and members of groups and associations. This generates social capital and the ability to work together for the common good of the community. This is especially important for the poor as it can be used as a substitute for human and physical capital. Social groups organized around relations of commerce or friendship benefit from, and contribute to, interpersonal trust among group members. This subsequently helps strengthen the group and contributes further to its success (Fonchingong 2013, 157-170; see also Bourdieu 1980; Coleman 1998).

In a general sense, social capital is rooted in repeated social interactions between individuals and groups, interactions said to develop trust, social norms, and strengthen cooperation and reciprocity (see e.g., Coleman 1998; Fukuyama 1995; Warren 1999; Woolcock 2000). The amount of social capital built depends on the quality and quantity of interactions as close family ties act as the social glue guarding against vulnerability (Narayan 1997). Often overlooked, however, in current discussions of social capital from a gender perspective is the uncritical treatment of relations within households, families, and kin groups (Mayoux 2001). It is meaningless to speak of social capital unless it is conceptualized as the sum total of social relationships and networking directed at the welfare of a group. The whole stock of social capital remains a vital mechanism of support for those trapped in poverty. For those living in deprivation in poor neighborhoods, reliance on social capital, converted into material and financial resources, are vital “social security mechanisms” (Von Benda-Beckman and Hans 2000, 22). The interviews forming this article suggest that the social capital obtained from households, the community, and other support networks is pivotal in efforts to stave off poverty. *Njangis* (social networks where cash is pooled and given to members in turn) and other family support mechanisms remain crucial. In seeking out new ways of improving their lot, the perspective of social capital lends credence but may play out differently within elderly categories. Among Mbororo Fulani nomads, kin networks and cattle transactions are key survival mechanisms. Harnessing various forms of

social capital and designing targeted policies to address different categories and concerns therefore requires a stakeholder approach.

The Policy Process, Institutional Strengthening, and Stakeholdership

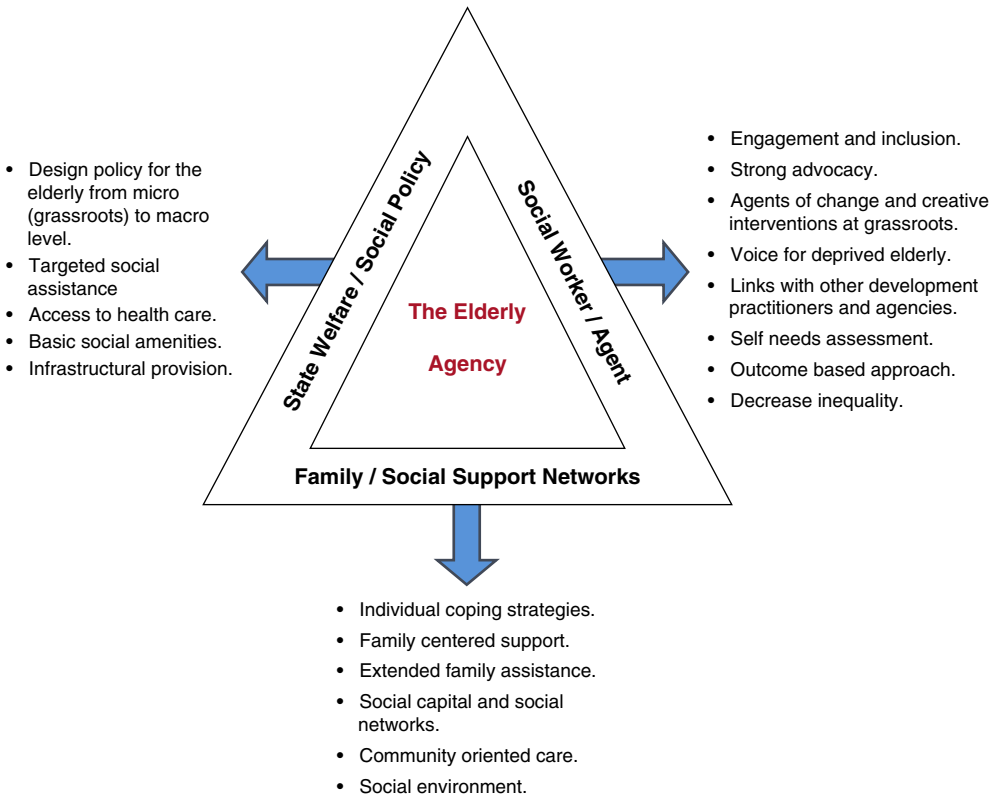
Enhancing the institutional capacity of developing countries to better manage their macroeconomic and social sector policies is crucially important in driving functional policy for the elderly. Paragraph 61 of the Madrid International Plan of Action on Ageing (United Nations 2003) underscores

the growing need for care, and treatment of an aging population requires adequate policies. The absence of such policies can cause major cost increases. Policies that promote lifelong health, including health promotion and disease prevention, assistive technology, rehabilitative care when indicated, mental health services, promotion of healthy lifestyles and supportive environments, can reduce disability associated with old age and effect budgetary savings.

Without the ability to build robust institutions and manage policy processes, “poor countries often cannot absorb external resources, whether in the form of financial flows, technical expertise, or global public goods” (Graham 2002). Proponents and critics of development assistance level the blame at weak institutions. As Birdsall, Graham, and Sabott (1998, 321; see also Graham 2002) posit, “‘institution building’ is a catch-all concept that encompasses a wide variety of goals that have always been at the core of overcoming underdevelopment.” “These goals include enhancing governance, which includes the making and enforcing of rules and laws; improving public administrative and regulatory systems, provision of public services, such as water and roads; and more efficient and equitable provision of public goods and services, which range from defense to education and health” (Graham 2002). In Cameroon as elsewhere in many African countries, poor administrative structures, corruption, limited resources, and political instability have undermined social security systems (Charlton and McKinnon 2001).

Influencing the policy process requires collective interaction with others, often referred to as collective action dilemmas (Ostrom 1999). Scholars of the policy cycle describe a process that is ushered through a sequence of stages: agenda setting, policy formulation, policy adoption, implementation, evaluation, and termination (Brewer and deLeón 1983; deLeón 1999). The institutional analysis and development framework and its common pool resource theory (Ostrom 2005) emphasize how policy actors engage in adaptive decision making and continual adjustment of institutions or rules over time. This is evident in the competing demands in Figure 1 where actors and stakeholders do not share any consensus on how to move the policy process forward. Building trust and effective relations, negotiations, and advocacy with

Figure 1.
Triangular Policy Framework and Competing Demands



all actors is essential in service delivery. Trust may well be the driving force for cooperation and overcoming collective action problems (Ostrom 2005).

Institution strengthening according to Omokaro (2013, 4) is “the reinforcement of capacity or ability of institutions to understand issues, set objectives and achieve set goals, [the] establishment and bolstering of frameworks to enable optimal and sustainable performance of functions; elimination of weaknesses in networks and consolidation of partnerships and collaborations.” As indicated in Figure 1, a broad definition of “institution” encapsulates family, community, and government at all levels: ministries, departments, agencies, and local government. It also includes key decision-making structures such as legislature and judiciary. Covering the third sector are nongovernmental organizations (NGOs); civil society made up of unions, mutual societies, village development associations, social clubs, faith-based organizations, *njangis*, and welfare groups whose mandate and remit is to improve welfare and well-being of the elderly.

Citizen participation in shaping public policy and institutions is crucial in institutional revamping measures. Individuals are duty-oriented in their participation by directing their activities toward voting, paying taxes, obeying the law, and serving in the military (Dalton 2008). Others are more engaged in their participation by active involvement in groups and helping disadvantaged populations. Obviously, both forms of participation are an essential component of a working democracy, and both should be encouraged. Policy posturing, delayed implementation of key policy recommendations, fragile political agendas, and uncertain political will, exacerbated by ministerial reshuffles and limited policy scope, leave the policy process in a dicey state. As mapped out in the triangular framework in Figure 1, the responsibility of safeguarding welfare for the elderly falls squarely on the elderly themselves, family, the community, and the state through its welfare institutions and practitioners (social workers are here seen as advocates). As a corollary, the institutional concept of targeted resource allocation is crucial in service delivery for addressing the urgent and essential needs of vulnerable populations. Under the tutelage of Cameroon's Ministry of Social Affairs, a fragile consultation process exists. It provides inadequate and untrained social services personnel and lacks a streamlined protocol for identifying concerns that impact on elderly welfare. These remain rudimentary concerns impacting on policy calibration (involving consultations with stakeholders, clear procedural architecture for processing pensions, targeted social assistance, and streamlining interministerial collaboration) for the elderly. A triangular framework captures competing demands, social capital, and deficits in policy for the elderly (see Figure 1).

Most policy participants, whether they are government officials, agency staff, or interested stakeholders from advocacy groups, the media, or the scientific community, make decisions and shape public policy from within policy subsystems. Subsystems bring together policy participants who focus on a particular policy issue within a particular territorial area. A rationale is that policy issues are highly complex and thus require long-term commitment and specialization and partitioning of responsibilities. These policy subsystems may operate not only at national level, but also at state, local, and community levels. Thus policy subsystems are best thought of as both interlinked horizontally as well as nested vertically (Weible *et al.* 2012). Understanding policy processes requires an understanding of the macro setting, that is, the basic constitutional rules, physical conditions, and culture of a society (Birkland 2010). Political lobbying, elite machinations, and party recompense procedures are fundamental considerations in budgetary allocations and other vital resources in Cameroon. Changes in policies could represent a range of outputs from the alternation of established institutional rules that would affect operational activities of existing policy programs to the creation of entirely new programs (Weible *et al.* 2012). Influencing the policy process requires the collective interaction with others, often referred to as collective action dilemmas (Ostrom 1999).

Symptomatic of rhetoric that permeates the formulation of a social security policy framework for Cameroon are utterances of former minister of Labour and Social Security, Professor Robert Nkili. In a 2008 meeting with the committee in charge of the modernization of Cameroon's social security, he disclosed that a reformulation of Cameroon's social security system would include farmers. In a report by Africa Press Agency (2009), Nkili is quoted:

It is unacceptable that as much as 90 percent of the country's population remains uncovered by the social security scheme. The modernization of the social security would give farmers and other stakeholders of the informal sector, who also contribute enormously to the development of the nation, the opportunity to pay in social dues and benefit from the scheme at retirement. The 10 percent of Cameroonians registered with the National Social Insurance Fund (CNPS) are dominantly civil servants.

He went further:

Our philosophy of modernizing the social security scheme is to go beyond this figure and make Cameroonians feel protected. We want a situation where when people are sick, their hospital bills are partly or totally paid from the scheme.

The minister recalled that when his ministry was created in 2004, the government directive and the 2005 "text of application" gave the minister the responsibility of conceiving and applying a national social security policy.

In the wake of its assigned mission, in line with a Prime Ministerial decision, the ministry authorized the deployment of committee members with the task of examining, analyzing, and validating work conducted by a pilot committee charged with the rehabilitation of CNPS [*Caisse Nationale de Prevoyance Sociale*] and the general reform of social security. Later in 2009, the same minister indicated that the review of the reference texts would be tabled before the National Assembly (Africa Press Agency 2009). "This reform will be gradual," Nkili said, revealing further that he was opposed to dissolving the CNPS as proposed by the World Bank, stating his preference for "internal reorganizations" (Africa Press Agency 2009). To him, the new approach will consist of maintaining the current structure, while making extensions to the informal sector or to farmers, but also modernizing the current service to civil servants. For Robert Nkili, "social security must now go to the Cameroonians who participate in national development, not only the privileged 10 percent who are in offices" (Africa Press Agency 2009).

Existing institutional policy concerning support and protection for the elderly in Cameroon nevertheless remains sketchy and inadequate. Within the reconfiguration of the Ministry of Social Affairs, it is formed as a directorate for the elderly. In a presidential decree (May 25, 2005), the Ministry of Social Affairs was reorganized, creating a department for the Social Protection of the Disabled and Elderly tasked with formulating and implementing a national

policy for the protection of the elderly. Other ministerial departments work in consonance with this ministry to ensure the construction of a national policy base. Evidently, there is a clear lack of a comprehensive national social development policy framework within collaborating ministries to ensure the appropriate care and well-being of the elderly.

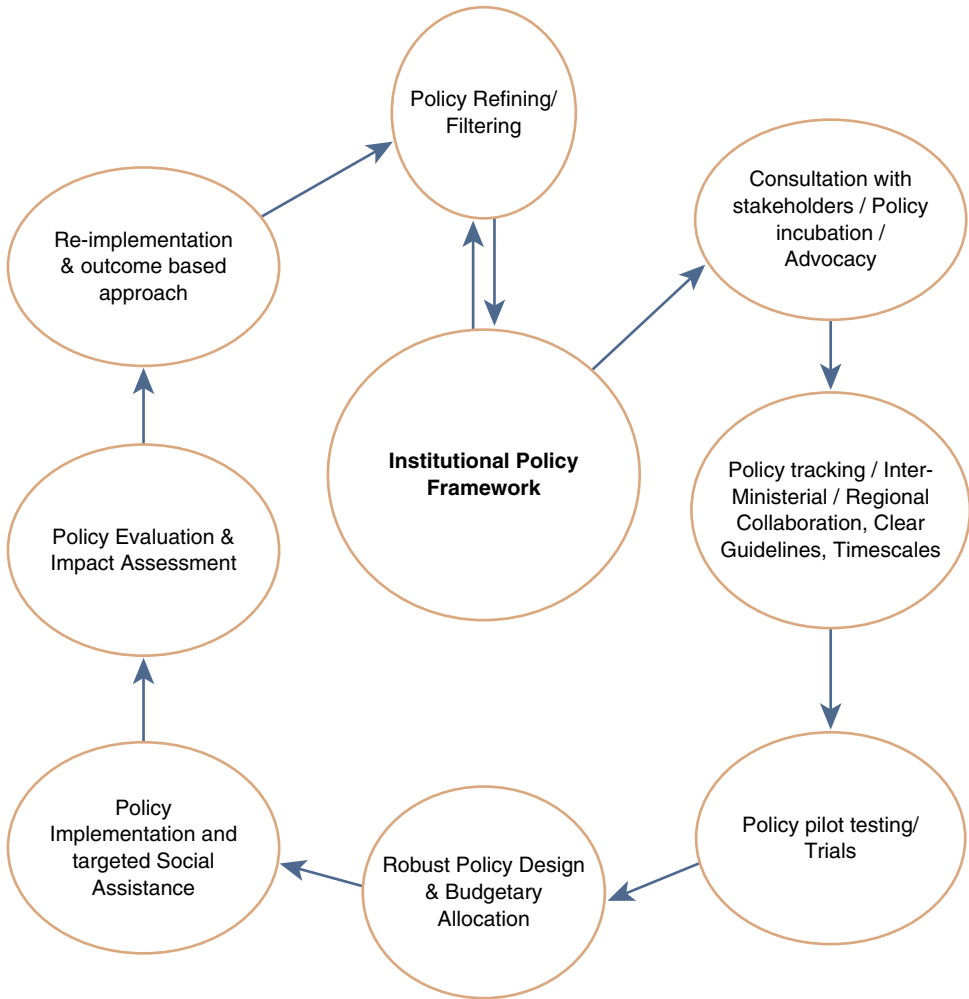
Collaborating ministries like Labour and Social Security, Finance, Health, Women's Empowerment, Agriculture and Rural Development, and Economic Planning and Regional Development offer remedial care and support packages based on their respective budgetary allocations. The elderly and those with special needs—nomads, persons with disabilities, refugees, and displaced persons—benefit from ill-defined largesse and are often not factored into the budget allocation of the Ministry of Social Affairs. Such token support is often channeled through regional delegations of the ministry of Social Affairs. In Blakeley and Seward's (2009, 370) opinion, "the state is, among other things, an institutional order that aims to prevent social chaos and make social order." Alongside the state bureaucracy and civil service that implements government decisions, other organizations remain patchy, ambiguous, and a matter of conjecture.

Firming up Institutional Policy

Framing a viable institutional paradigm for aging in Cameroon remains a challenging prospect for the government. Amid a lack of adequate resources, low funding commitments, and the absence of a functioning bureaucratic mechanism, the task is arduous for ministers charged with formulating a workable policy. The internal scrutiny mechanisms, low budgets, weak institutional frameworks, nonexistent external scrutiny/audits, and lack of a regulatory institutional framework proposed in Figure 2 map out the benchmarks and guidelines for the design and implementation of institutional policy. Streamlining an institutional social security policy that provides meaningful coverage for public servants and private sector workers, whose plight is abysmal compared with their civil service counterpart, is urgent. A policy challenge for government is to align its institutional framework to ILO minimum standards and adhere to an adequate social protection floor for all initiatives.² The Director of Social Security in Cameroon's Ministry of Labour and Social Security highlights this urgency; he notes the absence of health insurance as a critical concern and equally salutes the resurgence of health mutuals, fashioned by citizens to fill gaps left by government lethargy (Cameroon-info.net 2011). Despite efforts and laudable discussions on "modernizing" Cameroon's social security system, these policy lines have remained dormant. Building on work

² See this instructive video entitled "Social Protection for Older People in Africa" by HelpAge International which showcases Kenyan government efforts to facilitate cash transfers for deprived elderly people—Social Protection for Older People in Africa is instructive: <http://www.youtube.com/watch?v=RlyP9aDijj8>

Figure 2.
Institutional Policy Framework



conducted by Minister Nkili, the government of Cameroon, through its prime minister, harped on plans to extend social security coverage, ensuring everyone benefits. New institutions such as the National Health Insurance Fund, National Social Security Fund, and National Fund for State Employees underpinned by social dialogue and solidarity platforms were proposed to revive the ailing social security system. They are, however, not yet operational (Cameroon-report.com 2011).³

³ Available online at: http://www.amazines.com/article_detail.cfm/2750112?articleid=2750112&title=Social%2CSecurity%2Cin%2CCameroon%2CCameroon%2CCameroonian

Calibrating Realistic Policy Choices

The arguments in this article indicate that the design and delivery of social policy for deprived elderly people requires the deployment of adequate resources and a properly coordinated response. Formulating and implementing the right policy choices is fundamental in exposing the dilemmas facing the elderly. Current welfare policy and existing institutional deficits jeopardize rather than enhance elderly life chances. The policy process requires a stakeholder approach in delivering essential services. One form of this approach is a novel mindset for social workers in terms of driving policy. Key roles for state officials and trained practitioners charged with driving institutional change have emerged in the discussions in this article. The WHO (2002) offers “evidence to suggest that cooperation from multiple sectors, advance planning, innovation, and making evidence-based, context-appropriate policy choices will enable countries to successfully manage the basic health needs of the ageing population.”

Powering policy for the future requires a mix of partnerships involving individuals, families, communities, the state, civil society, NGOs, faith-based organizations, and village development associations. More critical is increased capital spending and budget allocation for key ministries (Social Affairs, Health, Labour and Social Security, Finance, Women’s Empowerment, and Economic Planning and Regional Development). Research and innovation through universities and institutes to proffer new technologies and examine alternative and sustainable ways of providing care for the elderly is also required. In uncovering the social context and dilemmas faced by the elderly, closer scrutiny is needed to measure the scale of poverty and discuss and pilot economic survival strategies. One starting point would clearly be to generate a more detailed survey of demographic, economic, and social conditions of the elderly. Empirical research on key aspects like access to health care, basic needs like food, clothing, and transport, and other essential needs will better inform policy both in Cameroon and comparatively across the region. Such research is necessary for effective planning and targeted resource allocation. Periodic monitoring and consultations to pick up any change in circumstances would also lend credence to policy reformulation and informed development planning.

Apart from a directorate in charge of older persons in the Ministry of Social Affairs, there is a token recognition of elderly concerns. The absence of a national committee/coordinating body to keep track and influence policy process for the elderly is telling. Added to this sordid state of affairs is ineffective interministerial collaboration. A coordinating body housed in the Ministry of Social Affairs and empowered to formulate policy and linkages with other ministerial departments like Labour and Social Security, and those others mentioned above is latent. Cameroon’s public administration is highly fragmented, as seen by its large number of ministers. Reforms aimed at decentralization are under way, with more power being granted to local

authorities to strengthen internal coordination (African Economic Outlook 2012).

As the narratives in this article point out, one size cannot fit all in terms of policy articulation given variations in levels of support required by the elderly. What works for a female farmer aged 65 years and over, may impact adversely on a male in a similar age category. A viable policy framework may not match the specific needs of Fulani nomadic communities, contending with livestock to scrape a living. Arguably, the elderly cannot be considered as a homogenous group; depending on their priority needs will therefore require a critical range of basic amenities such as roads, piped water, housing, transport, electricity, and health centers. In terms of institutional policy, this requires a targeted preemptive approach. According to UNFPA (2011) and United Nations Population Fund and HelpAge International (2011), there is urgent need for a more considered approach in formulating a social security framework.

Rebuilding rural infrastructure is crucial in improving livelihoods as the elderly mention that lack of access to health care, infrastructures such as roads, power supply, and basic amenities such as good drinking water, are negatively impacting on care arrangements. Older persons systematically have less access to health care and lack access to the required curative, preventative, or diagnostic health services (Suzman 2010). A practical approach would involve greater government collaboration between frontline ministries such as Health, Social Affairs, and Rural Development in organizing consultations and needs assessment community days. Also, joint collaboration with village development associations and faith-based organizations that are development oriented is crucial as these organizations need the injection of vital funds. Since population aging has ripple effects on other sectors, it is imperative for the Ministry of Social Affairs to better streamline and engage in fruitful partnership with other government departments in fashioning a policy to safeguard the deprived elderly. One possibility is targeted development schemes to rebuild rural infrastructure to better harness the potential the elderly still have. Identifying and liaising with NGOs addressing the concerns of the elderly is a viable option. Also, community festivals and cultural events celebrating the virtues of older age would revitalize social networking and social capital and offer recognition to the elderly in rural areas as most remain potent forces in economic development.

The elderly in rural areas depend largely on subsistence agriculture for survival. The need for these activities to be revitalized for economic development can no longer be overlooked. And many viable suggestions stem from the research conducted for this article. Financial incentives, the provision of small credit, farming implements, updates on agricultural innovation and techniques, plus organizing agricultural shows for older farmers—all these would foster exchanges on best agricultural practices and could yield greater dividends. Working laterally with NGOs and local organizations—like Community Development Volunteers for Technical Assistance (CDVTA Cameroon 2014) and others—could be very proactive in enhancing elderly

well-being. CDVTA is assisting the elderly in forming rural clubs to promote social capital ventures (like *njangis*) and farming clubs (like gardening, bee farming, tree planting, and herbal therapies) to improve marketing and networking. Such partnerships with local organizations and stakeholder consultations are aspects of institutional policy requiring a rethink. The clubs could be used by Health, Agricultural, and Social Affairs officials as staging posts to transmit best practices and new information on nutrition, health screening, farming tips, and targeted social assistance. In short, they would build psychosocial support, ward off isolation, and promote mental stimulation.

Gender consideration in aging policy is vital because of the differential impacts on care arrangements and livelihoods. Research and policy capturing differences and disparities is urgent; empowerment mechanisms for most vulnerable groups like elderly widows, widowers, childless women, the chronically ill, disabled, and frail rural elderly people. Training of social workers and social work assistants to address the needs of the most vulnerable trapped in poverty should not be delayed either. Embedding perspectives of the affected groups in care planning would enable the voices of elderly in rural areas to be heard in terms of their priority needs in development planning. The Ministry of Social Affairs working in collaboration with other departments should conduct periodic assessments and reviews to determine changes in care arrangements and policies to tackle imbalances. Focusing on nutrition, hygiene, and sanitation programs, water treatment, and purification strategies can potentially transform living standards among the rural elderly.

Conclusion

This article has mapped out the institutional malaise and inadequate protection for the elderly in Cameroon. Elderly livelihoods are compromised by lethargic policy making and a lack of safety nets and legal safeguards. The accounts of elderly persons indicate that they possess access to state institutions, but only in an *ad hoc* manner. While elderly reliance on social capital and informal support through family and other social networks is fragmenting, institutional strengthening through developing a robust and comprehensive social security system is crucial. This entails integrating and coordinating an assortment of policies of different ministries into one workable and coherent policy. The introduction of a rights-based approach to social protection redefined and reframed as legal entitlements benefits should be revisited in tune with ILO Recommendation no. 202 concerning national floors of social protection. The institutionalization of social protection schemes, anchored on a rights-based approach, decentralized monitoring of institutional policy implementation, and boarder accountability are all core elements. With changing demographics and ever-shrinking national budgets for welfare programs, Cameroon's elderly are left out in welfare service delivery. This exploratory and qualitative article has articulated the criticality of institutional

back up to counter the dilemmas the elderly face. Snapshots and narratives depict a strong element of elderly agency amid a care economy impacted by the absence of a concrete policy framework for social security and assistance. Those elderly people without pensions suffer disproportionately because of less disposable income. They are battling hard to survive on traditional support systems that are in a state of flux. The interviews undertaken for this article paint a picture of social capital (greater bonding and strong social networks) as vital assets, instrumental in filling the policy gaps in elderly welfare provisioning. The policy triangle espoused in this article is skewed with greater leverage and agency exercised by the elderly while they lean on fragmented family support and informal arrangements that could well give way soon. The article advocated an institutional policy geared toward streamlined interministerial collaboration as elderly livelihoods are further undermined by a dearth of rural infrastructure and essential amenities.

Providing elderly care is taxing in a context of declining family-based support. Improving living conditions requires a medley of institutional reform, social pensions, and targeted social assistance schemes. As espoused in Figure 1, infrastructural development projects (roads, health care, power, and access to water), direct social assistance (food and essential goods), voluntary sector contributions, and streamlined cooperation with NGOs, faith-based organizations, and village development associations are real alternatives. Despite attempts by ministries mandated to provide institutional policy direction for the deprived elderly, such a “modernization drive” has not yet been implemented. I have contended that a stakeholder approach is required for delivering essential services. Uppermost is a novel mindset for public officials overseeing the institutions and systems in place for support and provisioning. More crucial is frontline role of social workers, a linchpin for initiating and driving streamlined policy. Institutional strengthening is a clear takeoff point for embedding a people-oriented governance culture and system; budgetary allocations for social pensions and better decentralized systems for processing pensions; and targeted welfare and social assistance schemes for largely disadvantaged nonrecipients who are reliant on family and other forms of social capital. Better service delivery requires targeted resources, clear timescales for policy implementation, and deliverable packages directed at the specific needs of the elderly. This entails a commitment to deploy available resources cognizant on research and core assessments for identifying those with pressing needs. Tailored training, resource allocation, and personnel development to oversee implementation is imperative. Also, building a bureaucracy that is robust, effective, and transparent needs to replace the current institutional impasse. The article shows that practical levers of welfare policy have to be pulled together, tapping into a stakeholder approach involving the elderly, partnerships with state and nonstate actors, and the mobilization of different forms of social capital. Given the scale of demographic and real social challenges associated with population aging,

well-fashioned policies to enhance the well-being of the elderly cannot be delayed.

About the Author

Charles Che Fonchingong, PhD, lectured at the University of Buea, Cameroon, and Canterbury Christ Church University, UK. His current research focuses on politics of governance and welfare policy for deprived groups, and the elderly in particular. In pushing his interests in public policy research, he is a founding member of the think tank—Development Policy Research Network. His book, entitled *Growing Old in Cameroon: Gender, Vulnerability and Social Capital*, is published by the University Press of America (2013).

References

- ABODERIN, ISABELLA. 2006. *Intergenerational Support and Older Age in Africa*. New Brunswick, NJ: Transaction Publisher.
- _____. 2010. "Understanding and Advancing the Health of Older Populations in Sub-Saharan Africa: Policy Perspectives and Evidence Needs." *Public Health Reviews* 32 (2): 357-376. Accessed on January 10, 2014. Available online at http://www.publichealthreviews.eu/upload/pdf_files/8/PHR_32_2_Aboderin.pdf
- ABWA, DANIEL, and CHARLES FONCHINGONG. 2004. "Gender and Poverty Alleviation in Cameroon: Social Equation and Cause for Concern." In *New Gender Studies from Cameroon and the Caribbean*, edited by Joyce Endeley, Shirley Ardener, and Richard Goodridge. Oxford, England: African Books Collective. 13-25.
- AFRICA PRESS AGENCY. 2009. "Social Affairs Reform Almost Complete in Cameroon." *African Press Reform*. Accessed on January 10, 2014. Available online at <http://www.postnewsline.com/2008/11/farmers-to-be-incorporated-in-social-security-scheme.html>
- AFRICAN ECONOMIC OUTLOOK. 2012. "Economic Outlook for Cameroon 2013." *African Economic Outlook*. Accessed on January 10, 2014. Available online at <http://www.africaneconomicoutlook.org/fileadmin/uploads/aeo/2013/PDF/Cameroon%20-%20African%20Economic%20Outlook.pdf>
- ALCOCK, PETE, ANGUS ERSKINE, and MARGARET MAY. 2008. *The Students' Companion to Social Policy*. 3rd edition. Oxford: Blackwell.
- ARDINGTON, CALLY, and ANNE CASE. 2009. "Health: Analysis of the NIDS Wave 1 Dataset." *National Income Dynamics Study*. Accessed on January 10, 2014. Available online at <http://www.nids.uct.ac.za/publications/discussion-papers/wave-1-papers>

BAILEY, CLIVE, and JOHN TURNER. 2002. "Social Security in Africa: A Brief Review." *Journal of Aging and Social Policy* 14 (1): 105-114. Accessed on January 10, 2014. Available online at http://www.tandfonline.com/doi/abs/10.1300/J031v14n01_09

BIRDSALL, NANCY, CAROL GRAHAM, and RICHARD H. SABOTT. 1998. *Beyond Tradeoffs: Market Reforms and Equitable Growth Latin America—Part 3*. New York: Brookings Institution Press.

BIRKLAND, THOMAS. 2010. *An Introduction to the Policy Process*. Armonk, NY: M.E. Sharpe.

BLAKELEY, GEORGINA, and MICHAEL SAWARD. 2009. "Political Ordering." In *Exploring Social Lives*, edited by Simon Bromley, John Clarke, Steve Hinchliffe, and Stephanie Taylor. London, UK: Open University Press. 351-390.

BOURDIEU, PIERRE. 1980. "Le Capital Sociale: Notes Provisoires [The Social Capital: Provisional Notes]." *Actes Recherches: Science Social [Research Acts: Social Science]* 31 (2): 2-3. Accessed on January 10, 2014. Available online at http://www.persee.fr/web/revues/home/prescript/article/arss_0335-5322_1980_num_31_1_2069

BREWER, GARY, and PETER DELEÓN. 1983. *The Foundations of Policy Analysis*. Monterey, CA: Brooks/Cole.

BURNS, JUSTINE, MALCOLM KESWELL, and MURRAY LEIBBRANDT. 2005. "Social Assistance, Gender and the Aged in South Africa." *Feminist Economics* 11 (2): 103-115. Accessed on January 10, 2014. Available online at <http://ideas.repec.org/a/taf/femeco/v11y2005i2p103-115.html>

CAMEROON-INFO.NET. 2011. *Sécurité Sociale: La triste réalité du Cameroun*. Accessed on October 17, 2014. Available online at: <http://cameroon-info.net/stories/0,31741,@,securite-sociale-la-triste-realite-du-cameroun.html>

CAMEROON-REPORT.COM. 2011. *Illégalité: Près de 90% de Camerounais au noir*. Accessed on October 17, 2014. Available online at: <http://www.cameroon-info.net/stories/0,22590,@,illegalite-pres-de-90-de-camerounais-au-noir.html>

CDVTA CAMEROON. 2014. "Elderly Empowerment through Community Development." Accessed on January 10, 2014. Available online at http://www.cdvtacameroon.org/Where_we_work.html

CHARLTON, ROGER, and RODDY MCKINNON. 2001. *Pensions in Development*. London, UK: Ashgate.

COLEMAN, JAMES. 1998. Social Capital in the Creation of Human Capital. *American Journal of Sociology* 94 (Suppl.): S95-S120. Accessed on January 10, 2014. Available online at <http://macroconnections.media.mit.edu/wp-content/uploads/2011/03/Coleman-1988.pdf>

- COLLIER, PAUL. 1998. *Social Capital and Poverty*. Social Capital Initiative Working Paper, No. 4. Washington, DC, World Bank. November. 14-40.
- DALTON, RUSSELL. 2008. *The Good Citizen: How a Younger Generation Is Reshaping American Politics*. Washington, DC: CQ Press.
- DELEÓN, PETER. 1999. "The Stages Approach to the Policy Process: What Has It Done? Where Is It Going?." In *Theories of the Policy Process*, edited by Paul A. Sabatier. Boulder, CO: Westview Press. 19-34.
- DIRECTION DE LA STATISTIQUE ET DE LA COMPTABILITÉ NATIONALE [DIRECTORATE OF STATISTICS AND NATIONAL ACCOUNTS]. 2002. "Conditions De Vie Des Populations Et Profil De La Pauvrete Au Cameroun En 2001 [Living Conditions of Populations and Profile of Poverty in Cameroon in 2001]." *Direction de la Statistique et de la Comptabilité Nationale [Directorate of Statistics and National Accounts]*. Accessed on January 10, 2014. Available online at <http://nada.stat.cm/index.php/catalog/20/download/166>
- DIXON, JOHN. 2010. "Poverty: An Existential-Humanist Perspective." *Poverty and Public Policy* 2 (4): 111-129. Accessed on January 10, 2014. Available online at <http://onlinelibrary.wiley.com/doi/10.2202/1944-2858.1048/abstract>
- FONCHINGONG, CHARLES. 2005. "The Mechanics of Communitarianism and Social Capital in North West Cameroon." *International Development Planning Review* 27 (4): 427-449. Accessed on January 10, 2014. Available online at <http://web.ebscohost.com/abstract?direct=true&profile=ehost&scope=site&authtype=crawler&jrnl=14746743&AN=21972826&h=RXegG9zCdEtYNUy47dC0WTVe%2bzUrVG75TZ34Q96DGiBVwqVv6REra0yhDYtz%2fk0L80q91AoVU45kXb8vW8xDbQ%3d%3d&crl=c>
- _____. 2013. "On the Fringe of Poverty: Care Arrangements for Older People in Rural Cameroon." In *Aging and Health in Africa International Perspectives on Aging*, edited by Pranitha Maharaj. New York: Springer. 157-170 Accessed on November 14, 2014. Available online at http://link.springer.com/chapter/10.1007%2F978-1-4419-8357-2_8#page-1
- FUKUYAMA, FRANCIS. 1995. *Trust: The Social Virtues and the Creation of Prosperity*. New York: The Free Press.
- GRAHAM, CAROL. 2002. "Strengthening Institutional Capacity in Poor Countries: Shoring Up Institutions, Reducing Global Poverty." *Brookings Policy Brief Series*. Accessed on January 10, 2014. Available online at <http://www.brookings.edu/research/papers/2002/04/globaleconomics-graham>

GRESH, ASHLEY, and PRANITHA MAHARAJ. 2013. "Policy and Programme Responses." In *Aging and Health in Africa International Perspectives on Aging*, edited by Pranitha Maharaj. New York: Springer. Accessed on January 10, 2014. Available online at http://link.springer.com/chapter/10.1007%2F978-1-4419-8357-2_11211-236

HELPPAGE INTERNATIONAL. 2004. *Ageing Issues in Africa: A Summary*. London, UK: HelpAge International.

_____. 2013. "Age Watch Report Card for Cameroon." *Global Age Watch Index 2013*. Accessed on September 12, 2014. Available online at <http://www.helpage.org/global-watch>

HICKEY, SAM. 2002. "Transnational NGDOS and Participatory Forms of Rights-Based Development: Converging with Local Politics of Citizenship in Cameroon." *Journal of International Development* 14 (6): 841-857. Accessed on January 10, 2014. Available online at <http://onlinelibrary.wiley.com/doi/10.1002/jid.929/abstract>

INTERNATIONAL FUND FOR AGRICULTURAL DEVELOPMENT (IFAD). 2008. "Modernizing Agriculture to Reduce Rural Poverty in Cameroon." *Rural Poverty Portal*. Accessed on January 10, 2014. Available online at <http://www.ruralpovertyportal.org/web/guest/country/home/tags/cameroon>

INTERNATIONAL LABOUR ORGANIZATION (ILO). 2001. *Social Security: A New Consensus*. Geneva, Switzerland: International Labour Office. Accessed on January 10, 2014. Available online at http://www.ilo.org/wcmsp5/groups/public/—ed_protect/—secsoc/documents/publication/wcms_209311.pdf

_____. 2010. *Employment and Social Protection in the New Demographic Context*. Geneva, Switzerland: International Labour Office. Accessed on January 10, 2014. Available online at http://www.ilo.org/emppolicy/pubs/WCMS_125308/lang-en/index.htm

L'EFFORT CAMEROUNAISE. 2006. "Social Security Minister Deplores Low Registration." *L'Effort Camerounais*. Accessed on January 10, 2014. Available online at http://www.leffortcamerounais.com/2006/03/social_security.html

LLOYD-SHERLOCK, PETER. 2010. *Population Ageing and International Development: From Generalization to Evidence*. Bristol, UK: Policy Press.

LOMBARD, ANTOINETTE, and ELMA KRUGER. 2009. "Older Persons: The Case of South Africa." *Aging International* 34 (3): 119-135. Accessed on January 10, 2014. Available online at <http://link.springer.com/article/10.1007%2Fs12126-009-9044-5>

MAHARAJ, PRANITHA. 2013. "Introduction." In *Aging and Health in Africa International Perspectives on Aging*, edited by Pranitha Maharaj. New York: Springer. 1-10.

MAYOUX, LINDA. 2001. "Tackling the Downside: Social Capital, Women's Empowerment and Micro-Finance in Cameroon." *Development and Change* 32 (3): 435-464. Accessed on January 10, 2014. Available online at <http://onlinelibrary.wiley.com/doi/10.1111/1467-7660.00212/abstract>

MIDGLEY, JAMES. 1997. *Social Welfare in Global Context*. London, UK: Sage Publications.

NARAYAN, DEEPA. 1997. *Voices of the Poor: Poverty and Social Capital in Tanzania*. Washington, DC: World Bank.

NIGEL, GILBERT. 2001. *Researching Social Life*. London, UK: Sage Publications.

OMOKARO, EMEM. 2013. "Creating Sustainable Framework for Combating Elder Abuse through Human Resource Development, Institutions' Strengthening and Research: Case of Nigeria." Paper presented at the IFA International Workshop on Ageing and Age Friendly Environment, Yaoundé, Cameroon. May 27-28. Accessed on January 10, 2014. Available online at <http://www.ifa-fiv.org/wp-content/uploads/2013/06/Dr.-Emem-Omokaro-Creating-Sustainable-Framework-for-Combating-Elder-Abuse.pdf>

OSTROM, ELINOR. 1999. "A Behavioral Approach to Rational Choice Theory of Collective Action." *American Political Science Review* 92 (1): 1-22. Accessed on January 10, 2014. Available online at <http://www.jstor.org/discover/10.2307/2585925>

_____. 2005. *Understanding Institutional Diversity*. Princeton, NJ: Princeton University Press.

PENSION WATCH. 2011. "Social Protection in Older Age." *Pension Watch*. Accessed on January 10, 2014. Available online at <http://www.pension-watch.net>

PILLAY, NATASHYA, and PRANITHA MAHARAJ. 2013. "Population Ageing in Africa." In *Ageing and Health in Africa International Perspectives on Ageing*, edited by Pranitha Maharaj. New York: Springer. 11-52.

RANDEL, JUDITH, TONY GERMAN, and DEBORAH EWING. 1999. *The Ageing and Development Report: Poverty Independence and the World's Older People*. London, UK: Earthscan Publications Limited.

ROBINSON, MARY, WILLIAM NOVELLI, CLARENCE PEARSON, and LAURIE NORRIS. 2007. *Global Health and Global Ageing*. San Francisco: Jossey-Bass.

ROEBUCK, JANET. 1979. "When Does Old Age Begin? The Evolution of the English Definition." *Journal of Social History* 12 (3): 416-428. Accessed on January 10, 2014. Available online at <http://jsh.oxfordjournals.org/content/12/3/416.full.pdf>

STATISTICS SOUTH AFRICA. 2010. "Social Profile of South Africa, 2002-2009." Pretoria, South Africa: Statistics South Africa. Accessed on January 10, 2014. Available online at <http://www.statssa.gov.za/publications/Report-03-19-00/Report-03-19-002009.pdf>

SUZMAN, RICHARD. 2010. "The INDEPTH WHO-SAGE Multicentre Study on Ageing, Health and Well-Being Among People Aged 50 Years and Over in Eight Countries in Africa and Asia." *Global Health Action* 3: 5-7. Accessed on January 10, 2014. Available online at <http://www.globalhealthaction.net/index.php/gha/article/download/5480/6041>

UNFPA. 2011. "Overview of Available Policies and Legislation, Data and Research, and Institutional Arrangements Relating to Older Persons-Progress." *HelpAge International*. Madrid, New York: UNFPA and HelpAge International.

UNITED NATIONS. 2003. "Madrid International Plan of Action on Ageing." *United Nations Department of Economic and Social Affairs*. Accessed on January 10, 2014. Available online at <http://undesadspd.org/Ageing/Resources/MadridInternationalPlanofActiononAgeing.aspx>

_____. 2007a. "World Economic and Social Survey: Development in an Aging World." *United Nations*. Accessed on January 10, 2014. Available online at <http://www.un.org/esa/analysis/wess/wess2007files/wess2007.pdf>

_____. 2007b. "World Population Prospects: The 2006 Revision." *United Nations Department of Economic and Social Affairs*. Accessed on January 10, 2014. Available online at http://www.un.org/esa/population/publications/WPP2006RevVol_III/WPP2006RevVol_III_final.pdf

_____. 2009. "World Population Ageing 2009." *United Nations Department of Economic and Social Affairs*. Accessed on January 10, 2014. Available online at http://www.un.org/esa/population/publications/WPA2009/WPA2009_WorkingPaper.pdf

_____. 2011. "World Population Prospects: The 2010 Revision." *United Nations Department of Economic and Social Affairs*. Accessed on January 10, 2014. Available online at http://esa.un.org/wpp/Documentation/pdf/WPP2010_Volume-I_Comprehensive-Tables.pdf

_____. 2012. "Population Ageing and Development 2012." *United Nations Department of Economic and Social Affairs*. Accessed on January 10, 2014. Available online at http://www.un.org/esa/population/publications/2012WorldPopAgeingDev_Chart/2012PopAgeingandDev_WallChart.pdf

- UNITED NATIONS POPULATION FUND AND HELPAGE INTERNATIONAL. 2011. "Overview of Available Policies and Legislation, Data and Research, Institutional Arrangements Relating to Older Persons-Progress since Madrid." *United Nations Population Fund*. Accessed on January 10, 2014. Available online at http://www.unfpa.org/webdav/site/global/shared/documents/publications/2011/Older_Persons_Report.pdf
- VAN GINNEKEN, WOUTER. 2003. "Extending Social Security: Policies for Developing Countries." *International Labour Review* 142 (3): 277-294. Accessed on January 10, 2014. Available online at <http://onlinelibrary.wiley.com/doi/10.1111/j.1564-913X.2003.tb00263.x/abstract>
- VON BENDA-BECKMAN, FRANZ, and MARKS HANS. 2000. *Coping with Insecurity: An "Underall" Perspective on Social Security in the Third World*. Yogyakarta, Indonesia: Pustaka Pelajar and Focaa Foundation.
- WARREN, MARK. 1999. "Democratic Theory and Trust." In *Democracy and Trust*, edited by Mark Warren. Cambridge, UK: Cambridge University Press. 310-346.
- WEIBLE, CHRISTOPHER, TANYA HEIKKILA, PETER DELEÓN, and PAUL SABATIER. 2012. "Understanding and Influencing the Policy Process." *Policy Science* 45 (1): 1-21. Accessed on January 10, 2014. Available online at <http://link.springer.com/article/10.1007/s11077-011-9143-5>
- WOOLCOCK, MICHAEL. 2000. "Friends in High Places? An Overview of Social Capital." *Department for International Development*. Accessed on January 10, 2014. Available online at <http://www.eldis.org/id21text/insights34art1.html>
- WORLD BANK. 2009. "World Development Report 2009: Reshaping Economic Geography." *World Bank*. Accessed on January 10, 2014. Available online at <http://web.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTRESEARCH/EXTWDRS/0,contentMDK:23062295~pagePK:478093~piPK:477627~theSitePK:477624,00.html>
- WORLD BANK AND INTERNATIONAL MONETARY FUND. 2010. *Global Monitoring Report 2010: The MDGs after the Crisis*. Washington, DC: IBRD.
- WORLD HEALTH ORGANIZATION (WHO). 2002. "Active Ageing: A Policy Framework." *World Health Organization*. Accessed on January 10, 2014. Available online at http://www.who.int/ageing/publications/active_ageing/en/
- _____. 2013. "Promoting Healthy Ageing in Africa." Accessed on January 10, 2014. Available online at <http://www.afro.who.int/en/media-centre/pressreleases/item/5798-promoting-healthy-ageing-in-the-african-region.html>

WORLD HEALTH ORGANIZATION AND UNICEF. 2008. "Cameroon: Joint Monitoring Programme for Water Supply and Sanitation Facilities." *Water Supply and Sanitation*. Accessed on January 10, 2014. Available online at http://www.wssinfo.org/documents-links/documents/?tx_displaycontroller%5Btype%5D=country_files