

**HelpAge**

International

***Action Research to Assess the OPA  
Model in Bangladesh, Cambodia,  
Indonesia and  
Viet Nam (SANA Phase II)***

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## Introduction

Globally, declines in fertility combined with longer life expectancies are leading to unprecedented demographic changes. The number of persons over the age of 60 is projected to double between 2015 and 2050, while persons over the age of 65 are the fastest growing population age group worldwide, representing nearly 10 percent of the world's population.<sup>1</sup> By 2050, more than 1 in 5 people in the world (21 percent) will be over the age of 60 and the number of persons living over the age of 80 is projected to triple, from 143 million in 2019 to 426 million in 2050.<sup>2</sup> The Asia-Pacific region currently has the world's largest number of people over age 60, at just under 500 million.<sup>3</sup> By 2050, an estimated 1.2 billion people over the age of 60 will live in the region and half the overall population will be over the age of 50.<sup>4</sup>

The expected increase in the number and proportion of older people has significant implications for social policy to meet the needs of an older population. Older people are likely to require more and different health services than younger people and may be more vulnerable to falling into poverty, particularly as the proportion of the working age population shrinks. Taking steps to identify and eliminate all barriers to quality health care services for older people, ensuring that older people are as able to maintain a decent standard of living as other people, have access to assistance in the event of humanitarian crises or natural disasters, and otherwise preparing for the economic and social shifts associated with an ageing population are essential to ensure progress in development, including the achievement of the goals outlined in the 2030 Agenda for Sustainable Development. Population ageing is particularly relevant to the goals of poverty eradication, ensuring healthy lives and well-being at all ages, promoting gender equality and full and productive employment and decent work for all, reducing inequality within and among countries, and making cities and human settlements inclusive, safe, resilient and sustainable.<sup>5</sup>

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<sup>1</sup> United Nations, Department of Economic and Social Affairs (UNDESA), Population Division (2017). Revision of World Population Prospects; UNDESA, Population Division (2019). World Population Prospects 2019: Data Booklet, [https://population.un.org/wpp/Publications/Files/WPP2019\\_DataBooklet.pdf](https://population.un.org/wpp/Publications/Files/WPP2019_DataBooklet.pdf); [https://population.un.org/wpp/Publications/Files/WPP2019\\_10KeyFindings.pdf](https://population.un.org/wpp/Publications/Files/WPP2019_10KeyFindings.pdf).

<sup>2</sup> UNDESA (2018). Promoting Inclusion Through Social Protection: Report on the World Social Situation 2018, <https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2018/06/rwss2018-full-advanced-copy.pdf>; UNDESA, 2019.

<sup>3</sup> UNDP, Asia-Pacific Human Development Report: Shaping the Future: How Changing Demographics Can Power Human Development, <https://www.undp.org/content/dam/rbap/docs/RHDR2016/RHDR2016-full-report-final-version1.pdf>.

<sup>4</sup> Id.

<sup>5</sup> International Council on Management of Population Programmes (ICOMP) and International Planned Parenthood Federation, East and South East Asia and Oceania Region. (2017). Ageing Thailand, Malaysia, Indonesia and Cambodia: Demographic Transition, Policy and Programmatic Responses.

In order to meet the needs and fulfill the rights of older persons, older people must be recognized as active agents in development. The 2030 Agenda for Sustainable Development actively calls for the development agenda to move beyond treating older persons as a vulnerable group, but to instead recognize them as active contributors towards development that can truly transform development and ensure its outcomes are fully inclusive.<sup>6</sup> This means that the specific needs of older persons have to be met to ensure that barriers they face to development are removed, and that the knowledge, skills, and resources older people bring to development are fully recognized, and their role as agents of development is supported. Older People's Associations represent one vehicle that governments and development actors can foster to ensure older persons inclusion in development.

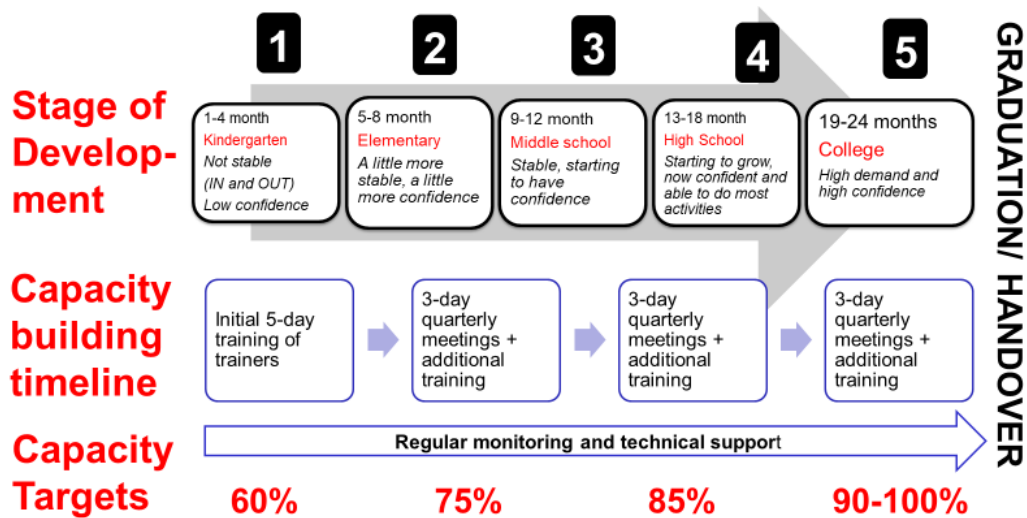
There are a variety of models of Older People's Associations (OPAs) throughout the world, including Asia. Some OPA models offer a limited number of activities, such as community-based OPAs that organize social activities for retirees, or national networks of older people that represent their interests to policy-makers. There are also multifunctional OPAs that address a number of domains, such as healthcare, homecare, livelihoods, social activities, and rights and entitlements. There is a unique form of multifunctional OPA developed in Viet Nam called Intergenerational Self-Help Clubs (ISHCs). ISHCs have proven effective at bringing older people and people from younger generations together to improve their own lives and contribute to their communities. ISHCs in Viet Nam have also rapidly replicated throughout the country in the recent past. In recognition of the benefits of the ISHC model, HelpAge International's Asia Pacific Regional Office has begun to promote multifunctional OPAs throughout the region. The Strengthening Ageing Networks in Asia (SANA) project has been an important means for promoting the OPAs in the region.

HelpAge's development process for multifunctional OPAs is outlined in Figure 2. This is based upon the experience of development of the ISHC model in Viet Nam. Within this two-year process, OPAs typically are not considered 'mature' until they are about 18 months old.

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<sup>6</sup> United Nations, HelpAge International, AARP. (2017). Ageing, Older Persons and the 2030 Agenda for Sustainable Development, [https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2017/07/UNDP\\_AARP\\_HelpAge\\_International\\_AgeingOlderpersons-and-2030-Agenda-2.pdf](https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2017/07/UNDP_AARP_HelpAge_International_AgeingOlderpersons-and-2030-Agenda-2.pdf)

**Figure 1: Five stages of OPA development**



HelpAge International’s Strengthening Ageing Networks in Asia (SANA) project is a regional project focused on the contributions of OPAs in two main areas, “the development and spread of bottom up approaches to community driven development for older people, and the promotion of social pensions.” In order to assess how effectively OPAs are meeting the needs of older people, HelpAge commissioned action-based research that included an assessment of the OPA model in 4 countries in Asia: Bangladesh, Cambodia, Indonesia and Viet Nam. The aim of this research is to identify factors that promote and sustain OPAs in the 4 research countries as well as those that present challenges moving forward as they seek to meet the needs of older people in their respective communities.

<b>Basic OPA Information</b>						
	Name	Est Since	# of OPAs	Multi-functional	Inter-generational	Average Number of Members (per club)
<b>Bangladesh</b>	OPA/OCM	2003	298	11	6	20-35
<b>Cambodia (HAC)</b>	OPA	1998	156	156	156	40-150
<b>Cambodia (MOSAVY)</b>	OPA	2016	1,636	1,636	-	40-150
<b>Indonesia</b>	IG	2015	6	6	6	30-40
<b>Viet Nam (VAE and NGO)</b>	ISHC	2006	1,641	1,641	1,641	50-70
<b>Viet Nam (VAE and OPA)</b>	OPA	1990	100,000	-	-	60-200

Recognizing that each of the 4 research countries is a distinct policy environment with its own priorities and challenges, and that the OPAs participating in the study adopted activities suited to their own contexts and the needs and priorities of their members, the sections below outline key findings which emerged across country contexts as well as findings specific to each of the 4 countries. Recommendations for further development of the OPA model(s) can be found at the end of this report.

### **Key findings:**

- OPAs offer older persons an important forum for social engagement and participation in their communities that they value highly. Interviews with stakeholders across the 4 research countries demonstrated that members of OPAs, particularly members of HelpAge-supported clubs, valued their membership, wanted to participate in club activities, and believed that their engagement in club activities was personally beneficial.
- OPAs provide benefits and have value to stakeholder organizations including government entities. Stakeholder organizations pointed to increased confidence among their members who were also members of OPAs, club members' improved access to financial resources through

micro-credit loans, information-sharing between members and non-members, and club-sponsored community health screenings as some of the benefits they saw accruing to their organizations through the OPAs. Government entities such as healthcare providers, agricultural extension and social service workers also saw value in the OPAs as mechanisms to support distribution of information to and from older persons. Stakeholders believe that OPAs are an effective mechanism through which older people can and do raise their collective profile with local government authorities and can promote increased standing of relevant stakeholders among older people.

- Members and stakeholders believe OPAs, especially ISHCs and related models, build confidence and nurture a strong(er) sense of community among members. ISHCs and similar model clubs in particular present effective and welcome forums through which older people can and do support others and give back to the community particularly through nurturing volunteerism, facilitating self-help and mutual support, and promoting shared learning. Both younger and older members welcomed the connections the clubs provided between different age groups and members of a higher economic status appreciated that the membership included people with different backgrounds and the disadvantaged.
- OPAs facilitate the recognition that older persons represent an important pool for local leadership. They offer a forum through which members with important professional and other skills can share those skills for the benefit of the community and receive recognition for doing so. OPAs also act as a vehicle through which those who may have had no previous access to local or regional authorities can forge new connections and attain a new status within the community.
- In all 4 research countries, women make up a substantial number of members of OPAs and within the HelpAge-supported clubs in 3 of the 4 countries they are a majority. Participation in the clubs provides women with access to health services, financial resources, and community support they may not otherwise receive, and can make a difference in their mental and physical well-being. As detailed below, women members said participating in club activities made them feel “fresh”, “young again”, and more closely connected to their community.
- OPAs have the potential to be an important mechanism for inclusion of older persons with disabilities. As noted in previous research, OPAs act as a kind of “social safety net” providing services and benefits to those most



in need and filling gaps in some instances in government services.<sup>7</sup> Home visits by OPA volunteers support social engagement of those who are bed-bound or have severe mobility impairments and OPAs can assist older people who need access to health care. As will be discussed further below, combating stigmatization of older persons with disabilities as dependent and subjects of care is an important step toward promoting greater inclusion of all older people in society.

- Some level of government support for OPAs is a necessary, but not sufficient, condition to ensure the sustainability of OPAs. Government support for the OPAs participating in this study ranged from permitting the establishment of an OPA or authorizing groups to meet, to adopting a broad policy platform that explicitly endorses ISHCs and mobilizing government resources in support of clubs.
- OPAs can promote the participation and engagement of older people in development, however, they may be most effective in boosting existing economic activity. Many club members said they had received loans from their clubs' revolving funds and that the ability to access loans was important to them because they had few if any alternative sources of credit. Most also said they used the loans to support agricultural or other businesses but few of these were new businesses. Rather, borrowers typically said they used loans to benefit existing businesses or assist their families.
- There is a tension between a requirement for active participation in club activities and inclusion of those who are experiencing disadvantage. In interviews across the 4 research countries, some of those who are not participating in the clubs suggested that they were too old, too sick, were caring for an elderly spouse or young grandchildren, and/or had too many responsibilities to be "active" members so chose not to join. While previous research concluded that OPAs work well when a substantial proportion of members participate in their activities, ensuring that the oldest old and disadvantaged understand they can participate in club activities and be supported doing so will avoid re-stigmatizing already vulnerable people and reinforcing the perception of older people, especially those most marginalized, as objects of charity only.<sup>8</sup>
- Striking a balance between enforcing an organized structure governed by consistent policies and allowing local implementers of OPA models the

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<sup>7</sup> K. Howse. (2017). Older People's Associations in East and Southeast Asia: A Four Country Study. HelpAge International, Asia Pacific Regional Office.

<sup>8</sup> K. Howse, 2017.

freedom for creative innovation is key to ensuring OPAs respond to the needs of particular communities. In focus group interviews in all 4 countries, the study participants emphasized that a key feature of HelpAge supported OPAs, whether SANA Phase I or II, was that they offered an organized forum that made clear what members were expected to do. Yet, interviews also suggested that allowing flexibility for local innovations was key to ensuring the OPAs worked within specific contexts.

- In all 4 research countries, the benefit of regular and consistent monitoring of and capacity-building support for newly established OPAs and their respective leadership was plain.<sup>9</sup> This included repeated training, monitoring of meetings and record-keeping, and ongoing support for the leadership of OPAs. Where OPA leaders did not have the benefit of regular and comprehensive training, or ongoing support, and the OPAs themselves did not adopt a clear and consistent organizational structure, evidence suggests they are not likely to be effective or sustainable over time.

Each of these findings will be discussed in more detail in the sections that follow.

## **Research Methodology**

In 2015, during SANA Phase I, Age International, the World Health Organization Regional Office for the Western Pacific, and HelpAge International commissioned the Oxford Institute of Population Ageing to conduct a study of OPAs in four countries in Asia to:

- Assess the impact of the OPA approach on key aspects of the wellbeing of older people in three key domains: health, income security and social integration,
- Elucidate the conditions of successful delivery of improvements by OPAs in these domains,
- Draw lessons for future practice from the functioning of OPAs in different ways and in different contexts, and
- Assess the sustainability and replicability of the OPA approach.<sup>10</sup>

The Oxford study concluded that the OPA model offers a useful template from which to develop locally appropriate structures and mechanisms to provide services and benefits to older people that families and governments cannot or do not offer. The study also concluded that when OPAs are able to function

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<sup>9</sup> Because nearly all of the OPAs selected to participate in this study were established within the last 2 years, it is not possible to evaluate here whether and to what extent training is necessary as the OPAs mature.

<sup>10</sup> K. Howse. (2017). Older People's Associations in East and Southeast Asia: A Four Country Study. Pg. 1

effectively in providing services they can make a real, positive difference in the lives of older people. The study did not, however, provide a comprehensive analysis of either the critical success factors of the operation of the unique OPA model in Viet Nam, nor the strengths and weaknesses of different OPA models in Viet Nam as well as the other countries studied.

This SANA Phase II action-based research project builds off of the Oxford study to provide that missing comprehensive analysis and elucidate the facilitators and barriers to success of different OPA models in the four country contexts of Bangladesh, Cambodia, Indonesia, and Viet Nam. The primary objectives of the SANA Phase II research study include:

- Identify the key drivers that produce strong, effective, affordable, sustainable and replicable OPA models in Viet Nam;
- Provide an understanding of the strengths and weaknesses of the OPA model(s) in the four target countries, exploring options and recommendations for future development and addressing challenges across the region or for individual countries within the study; and
- Identify how the OPAs contribute to or support the below areas and how these relate to their respective successes or challenges:
  - Participation and involvement of Older People in their own development including engagement with government and other relevant agencies
  - Development of strong local leadership
  - Build dignity, confidence and trust for members
  - Encourage problem solving and opportunity to support others or give back to the community
  - Promote gender equity and inclusion of people with disabilities

The research design adopted a qualitative methodology as the best suited means for understanding individual and group participation in OPAs and the implications of that participation over time. It included:

- Focus group discussions (FGDs) with a diversity of stakeholders, including the OPA, or “club,” management board (CMB), active members, inactive members and non-members, community leaders, and others;
- Semi-directed key informant interviews (KII) with individuals and small groups of stakeholders that included government officials, partner NGOs, HelpAge staff and the staff of their local partners, and other civil society organizations; and
- Participation in and observation of OPA group meetings and trainings.

The OPAs whose members participated in the study represented a limited sample of OPAs in rural, urban and semi-urban contexts and OPAs supported by

the SANA Project, including Phase I and Phase II OPAs, and those that were not supported by SANA or by HelpAge. The OPAs and stakeholders that participated in the study were not a random sample but were selected by HelpAge staff and/or their local partners according to these criteria. The findings detailed above and below include observations from HelpAge staff and/or their local partners, as well as local researchers who were engaged for the project, who attended most interviews and provided translation support.

### Summary of site visits and focus groups

	Viet Nam	Indonesia	Cambodia	Bangladesh
Days visited by research team	11	7	7	NA
Total number of persons participating in focus groups/interviews <sup>11</sup>	110	51 <sup>12</sup>	88	57
Intergenerational OPAs visited and/or observed*	5	5	4 plus CMB participants in training	NA
Days of training or workshop observed	2 (of 2)	1 (of 1)	2 (of 5)	NA
National, provincial and city authorities interviewed	23 <sup>13</sup>	2	1 at provincial level; 12 at commune level	1
Additional stakeholder organization representatives interviewed	19	14	2	11

\*ISHC (Viet Nam), IG (Indonesia), or WOW Clubs (Cambodia) were either visited in their home communities or observed during trainings conducted by HelpAge staff. The research team did not visit Bangladesh but conducted all focus groups over Skype.

The researchers also conducted a desk review of secondary data, which primarily consisted of reports, evaluations, and other information on OPAs collected from HelpAge country and regional offices through regular monitoring visits,

<sup>11</sup> This number does not include HelpAge and partner staff who were interviewed multiple times during the course of the research.

<sup>12</sup> This number includes 5 of 20 members of Nglumut Sub-Village IG, all of whom attended the focus group but most of whom did not participate in Q&A.

<sup>13</sup> This number does not include local level representatives of the AE and People's Committee who are included in the row below.

surveys/evaluations, and OPAs self-reporting. Details regarding the focus groups and interviews conducted can be found in Annex 1 and the approved methodology, workplan and interview guide can be found in Annexes 2-5.

## **Limitations of the Research**

Qualitative research generally and case study research specifically carry significant research implications regarding the reliability, validity, and generalisability of the findings. Case study research by its nature is specific to cases embedded in particular environmental contexts, making generalizability more difficult than broad-based research. The importance of case studies, however, is to preserve the complexity of cases often lost in larger samples and to play a generative role in identifying themes, principles, and patterns that can be used in developing new research in fields where there is little existing knowledge. In short, it begins the process of filling gaps in existing knowledge.

The OPAs discussed in this study are located in 4 countries with distinct policy contexts and social mores and conditions. The OPAs also reflected different models of associations, with more and less governing structure, and engaged in different sets of activities. Nearly all had been formed within the last 2 years, making comparisons over time as well as context challenging. The findings in this report thus reflect broad themes that emerged consistently in interviews with stakeholders in and across contexts and are consistent with previous research. They are intended not to be definitive but rather to bring awareness to potential challenges, identify areas for new research, and guide further development of OPAs in the research countries.

## **Theory of Change**

HelpAge International has achieved a positive impact on societies, families, and older persons by fostering a cycle of change that includes programme delivery, advocating and campaigning for change through its network, strengthening the collective voice of older people and its network members, and taking an active approach to learning by generating evidence that can be used as knowledge in global debates on ageing and to improve its own practice.<sup>14</sup> Its work has been focused on 4 thematic priorities: income generation, health and care, prevention of violence and abuse, and strengthening the voice of older people. Older people's associations, or OPAs, offer a forum through which older people actively support each other, sharing knowledge and expertise, strengthening their

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<sup>14</sup> HelpAge International. (2019). Areas of Activity. <http://ageingasia.org/areas-of-activity/>

collective voice, promoting health and community engagement, and mobilizing resources to support the most vulnerable. Positive outcomes include not only benefits for older people but also strengthening bonds within families and supporting communities more broadly.

With the adoption of the 2030 Agenda for Sustainable Development and the recognition that to create a better world for all, societies the world over must recognize and address the rights and needs of older people, HelpAge is designing a forward-looking strategy that prioritizes the **wellbeing, dignity** and **voice** of older people. Each of these are recognized as essential to achieving a better quality of life for older people.



Source: HelpAge. (2019). Strategy 2030.

## **Ageing and Disability**

More than 46 percent of persons over the age of 60 live with one or more disabling conditions and more than 250 million older people have experienced moderate to severe disability.<sup>15</sup> The intersection of ageing and disability can result in overlapping forms of oppression and discrimination driven both by perceptions of older persons as a burden, dependent on others, and unproductive, and stigmatization and cultural devaluation of those with disabilities.<sup>16</sup> Older persons with disabilities are more vulnerable than their

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<sup>15</sup> United Nations Department of Economic and Social Affairs (n.d.), Ageing and Disability, <https://www.un.org/development/desa/disabilities/disability-and-ageing.html>.

<sup>16</sup> UN Special Rapporteur on the Rights of Persons with Disabilities. (2019). Rights of Persons with Disabilities, UN Doc. No. A/74/186 (17 July 2019); A. Zbyszewska. (2015). An intersectional approach to age discrimination in the European Union: Bridging dignity and distribution. *Discrimination and Labour Law*:

peers to loss of autonomy, marginalization, social isolation, exclusion and poverty.<sup>17</sup>

Older women with disabilities have consistently worse life prospects and outcomes than older women without disabilities and older men with disabilities.<sup>18</sup> In part because of the lifelong impact of gender roles and expectations, older women with disabilities are considerably poorer than their peers; are more vulnerable to violence, abuse and neglect, and are more likely to have unmet needs and be economically dependent.<sup>19</sup> In addition, older women with disabilities are more likely to be institutionalized or incapacitated owing to the higher life expectancy of women compared with men.<sup>20</sup>

As noted above, one of the primary areas of inquiry for this study is how OPAs promote gender equity and inclusion of persons with disabilities. The evidence gathered points to some practices that can lead to gender transformative outcomes and greater inclusion of persons with disabilities. It also suggests areas for further development of OPAs going forward. Detailed discussion of both questions can be found in the recommendations below.

## Viet Nam

Viet Nam's population is ageing rapidly; the percentage of persons in the population aged 60 and over has almost doubled in the past forty years<sup>21</sup>. Today, more than 12 per cent of the population are aged 60 and over and the population of older persons is expected to surpass 106 million by 2030, with an estimated 17.5 per cent of the population over age 60. By 2050, the percentage of the population over age 60 will reach 28 per cent.<sup>22</sup>

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*Comparative and Conceptual Perspectives in the EU and Beyond*. M. Ronnmar and A. Numhauser-Henning, eds. (Kluwer, 141-163).

<sup>17</sup> UN Special Rapporteur, 2019.

<sup>18</sup> Committee on the Elimination of Discrimination Against Women. (2010). General recommendation No. 27 on older women and the protection of their human rights, UN Doc. No. CEDAW/C/GC/27.

<sup>19</sup> UN Special Rapporteur, 2019.

<sup>20</sup> V. Freedman, D. Wolf and B. Spillman (2016). Disability-free life expectancy over 30 years: a growing female disadvantage in the US population. *American Journal of Public Health*, 106(6):1079–1085; E. Nihtilä and P. Martikainen. (2008). Institutionalization of older adults after the death of a spouse. *American Journal of Public Health*, 98(7): 1228–1234; and P. Martikainen et al. (2009). Gender, living arrangements, and social circumstances as determinants of entry into and exit from long-term institutional care at older ages: a 6-year follow-up study of older Finns. *Gerontologist* 49(1): 34–45.

<sup>21</sup> HelpAge International. 2019. Vietnam Insights: The right to health and universal access for older people. Global Age Watch Report. Accessed at: <http://www.globalagewatch.org/reports/vietnam-insights-the-right-to-health-and-access-to-universal-health-coverage-for-older-people/>

<sup>22</sup> HelpAge International. 2019. AgeWatch report card: Vietnam. Accessed at: <http://globalagewatch.org/countries/country-profile/?country=Vietnam>

Currently, life expectancy in Viet Nam is 82.3 years. Although both men and women are living longer in Viet Nam, women are expected to outlive men by 9.2 years. There are additional gender differences among older people in Viet Nam that have a profound effect on the experiences of older women in comparison with older men. For example, the number of years spent in poor health is greater for women (10.2 years) than for men (7.5 years) and the prevalence of major depressive disorders is higher for women than for men across all cohorts aged 50 and over. Older women also experience more physical, sexual and psychological violence than older men of the same age.<sup>23</sup> The gender gap is largest for the cohort aged 80-84 with 2.5 per cent prevalence for men and 6.2 per cent for women.

Although poverty levels decreased dramatically in Viet Nam between 2012 and 2016, dropping from 17.2 per cent below the poverty line in 2012 to 9.8 percent in 2016, it is not clear whether older people in Viet Nam experienced the same drop in poverty rates. In fact, older people in Viet Nam may be experiencing greater economic hardships than other age cohorts due to the increased costs of goods and services associated with ageing. For example, the estimated household out-of-pocket health expenditures increased from 2011 to 2015, from 39.1 per cent to 43.5 per cent, likely disproportionately affecting people over the age of 50.<sup>24</sup> As such, addressing the needs of older people, including their health needs, is a priority of the government. The state has taken important steps to define the rights of older persons to healthcare and increase coverage<sup>25</sup>. Importantly, the promotion of Intergenerational Self-Help Clubs (ISHCs) are integrated into Viet Nam's ageing policy, namely by Decision 1533, which was issued by the Prime Minister in 2016 for the specific purpose of replicating the ISHC model throughout the country<sup>26</sup>.

## **Older people's associations in Viet Nam**

ISHCs are a unique form of OPA because they are both intergenerational and multifunctional. Intergenerational means that their membership includes both older persons and persons from younger generations. Multifunctional means that they cover issues and themes in 8 specific areas of practice. The current iteration of the ISHC model is a product of nearly a decade of development in Viet Nam. The HelpAge-supported ISHCs follow strict guidelines that ensure a distribution of generations, while also ensuring older persons remain the primary

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<sup>23</sup> GlobalAge Watch, 2016.

<sup>24</sup> Ibid.

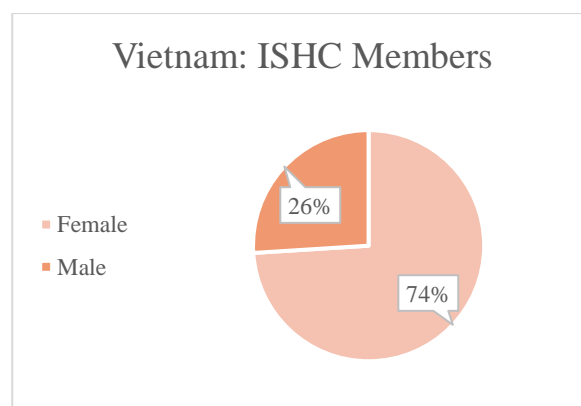
<sup>25</sup> HelpAge International. 2019. Vietnam Insights: The right to health and universal access for older people. Global Age Watch Report. P. 2-3. Accessed at: <http://www.globalagewatch.org/reports/vietnam-insights-the-right-to-health-and-access-to-universal-health-coverage-for-older-people/>

<sup>26</sup> The Prime Minister, Socialist Republic of Vietnam. August 2, 2016. Decision 1533. Accessed at: <http://ageingasia.org/wp-content/uploads/2016/09/Decision1533.pdf>



beneficiaries of the club. The HelpAge ISHCs also follow membership guidelines that ensure a distribution across socio-economic levels and genders. The membership formula follows a 70-70-70 rule, which means that in each ISHC 70 per cent of the members are expected to be aged 55 and up (though fewer than 10 percent over the age of 70), 70 per cent women, and 70 per cent poor, near poor, or disadvantaged. "Disadvantaged" is intended to be an expansive category that includes persons living alone, grandparents acting as the primary parents of grandchildren, persons with disabilities, and people experiencing other forms of social disadvantages.<sup>27</sup>

In Viet Nam, the majority of members in HelpAge-supported ISHCs are women, as the diagram below shows. This suggests the ISHCs can be an important mechanism of support for older women, especially widows and those living alone, as they age.



The main activity areas of the ISHC include healthcare, income generation/income security activities, home care, social and cultural activities, self-help/community support, rights and entitlements, knowledge sharing/lifelong learning, and resource mobilization. Each activity area and monthly meetings follow guidelines that further specify the methods by which the general objective will be achieved and provide mechanisms for monitoring and reporting on progress. For example, health checks, group exercise, and access to health insurance are the methods by which the healthcare objective is met.<sup>28</sup>

There are exceptions and accommodations made to this formula and the guidelines for specific regions or circumstances within Viet Nam. In other countries, the ISHC model has been adapted to fit the local context.

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<sup>27</sup> HelpAge International. ISHC establishment, operation & management manual: For local partner staff and ISHC management. Pg. 50

<sup>28</sup> HelpAge International. ISHC establishment, operation & management manual: For local partner staff and ISHC management. Pg. 6-12.

## **Legal and policy support for older people**

There is substantial legal and policy support for older people in Viet Nam, including support specifically for the replication and maintenance of ISHCs. There are protections for older people specified in Viet Nam's constitution, and each revision of the constitution has further specified their rights and obligations. For example, the most recent revision of the constitution in 2013 stipulates that the State "create equal opportunities for the citizen to enjoy social welfare, develop a system of social security, exercise a policy assisting old people, disabled, poor people, and people with other difficult circumstances."<sup>29</sup> The 2009 Law on the Elderly further specifies the government's obligations to older persons, including guarantees to basic social welfare<sup>30</sup> and 2012 Decision 1781 approved the National Action Program on the Elderly, which promotes programs that address the health, housing, and other needs of older persons at the local level<sup>31</sup>. The most important policy with respect to ISHCs, however, is 2016 Decision 1533.

Decision 1533 approves the Project on the Replication of the Intergenerational Self-Help Club (ISHC) Model for 2016-2020, and lays out specific targets and responsibilities for national and provincial branches of the government. The Central Committee of the Vietnam Association of the Elderly is designated as the presiding implementing authority in coordination with the Ministry of Labor, Invalids and Social Affairs (MOLISA), the Vietnam National Committee on Aging, the Ministry of Finance and other relevant branches of government, and social organizations. It also details the objectives, scope, activities, and so forth of ISHCs. This includes detailed specifications regarding the organizational structure and membership of the ISHCs.<sup>32</sup>

## **Summary of site visits, participant observation, focus groups, and interviews**

The researchers conducted an eleven day field visit to Viet Nam from June 14<sup>th</sup> to 26<sup>th</sup>, 2019. During that time, the researchers conducted key informant interviews and focus group discussions at a diversity of sites, including both urban and rural areas within Hanoi city, rural mountainous areas in Hoa Binh province, urban areas within Hai Phong city, and rural delta areas in Thai Binh province. The researchers also conducted one virtual key informant interview by Skype and attended two days of an ISHC training as participant observers.

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<sup>29</sup> Constitution of the Socialist Republic on Vietnam. 2013 Revision. Article 59.

<sup>30</sup> HelpAge International. 2019. Vietnam Insights: The right to health and universal access for older people. Global Age Watch Report. P. 2.

<sup>31</sup> Socialist Republic of Vietnam. November 22, 2012. Decision 1781. Accessed at: <http://vietnamlawmagazine.vn/decision-no-1781-qd-ttg-national-action-program-on-the-elderly-2548.html>

<sup>32</sup> The Prime Minister, Socialist Republic on Vietnam. August 2, 2016. Decision 1533.

Through the key informant interviews and focus group discussions, the researchers spoke to representatives of five ISHCs, of which 4 were HelpAge-funded, including members of their respective CMBs, active and less active members, and volunteers; local level stakeholders, such as representatives of the Women's Union or Veteran's Union, directors of local health care facilities, and ward leaders, and so forth; groups of nonmembers of ISHCs from the community; AE leaders at the national, provincial, district, and local levels; representatives from MOLISA; and others. For a full list of focus groups and stakeholder interviews, please refer to Annex 1.

## **Research Findings**

ISHCs in Viet Nam are important organizations in the lives of older people and other members of the community. One of the most significant drivers of their success in Viet Nam and elsewhere is that the clubs provide something their members value. In every community interviewed, members and non-members alike said that the activities of the clubs were interesting to them, that they were highly motivated to join the clubs and participate in activities, and that the clubs met a need in their communities that other organizations did not. Club leaders and members were committed to the success of their clubs, were interested in sharing with and learning from other clubs, and believed that the clubs made a critical difference to the happiness, health and wellbeing of their members.

Stakeholders and government authorities agreed, consistently reporting their own observations that older people in communities with clubs were more engaged and active and that club members participated enthusiastically in club activities. Government authorities reported that they became convinced of the value of ISHCs as they saw evidence of the importance of the clubs to older people and many have become key supporters for expanding the number of clubs throughout Viet Nam. Indeed, government support for the clubs is another key contributor to their success in Viet Nam. That support is driven in part by recognition that the ISHCs fit into the mission of existing government machinery, namely that their replication and support directly assisted the Association of the Elderly in fulfilling its mission. It is also driven in part by appreciation for the efficiency of the ISHC training-the-trainer model which leverages limited resources and staff to support a large number of clubs. And it depends to a large extent on the generation and replication of evidence that demonstrates that the clubs are valued by members and contribute to healthy communities.

Additional strengths of ISHCs are that they offer members the organizational support to make desired contributions to the community; that their positive

effects disseminated broadly within the larger community benefiting more than members alone; and that their diverse array of activity areas and provision of a positive, enjoyable social environment addressed the felt (and changing) needs of their individual members.

There were, however, several key challenges that the researchers identified. There was little indication across the ISHCs that a leadership pipeline and clear succession plan was in place; the required documentation of activities was perceived to be particularly burdensome by many leaders and could be a contributing force towards burn out; income-generating activities were often of limited potential profitability and not appropriate in specific contexts; and, finally, resource mobilization can be a significant challenge, particularly for new clubs. Each of these is discussed in more detail below

### **Key drivers of success**

**ISHCs offer participants a comprehensive set of activities and organized structure that match the needs and interests of older people in Viet Nam.** Viet Nam had a significant advantage over the 3 other research countries in that it had developed the ISHC model over time and in response to feedback from participants, ensuring that the model in use there is highly likely to correspond with the needs and interests of the general population, even if local contexts vary. The close relationship between the activities of the ISHC and its methods of implementation and the practices and interests of older people in Viet Nam was evident in the field research. In focus groups and interviews with ISHC members, non-members, stakeholders and government officials, it was clear that the clubs are meeting a need that no other organization currently meets for older people. Whether it was the scale and breadth of the activities, the fun-filled atmosphere of meetings, the perceived usefulness of the knowledge shared at meetings, or the potential for micro-loans with which to invest in new or existing businesses, focus group participants described a strong demand for and interest in ISHCs among older people, suggesting that the ISHCs are tapping into an underserved population.

One of the more consistent reasons given for interest in ISHCs was the comprehensiveness of club activities. ISHC members often reported that they were members of other clubs, particularly sports teams or exercise clubs, and members of mass organizations. But they were still interested in the ISHC because the club offered multiple activities that satisfied more than just the need for exercise, for example. Members of mass organizations, particularly members of the Women's Union, similarly said they had access to micro-loans through that membership but nevertheless chose to join the ISHC because it offered more frequent meetings and more personalized activities.

Many CMB and active ISHC members also told researchers that they wanted to do something to help their community but were unsure what to do and how to go about it before joining the ISHC. The ISHC provided an organized structure through which they could fulfill that objective. For example, many CMB members had been aware of and concerned regarding neighbors in need and others that were either home bound or otherwise living in difficult circumstances, but they were reluctant to visit or offer help for fear that it would be seen as invasive or inappropriate by their neighbor's family. The home visit activity of the ISHC therefore provided them with a means for carrying out their desire to assist others in a manner that would be more likely to be deemed appropriate by others. The ISHC system for organizing volunteers, identifying beneficiaries, and regularly monitoring and documenting the activities were viewed as positive because they took away guess work and presented members with clear guidelines on what they should do and how. As will be seen below, this finding may not be as easily translated into other contexts.

**Evidence of clubs' value to members was key to generating interest in their replication.** Stakeholders within Viet Nam's Association of the Elderly and national and provincial government offices became convinced that ISHCs were worth supporting when they saw evidence of what they termed the clubs' "success". For most, success was indicated by the interest of older people in joining and participating in the clubs' activities, for others it was their skill in mobilizing resources to support club activities, for still others it was seeing the pride of older people in the clubs and their improved social status within their communities. In all cases, however, stakeholders indicated that seeing evidence of success gave them confidence to invest their own resources, including staff time, in supporting the clubs and becoming involved in their activities. Having evidence of benefits flowing from club activities also gave stakeholders, especially within the AE, tools with which to advocate for the commitment of resources to the needs and interests of older people. While much of the evidence on which stakeholders relied was generated by HelpAge, many officials spoke of their own observations of club activities and participation in training programs. Some officials within the AE also made a point of involving media in club activities as a way of generating interest in and attention to club activities.

What the importance of evidence implies for expansion of the ISHC model in other countries is that resources should be committed to data collection and dissemination from the start, and government authorities, local stakeholders and members of the media encouraged to participate in club activities as much as possible to generate interest in and commitment to replication of the clubs.

### **Decision 1533 creates clear incentives to support and replicate ISHCs.**

Decision 1533 and its legal mandate for the expansion of ISHCs in Viet Nam is a key element in driving administrative support for the clubs and securing necessary resources for their development. Decision 1533 does through namely by designating the Association of the Elderly as the lead organization responsible for coordinating relevant activities for the replication of ISHCs with other government ministries and mobilizing both domestic and international organizations to support their work. In every focus group with local, provincial and national authorities and related stakeholders, at least one participant referenced Decision 1533 as one of if not the primary justification for their support for and interest in ISHCs. As noted above, Decision 1533 refers to the ISHC model by name and specifically calls for its replication, including the replication of all 8 fields of activity, throughout the country. The Vice-Chair of the Social Protection Bureau of the Ministry of Labour, Invalids and Social Affairs (MOLISA), who has oversight responsibility for social programmes like the ISHCs, emphasized how rare it was that the national government would commit to a particular programme like the ISHC model. He noted that while there are lots of other kinds of OPAs in Viet Nam, this is the only model the government wants to see replicated, a point reiterated by the Vice-Chair of the National Association of the Elderly, himself a former vice-minister of MOLISA.

Decision 1533 also importantly includes a clear designation of authority for the implementation of its objectives and detailed specifications regarding the organizational structure and membership of the ISHCs it expects to see. The Central Committee of the Association of the Elderly is designated as the presiding implementing authority responsible for coordinating with all relevant partners including the Ministry of Health, additional government ministries and agencies, and organizations and mass unions but the Decision also calls for specific actions from other entities.<sup>33</sup> For example, the Central Committee of the Viet Nam Fatherland Front is given the responsibility of directing localities to mobilize resources to replicate the ISHC model and direct its member organizations, such as the Women's Union and the Farmer's Union, to coordinate and facilitate the replication of ISHCs.<sup>34</sup> As a result, the AE not only has the responsibility for the replication, but other government entities and organizations are mandated to support the AE in its promotion of ISHCs. The result of this policy was seen in action by the researchers at the local level, including direct evidence that the Women's Union, Veteran's Union, or some other organization had played an instrumental role in identifying leadership for proposed ISHCs and mobilized prospective members to join newly-formed clubs in some localities.

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<sup>33</sup> The Prime Minister, Socialist Republic of Vietnam. August 2, 2016. Decision 1533.

<sup>34</sup> The Prime Minister, Socialist Republic of Vietnam. August 2, 2016. Decision 1533.

### **Mission and constituency of clubs fit within existing government**

**machinery and objectives.** The objectives and activities of the ISHC model match closely with the mission, goals and activities of Viet Nam's Association of the Elderly (AE), which creates a natural and powerful partner to support and invest in expansion of the model. The AE is specifically tasked with speaking for and responding to the needs of older people in Viet Nam and has administrative representation at the national, provincial, district and local level throughout the country, making it an ideal strategic partner.

The mission of the AE, which is a national organization of approximately seven million, is to enable "old people to enjoy a happy, healthy and useful life in their families and the society, making a contribution to the national industrialization and modernization in order to realize the country's vision of rich people, strong nation, equal, democratic and civilized society."<sup>35</sup> The AE accomplishes its mission by protecting older people's rights and interests, promoting their role in society, and developing and advocating for policies related to older people<sup>36</sup>. The AE also prioritizes activities that promote health care and economic development for older persons.

These responsibilities line up closely with the activities and objectives of ISHCs, which reduces the degree of education and advocacy necessary to gain support and creates a mutually beneficial relationship between the AE and the ISHCs. The ISHC model provides a ready-made "package" which the AE can promote as a way of demonstrating its activity on behalf of older people in Viet Nam. In other words, the ISHCs are a convenient mechanism through which AEs can satisfy their official mandate and demonstrate they are making progress. In short, promoting ISHCs is instrumental in the AE fulfilling its mission.

This relationship between the AE and ISHCs thus benefits not only the ISHCs but also the AE more generally. During an interview with the Dan Phuong District AE leader, she characterized the local relationship between the AE and the ISHCs as mutually supportive, noting that "The achievements of the ISHC are also the achievements of the Association of the Elderly." The chair of the Hoa Binh Province AE went further to note that the success of the ISHCs in his province has built the reputation of the AE, leading to greater acknowledgment and inclusion in provincial and regional meetings and more frequent consultations on issues affecting older people.

The AE also acts as a direct pipeline to the national, provincial and district government for information about ISHCs and their activities and impact, as well as a mechanism through which to advocate for additional support. In

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<sup>35</sup> The Socialist Republic of Vietnam. November 11, 2011. Charter of the Vietnam Association of the Elderly. Accessed at: <https://social.un.org/ageing-working-group/documents/newngos/6session/VietnamAssociationoftheElderly.pdf>

<sup>36</sup> HelpAge International. 2019. Network in Vietnam. Accessed at: <http://ageingasia.org/network-vietnam/>

interviews, AE leaders at all levels emphasized that they saw mobilizing support for ISHCs as one of their top priorities. Indeed, one local AE leader in Hoa Binh province promised that he “would not stop” until his AE office, which had a waiting list of 15 wards, had enough funds to expand and start new clubs.

Beyond the AE, there was also evidence that coordinating partners, such as local actors within the Ministry of Health, understood the value of the ISHC in achieving their own goals, such as reducing the incidence of non-communicable chronic diseases, and, therefore, willingly partnered with local ISHCs.

Representatives of the Viet Nam Women’s Union and the Farmers’ Union also saw benefits accruing to their members from participation in ISHCs.

Representatives of the VWU reported that their members who also participated in an ISHC were more likely to become active participants in VWU meetings, exhibited increased confidence, and were able to share things they learned at ISHC meetings with other members of the VWU. They also were pleased with the fact that their members were able to supplement micro-loans from the VWU with loans from the ISHC in some cases, giving them substantially more money with which to invest in their small businesses.

**The experience and capabilities of AE leadership at all levels of government is a key factor in their ability to mobilize support for ISHCs.**

Given its key role in implementing Decision 1533 and mobilizing support for ISHCs, one important advantage the AE offers is that its leadership is populated with politically experienced and well-connected individuals that not only have the requisite knowledge and managerial skills to run the AE, but also have useful networks to mobilize resources and partnerships in support of ISHCs. Nearly every AE representative interviewed at every administrative level had previously held some government position or a leadership position in one of the mass organizations. For example, at the national level the Vice Chair of the Standing Committee of the AE was a former vice-minister of MOLISA. At the provincial level, the Chair of the Hoa Binh Province AE revealed that he had been the leader of the Communist Party Information, Education, and Communication Department and the AE’s Vice Chair had worked in a senior position for the Viet Nam Fatherland Front, and at the city level the chair of the Hanoi AE was a long-time member of the National Assembly and his counterpart in Hai Phong had been vice-chair of the People’s Council and chair of the city’s Fatherland Front. With these backgrounds, each not only had political acuity but also had valuable experience in responding to government mandates and understood how and where to direct advocacy to secure necessary resources for ISHCs. There is reason to believe that this professional experience directly contributed to the AE’s ability to develop and propose policy changes to secure financial resources for the replication of ISHCs. The national AE, for example, was actively working



on a new policy that would make it easier for provincial and local AE leaders to secure funding from the Fatherland Front's Bank for Social Policies to support ISHC replication. They were similarly promoting regulatory changes at the provincial level to make it easier for the clubs themselves to access a fund for the caring and promotion of older people. In these ways and others, ISHCs act as a foundation to support poverty reduction, social security, older persons' advocacy, and even disaster risk reduction and myriad additional activities. ISHCs, therefore, integrate well with many development policies and programs. The multigenerational and diverse memberships also contribute towards community integration across social groups and promote mutual support and self-help at the local level.

**The training the trainer model and learning exchanges are cost-effective means for leveraging limited staff and supporting ISHC leadership.**

Interviewees and focus group participants consistently pointed to the importance of training for Club Management Boards to effectively do their job. Resources for supporting ISHCs was scarce within the AE and other government partners, and in HelpAge Vietnam itself. The training the trainer model and learning exchanges between CMBs, however, provided a low-cost means for providing ISHCs the guidance they desired, as well as demonstrate best practice. As a practice, training the trainers trainings effectively leveraged limited staff. Learning exchanges between ISHCs provided CMBs and others with a concrete understanding of ISHC activities and their potential benefits. They also provided a means for disseminating best practice and innovation.

The Vice President of the Social Protection Bureau for MOLISA, for example, cited the cost effectiveness of the ISHCs, and suggested that he would like to see greater investment in the training the trainers model. He specified the AE's limited training budget and cited the efficiency through which they were able to train CMBs through training the trainers' workshops, rather than work with each CMB directly. The key is the use of master trainers, as exemplified in Thanh Hoa province. Hoa Binh has also invested in training the provincial leaders within the AE, which enabled them to become trainers at the local level.

The use of multi-day, repeated training programs was cited by CMBs themselves as directly contributing to their capacity to lead ISHCs. Training for leadership teams on how to conduct monthly meetings, how to manage the bookkeeping, and what activities to include during meetings is conducted over multiple days and multiple times. During the second phase of training, leadership teams have a chance to discuss problems they have had following the steps in the model during the previous six months and receive advice from peers and from HelpAge staff. They also have the opportunity to refresh and consolidate what they learned during previous trainings, now with the benefit of experience. These

trainings increased their sense of competence and ownership over ISHC activities. Interviews and focus groups with CMB leaders at the local level further revealed the importance of trainings that they received. A sufficiently-trained CMB was cited as a key contribution towards the sustainability of ISHCs. For example, the CMB for Ha Son ISHC in Hoa Binh province indicated that they believed that they would not have been able to run the club without the training, and were looking forward to receiving more. The researchers participated in a multiday training in Thai Binh province, and observed that the training focused on each step for running an ISHC in minute detail, which was actively recorded in notes by the participating CMBs. This detail provided the CMBs the structure they expressed a need to manage the ISHCs and implement activities that may have been unfamiliar to them. As such, training the trainers is invaluable, but also cost effective.

Another cost-effective training model cited as important for ISHC sustainability and growth are club-to-club exchanges. This model compliments the training the trainer model by allowing CMBs and others to directly learn from one another, including participating in their activities. It was also identified as an effective means for disseminating both best practice and local innovations. For example, the Hai Phong district AE utilized the Trai Chuoi ISHC to share their model with other residences by hosting two study tour groups of representatives from other ISHCs, so that they could learn from them. Visiting and learning from other clubs that were recognized for best practice in all or a specific activity was also a frequently stated desire across ISHC CMBs in response to interview questions regarding what they believed they needed. It is, important, however, to ensure quality training, monitoring, and support, particularly as the establishment of clubs outpaces the number of qualified trainers and budget allocated to training, monitoring, and support.

## **Strengths**

In addition to the factors noted above, field research revealed additional strengths in the operations and practices of ISHCs that are likely to contribute to their success and sustainability.

### **The positive effect of ISHCs disseminates to the larger community.**

ISHCs had positive effects that went well beyond their membership. In several cases, these were described as “viral” effects, whereby positive practices promoted by the ISHCs were adopted by other organizations. These broadly disseminated effects ranged from ISHC members sharing knowledge they had gained through lifelong learning with their families and others, through to a local

level People's Committee adopting the practice of celebrating birthdays, and began to celebrate their staff member's birthdays after having observed a monthly meeting of the local ISHC and seen how happy birthday celebrations made the members. Some interviewees reported having decided to join the ISHC on the basis of lifelong learning information they had learned from a friend or neighbor. The leader of a local Women's Union reported that the ISHC had had a positive effect on the union because shared members had become more confident and the cultural performance group from the ISHC could now be integrated into activities organized by the Women's Union. The director of the health center for Tan Think reported that prior to the advent of the ISHC in the area, her center paid far less attention to chronic non-communicable disease, but had now made it a priority of their work after having learned the extent of risk of hypertension, diabetes and other NCDs across the ISHC's membership.

**ISHCs are responsive to a broad range of community needs.** The ISHCs respond to a diversity of individual and community needs, and provide space for those needs to evolve over time. The array of activity areas and the integration of specific practices into the conduct of monthly meetings provided the opportunity for ISHC members to join for one set of reasons, but discover and address previously unexpressed needs. Namely, whereas the researchers found little consistency regarding the initial reason that individuals joined their local ISHC, there was considerable consistency regarding very specific ISHC activities, such as games and birthday celebrations that members were introduced to after having joined. For example, whereas many interviewees reported having joined the ISHC in order to access small loans or gain new information about their health, a near ubiquitous answer to the researchers' question "What are the benefits you receive from participating in the ISHC?" was that it makes members happy and makes them "feel young again." A member of the Tan Tinh ISHC, for example, stated that games, birthday celebrations, and other fun activities "lifts our spirits" and were "refreshing." It was apparent that while members may have joined to address income or health needs, they often stayed active in the clubs because of the enjoyment they gained from activities designed for fun.

**Clubs bring disparate groups together.** Among the benefits cited by focus group participants who were active members in ISHCs was the role of the clubs in bringing together different groups within particular communities, whether it be different age groups or those of different economic status. For example, both ISHC members and government representatives discussed the value of the ISHC in addressing the growing "generational gap." ISHC members spoke about ISHCs as representing unique opportunities to interact across generations. This positive aspect of the ISHC was related by both relatively younger and relatively older

members. In most cases, younger members were described as making the clubs more active, whereas older members were valued for sharing knowledge and experience. Similarly, including people across economic classes was an important aspect of the ISHCs.

## Challenges

**Development of leadership pipelines to ensure sustainability.** While current CMBs of all those interviewed were effective and had received relevant training, it was unclear how consistently the clubs were developing successive leaders and whether there were sufficient replacements who could satisfy the requirements for promoting club growth. There was little indication from clubs themselves that they had long-term, internal leadership development systems nor succession plans that would ensure there were members not currently in the CMB that would have sufficient knowledge and experience to step into a leadership role if needed. If ISHCs had formally developed mechanisms for leadership transition, the interviewees did not indicate that they were familiar with them or that they were in place. This could potentially put the sustainability of clubs at risk in the case that the current leadership of a club needed to suddenly step down or otherwise depart. It could also add significant costs in terms of the long-term support clubs many need if a new cohort of leaders has to be trained every few years. It should be noted, however, that the researchers only worked with undergraduate clubs (i.e. clubs still in their first year or at the beginning of their second year), and thus not yet two years old, the minimum years of support required to be fully performing. The CMB's knowledge and preparation of a leadership pipeline, therefore, may be different among ISHCs in their second year and beyond. In discussion with other local partners, there were indications that clubs no longer supported by HelpAge had sustainable leadership due to the intergenerational characteristics of the ISHC, monitoring and support from the local AE and authorities, and promotion of subgroup leaders into CMBs.

**Paperwork and record-keeping can be burdensome.** One of the few complaints that the researchers heard consistently was concern regarding the amount of paperwork necessary to meet the accountability standards of the ISHC model. The frequent discussion of the need of the bookkeeper and others to remain abreast of 17 books indicated there is potential for burnout among CMB members. Some of the interviewees suggested that an app or some other tool that allowed them to report through their mobile phones or other means could enable them to more efficiently keep their records and reduce the level of paperwork necessary. Importantly, the number of books has been reduced from

17 to 13, which directly addresses this issue and should be evaluated by members to determine if it has sufficiently reduced the burden without losing vital data. While this reduction of paperwork is significant, the fact that ISHCs have eight main activity areas makes further reductions difficult in order to maintain an effective monitoring and evaluation system and ensure activities are well managed.

**Urban members believe income-generating activities and micro lending program do not always respond to their needs.** The income-generating activities and micro lending program did not sufficiently adapt to the needs of local memberships, particularly in urban communities. For example, in Hai Phong and Hanoi City, members of ISHCs shared that they felt the activities being promoted for income generation were inappropriate in an urban context. The amount of loans permitted through the micro-loan program were also too small to enable an individual to set up a small business in the city, because of higher rents, among other things. The size of the loans relates to the difficulties of resource mobilization. Some clubs were able to effectively link their members to other microcredit opportunities in the local area.

**Resource mobilization can be a significant challenge for new clubs.** When asked to identify what they believed would be the most significant challenge to expanding and sustaining the number of clubs over time, stakeholders and club leaders consistently identified the ability to secure financial resources as their top concern. While the revolving lending fund provided a consistent source of income to clubs, resource mobilization is an important activity that many clubs found challenging. Some club leaders said that the success of the clubs should be measured by their ability to mobilize resources which they and others reported they found one of the most difficult skills to learn when they joined the clubs and found a burdensome activity. Many said they wished they had greater resources so that they could provide more and larger loans and support more disadvantaged members of their communities. Stakeholders likewise saw limited resources as a potential risk as the number of clubs grew, particularly to the extent that limited resources could reduce the amount of training club leaders received or the frequency and quality of monitoring and oversight.

## **Recommendations**

**Work with ISHC members and other partners to develop alternative record-keeping methods and training resources, including web or app-based.** During interviews with ISHC members, several CMB members reported

that they have video recorded training programs on club activities, especially icebreaking games, on their phones. This method allowed them to better remember the knowledge transferred to them during trainings. Another CMB member suggested that bookkeeping, which they had found cumbersome, could be more efficiently kept using a smart phone app. Given the high level of skill many members exhibited using smart phones, HelpAge may want to consider developing on-line and app-based recordkeeping and training resources. While it may require an initial investment in time and resources, it may prove cost effective in the long term by ensuring that information collected from clubs goes directly into a database in real time, rather than being manually entered from hard copy notebooks at a later date, and may allowing training to be constant and participatory. For example, clubs that develop particularly effective icebreaker or lifelong learning modules could record, upload, and share those activities with others. Alternatively, HelpAge could record their trainings and post them, so that CMB members could access them at a later date to refresh their memories, and HelpAge could also periodically develop short lessons that could be disseminated to ISHCs over social media or through a website.

**Include awareness and inclusion training regarding the most disadvantaged in the regular CMB trainings.** During interviews, some non-members, despite stating a desire to be members of their local ISHC, indicated that they themselves believed they could not meet the active participation requirement of the ISHC, and therefore did not seek to join. A common explanation given by these non-members was that they were too sick or weak, which were often allusions to disability. In HelpAge's Viet Nam Project SANA II Midterm Country Report, however, staff described instances in which ISHCs were accommodating persons with disabilities to participate in ISHC activities by providing escort services to meetings and other activities, making documents available in large print, and accommodating members with chairs during exercises and so forth. These practices enabled access to some club activities for those with physical impairments and visual impairments. The researchers recommend that good practices such as these be collected and integrated into the ISHC training series with the goal of enabling inclusion to the greatest extent possible. Inclusive practices should also be highlighted when new communities are educated about the benefits of ISHCs, so that potential members with disabilities or chronic conditions are aware that they are welcome members and are encouraged and able to be active participants in their local clubs.

**Work with urban ISHCs to develop intergenerational, group-based income-generating activities.** One way to respond to urban members of ISHCs who raised concerns that the size of micro-loans were too small to enable

an individual to set up a business in the city is to encourage members to pool their loans or, alternatively, offer large group-based loans that would allow them to set up appropriately financed businesses. Group businesses also provide an opportunity to promote intergenerational engagement. For example, income-generating activities such as water purification services in a Cambodian WOW group have successfully used an intergenerational model that matched younger members, who may have greater physical strength or higher levels of education, with older members who have life experience and wide networks. In Bangladesh, intergenerational partnerships on loans is strongly encouraged, allowing older participants to share knowledge and expertise while younger partners can take on more physically demanding tasks. A group business also ensures a larger portion of the community is directly dedicated towards the businesses' long-term success. Lifelong learning lessons, HelpAge and AE trainings, monitoring and evaluation instruments, and other ISHC activities could all be mobilized to complement and promote opportunities for shared enterprises and intergenerational partnerships on income-generating projects.

## Indonesia

Indonesia is the largest economy in Southeast Asia and the world's fourth most populous country.<sup>37</sup> Although it has made substantial gains in reducing poverty (halving the poverty rate between 1999 and 2018 to 9.8 per cent), close to 26 million Indonesians live below the poverty line with an estimated 20 per cent of the population vulnerable to falling into poverty.<sup>38</sup> At the same time, Indonesia has one of the largest populations of older people in the world.<sup>39</sup> According to the 2010 census, there were over 18 million people over the age of 60 living in Indonesia at the time, a number which is projected to grow to 48.2 million, or 15.8 per cent of the population, by 2035.<sup>40</sup> While people are living longer, declining birth rates mean that the ratio of older persons to children (aged 0-14 years) is increasing rapidly, from 26.3 per 100 to a projected 73.4 per 100 in 2035.<sup>41</sup> The Potential Support Ratio, or the average number of workers who have the potential to support older people, is declining, which is likely to present significant challenges to policymakers as they seek to ensure older people have a decent quality of life. Currently, fewer than 15 per cent of people over the age

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<sup>37</sup> World Bank. (2019). Overview. <https://www.worldbank.org/en/country/indonesia/overview>.

<sup>38</sup> Id.

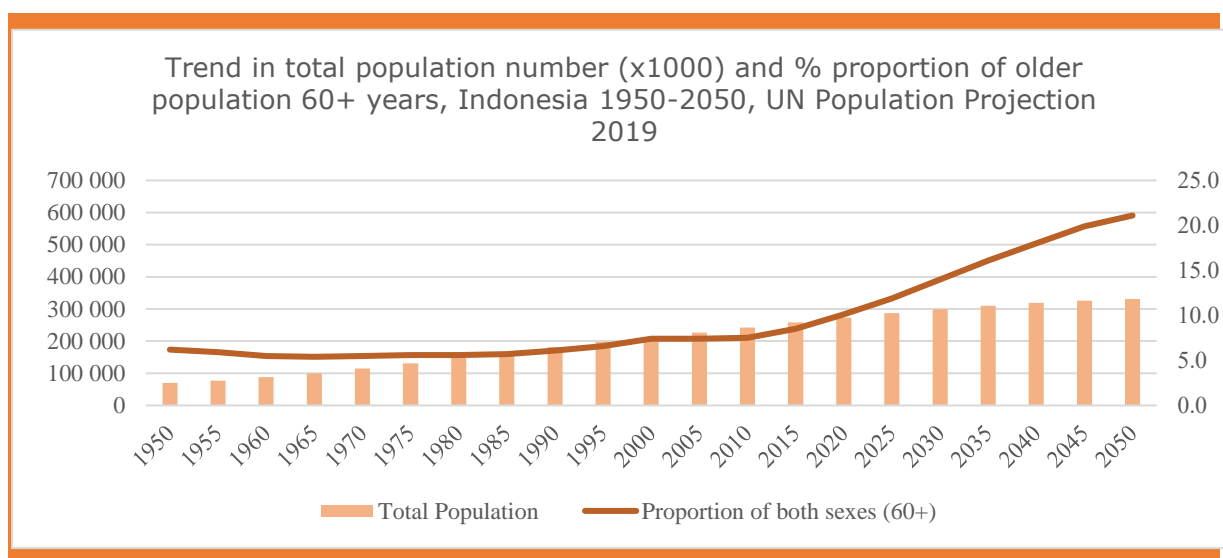
<sup>39</sup> S. Setiati, et al. (2019). Frailty state among Indonesian elderly: prevalence, associated factors, and frailty state transition. *BMC Geriatrics* 19:182.

<sup>40</sup> UNFPA. (2014). Indonesia on the Threshold of Population Ageing, UNFPA Indonesia Monograph Series No. 1, [https://indonesia.unfpa.org/sites/default/files/pub-pdf/BUKU\\_Monograph\\_No1\\_Ageing\\_03\\_Low-res.pdf](https://indonesia.unfpa.org/sites/default/files/pub-pdf/BUKU_Monograph_No1_Ageing_03_Low-res.pdf).

<sup>41</sup> Id.

of 65 receive an old age pension, while 85 per cent have no old age security at all.<sup>42</sup>

**Figure 2: Trend in the Number and Proportion of Older People in Indonesia, 1950-2050**



As in other countries in Southeast Asia, the experience of ageing is different for older women and older men. Older women in Indonesia typically have had less access to education and lower earnings and are more likely to be subject to discrimination and exclusion from decision-making processes within households and communities.<sup>43</sup> The illiteracy rate of older women is double that of older men, and those who work tend to be concentrated in the informal sector and earning lower compensation than older men.<sup>44</sup> Older women also report suffering from non-communicable diseases at higher rates than older men, are more likely to be living with a disability, and are more likely to be frail, increasing their vulnerability to falls, hospitalization, and poor health quality of life.<sup>45</sup> Women are likely to live longer than men, with an average life expectancy typically 5 years longer than men.<sup>46</sup> Older men, in contrast, are more likely to be economically active even into advanced old age. In the last census, nearly 40 per cent of men over the age of 80 (compared with 12 percent of women)

<sup>42</sup> ILO. (2017). World Social Protection Report 2017-2019; Pension Watch. (n.d.). Country profile: Indonesia, <http://www.pension-watch.net/country-data/indonesia/>.

<sup>43</sup> HelpAge International. (2019). Ageing population in Indonesia, <http://ageingasia.org/ageing-population-indonesia/>.

<sup>44</sup> International Council on Management of Population Programmes (ICOMP) and International Planned Parenthood Federation, East and South East Asia and Oceania Region. (2017). Ageing Thailand, Malaysia, Indonesia and Cambodia: Demographic Transition, Policy and Programmatic Responses.

<sup>45</sup> UNFPA (2014); Setiati, et al. (2019).

<sup>46</sup> UNDESA. (2019). World Population Prospects 2019, <https://population.un.org/wpp/>.



reported being economically active, raising questions over whether they are working for leisure or for survival.<sup>47</sup>

Marital status can also be an important component of the health and well-being of older adults and has gendered implications for ageing populations. Spouses tend to be the primary source of material, social and emotional support for older people and are the most likely to be providing personal care during an illness.<sup>48</sup> Feng et al. (2014) found that being single or widowed increased the likelihood of cognitive impairment in late life, suggesting that being married offers protective mental health benefits as well.<sup>49</sup> In Indonesia, more than 80 percent of men over the age of 65 are married, while just 31 percent of women are. Nearly 2 out of 3 women over the age of 65 are widowed, leaving them more vulnerable to insecure living arrangements and poorer health outcomes.<sup>50</sup>

<b>Population of Daerah Istimewa Yogyakarta Age 60 and above</b>			
District/City	Men	Women	Total Number
<b>Kulon Progo</b>	4,954	11,623	16,577
<b>Bantul</b>	9,528	24,423	33,951
<b>Gunungkidul</b>	4,919	16,014	20,933
<b>Sleman</b>	12,407	28,334	40,741
<b>Yogyakarta</b>	3,089	8,481	11,570
<b>Total Number</b>	34,897	88,875	123,772
Source: Data from DKB Semester II 2018			

<sup>47</sup> UNFPA. (2014).

<sup>48</sup> International Council on Management of Population Programmes (ICOMP) and International Planned Parenthood Federation, East and South East Asia and Oceania Region. (2017). Ageing Thailand, Malaysia, Indonesia and Cambodia: Demographic Transition, Policy and Programmatic Responses.

<sup>49</sup> L. Feng et al. (2014). Marital Status and Cognitive Impairment among Community-Dwelling Chinese Older Adults: The Role of Gender and Social Engagement. *Dementia and Geriatric Cognitive Disorders Extra* 2014, 4:375-384.

<sup>50</sup> ICOMP (2017); N. Ng, et al. (2010). Health and quality of life among older rural people in Purworejo District, Indonesia. *Global Health Action* 3:1, 2125.

Older people in Indonesia are also particularly vulnerable to humanitarian crises. Indonesia is one of the world's most natural disaster-prone areas and is at risk of multiple hazards, including earthquakes, landslides, flooding, tsunami, volcano and cyclones.<sup>51</sup> In 2018 after a 7.4 magnitude earthquake hit one province and triggered a tsunami, more than 2,000 were reported killed while an additional 1,309 are recorded as missing and more than 200,000 were internally displaced.<sup>52</sup> In the wake of the disaster, nearly half of older women and 36 percent of older men said they could not reach humanitarian services alone. Among a host of other challenges, more than 1 in 4 said they did not feel safe accessing bathing and toileting facilities, and 1 in 3 who needed medicines had no access to them.<sup>53</sup>

### **Older people's associations in Indonesia**

While OPAs have existed in Indonesia for some time, the Legislation on Welfare of Older Persons, Law No. 13/1998 created legal status for OPAs in 1998. There are many forms of OPA in Indonesia but all are intended to be a mechanism for older persons to participate in society, provide mutual support for each other, contribute to the community and improve their quality of life.<sup>54</sup> In 2010, there were nearly 2,000 OPAs registered with the Ministry of Social Affairs, with membership varying from 40 to 400 and reflecting a number of objectives and demographics, such as support for the oldest old, professional organizations for the newly retired, and associations of civil servants and army retirees, among others.<sup>55</sup>

For purposes of this study, the researchers visited 3 types of OPA. These included: 2 Intergenerational Groups (IGs)<sup>56</sup> that were part of SANA Phase II, 1 IG from SANA Phase I, and 1 OPA that was formed under local regulations as an LKS or social welfare organization.

During Phase I of the SANA project YEU established 6 OPAs in and around Yogyakarta. The Phase I IGs are not standardized according to the ISHC model in Viet Nam. They typically have 30 members and are focused on health and income generation. The Phase II IGs have broader activities and more members (50), the vast majority of whom are women. The LKS or social welfare

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<sup>51</sup> Global Facility for Disaster Reduction and Recovery (GFDRR). (n.d.). Indonesia, <https://www.gfdr.org/en/indonesia>.

<sup>52</sup> HelpAge International. (2017). Rapid needs assessment of older people affected by the earthquake and tsunami in Sulawesi, Indonesia.

<sup>53</sup> Id.

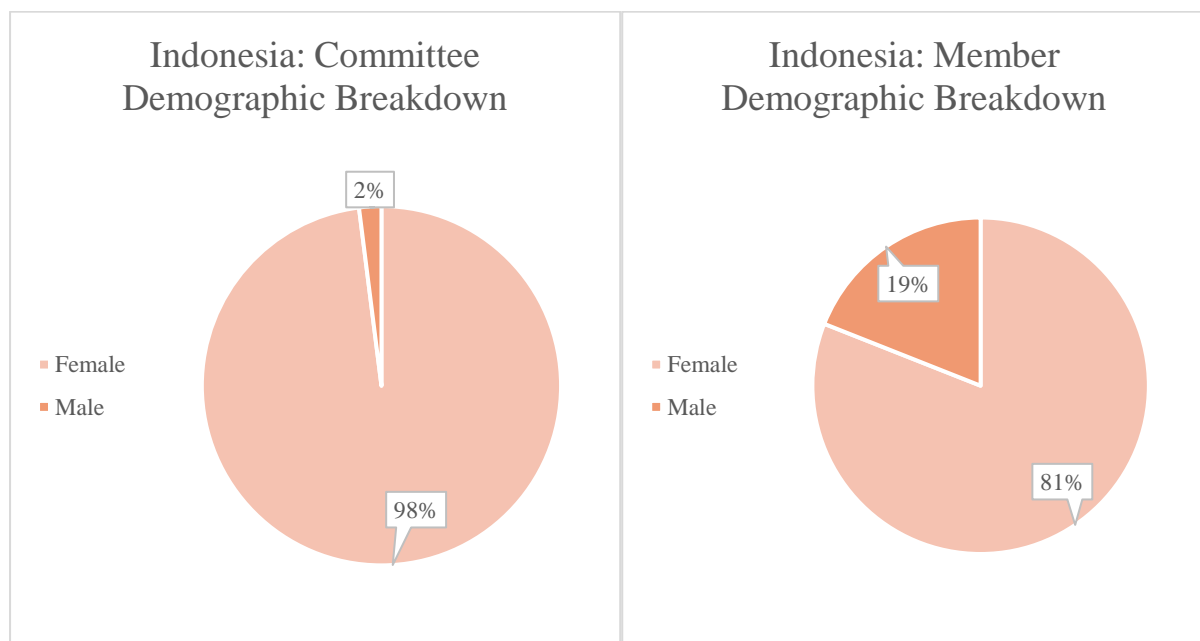
<sup>54</sup> E. Sabdono. (2010). Promoting Mutual Support Through Older People's Associations in Indonesia, presented at the International Federation on Ageing 10<sup>th</sup> Global Conference, Melbourne, May 2010; M. Nuryana, Senior Advisor to the Minister for Social Accessibility, Ministry of Social Affairs. (n.d.). The Role of OPAs in Community Care and Options for OPA Replication in Indonesia, presentation.

<sup>55</sup> Id.

<sup>56</sup> YEU refers to the SANA OPAs as IGs, or Intergenerational Groups.

organization is an administrative entity authorized by local regulations that may engage in a range of social programmes or projects. The LKS Tirtowening, with whose members the researchers met, was started by local community members—some of whom are former educators—and supported by the Social Agency as a way to support older people.

In addition to OPAs, there are other social organizations that perform many of the same or similar functions, particularly with respect to micro-credit. For example, in focus groups with non- or inactive members of the IGs, several said they were members of a traditional neighborhood rotating fund. Members make monthly contributions into a common pool and once a year are entitled to keep the pool for their own use.



Within HelpAge-supported OPAs, or IGs, the vast majority of members are women. In part, this is a product of the history of OPAs and their connection with women’s organizations but it also suggests a high level of interest in IG activities among women and the potential for IGs to act as an important support and resource for older women, especially widows and those living alone.

### **Legal and policy support for older people**

There are a number of laws and policies that collectively provide a strong framework in support of meeting the needs of older people. The Law on the Social Welfare of Older Persons, Law No. 13/1998 (Older Persons Law), defines older people as all those over the age of 60 and creates two categories of older

people: those who have the capacity to work and those who do not.<sup>57</sup> The law stipulates that older people in Indonesia have the same rights as all other citizens and are entitled to a variety of public services, including healthcare and employment services. It also provides for access to social protection for those who are “infirm” and access to social assistance for those who have the capacity to work.<sup>58</sup> The law places responsibility for the improvement of in older people’s welfare with the government as well as the community and family members. It authorizes community members to engage in activities to promote the welfare of older people, creating an authorized legal status for OPAs.<sup>59</sup>

Following adoption of the Older Persons Law, the national government created a National Strategy for Older Persons Welfare Guidelines in 2003 and authorized formation of the National Commission on Ageing in 2004, both of which were intended to support implementation of the Law.<sup>60</sup> National Plans of Action for Older Persons have been adopted in 5 year increments since 2000 which cover health services, services for poor, neglected, disabled and abused older people, and family and community support, among other things.<sup>61</sup> A National Plan for 2020-2024 is currently being drafted.<sup>62</sup>

The National Commission on Ageing has not made significant progress on implementing the strategy to improve the welfare of the elderly, in part because of a lack of coordination among government agencies and a limited mandate for the Commission to advocate among different ministries in support of its mission. Both the Older Persons Law and the regulations governing the Commission are currently being revised.<sup>63</sup>

In 2008 the national government also authorized the establishment of Local Commissions of Older People (LCOPs) and tasked them with coordinating the formulation of policies , strategies, programmes and activities for older people and implementing policies established by the Governors.<sup>64</sup> However, legal restrictions on the autonomy of local governments and the reporting structure established for the LCOPs has limited the ability of LCOPs to provide protection services or social assistance to older people, leaving many older people without support or assistance.<sup>65</sup> In Yogyakarta, the local government is currently

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<sup>57</sup> SMERU Research Institute. (2006). Public Policy Towards the Elderly in Indonesia: Current Policy and Future Directions.

<sup>58</sup> Id.

<sup>59</sup> Id.

<sup>60</sup> Presidential Decree no. 52/2004 on the National Commission on Ageing; see also Id.; N. Abikusno. (2005). The Elderly of Indonesia: Current Policy and Programmes. *BOLD* 15(2): 18-22; UNFPA. 2015. Policy Mapping on Ageing in Asia and the Pacific: Analytical Report.

<sup>61</sup> UNFPA, 2015.

<sup>62</sup> Id.

<sup>63</sup> Communication from HelpAge staff.

<sup>64</sup> UNFPA, 2015.

<sup>65</sup> Presentation by the Social Department, Daerah Istimewa Yogyakarta. (2019). Protection Policy and Strategy and Fulfillment of Basic Rights of Older Persons by the Government.

pursuing a strategy to adopt a local regulation that will address the welfare and quality of life of older people, strengthen family and community involvement in service for older people, and promote a “caring...and appreciating” community for older people.<sup>66</sup>

With regard to health care, in 2016 the Ministry of Health adopted Regulation No. 25/2016 launching the National Plan of Action on Older People’s Health 2016-2019 which guarantees the availability of health services for older persons and facilitates the establishment of older people’s groups in the community. The Plan is targeted at people aged 45–59 years and older people with health problems, including those over 70 years old who are at high risk. The Ministry of Health has also developed services targeted at older persons with health problems, including the Integrated Health Services at the village level (Posyandu Lansia), and Laws No. 36 and 39, both from 2009, require availability of health service facilities for older people, especially age-friendly primary health services.<sup>67</sup>

In addition to this legislation, the National Social Security System Law No. 40 / 2004 mandated the creation of an old age pension, old age savings, national health insurance, work-injury insurance, and death benefits. Limited social assistance for older people has been available since 2006 and reaches very few older people, just 30,000 according to recent estimates, primarily those over the age of 70 who are poor or neglected and those over the age of 60 who are living with disabilities.<sup>68</sup> While some older people receive benefits through the PKH for families, income insecurity remains a serious issue for poor and vulnerable older people.<sup>69</sup>

## **Summary of site visits, participant observation, focus groups, and interviews**

The researchers conducted a seven day field visit to Indonesia from June 26<sup>th</sup> to July 3<sup>rd</sup>, 2019. During the field visit, the researchers were hosted by HelpAge International’s local partner, Yakkum Emergency Unit (YEU). YEU is a unit of YAKKUM (Christian Foundation for Public Health), a large church-based, non-governmental service provider in Indonesia that operates several hospitals, educational institutions, and extra-mural services, which include disability services, emergency preparedness, and primary healthcare. YEU’s core mandate

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<sup>66</sup> Id.

<sup>67</sup> UNFPA, 2015.

<sup>68</sup> Communication from HelpAge staff.

<sup>69</sup> World Bank. (2017). Indonesia Social Assistance Public Expenditure Review Update: Towards a Comprehensive, Integrated, and Effective Social Assistance System in Indonesia.

is “the delivery of inclusive emergency response where community participation in need assessment and relief distribution are encouraged.”<sup>70</sup>

The researchers conducted key informant interviews and focus group discussions with four OPAs: two Intergenerational Groups (IGs) that were part of SANA Phase II, one IG from SANA Phase I, and one OPA that was formed under local regulations as an LKS or social welfare organization. The researchers also participated in a workshop that brought together YAKKUM’s extramural services. The workshop’s theme was “Strategic Interventions on Opportunities and Problems around the Issue of Older People.” This workshop highlighted the importance of including older people across Yakkum’s units, including those that were not participating in a partnership with HelpAge. In addition, the researchers conducted interviews with representatives of the Health Agency (from the Public Health Centre of Sleman Subdistrict), the Social Affairs Agency of Sleman District, and the Regional Commission of Older People of Sleman District. For a detailed description of research activities, please refer to Annex A.

While OPAs are not a new concept in Indonesia, the Phase I model of OPA was introduced for the first time in 2015 and Phase II implementation of the ISHC standardized model is still being piloted in just one province in the country, Yogyakarta, and in IGs that are less than 2 years old. The following findings are thus limited to a particular local context and are drawn from interviews with a limited number of OPAs some of which have been organized for less than a year.

## **Research findings**

Overall, there is substantial evidence that OPAs meet a number of older people’s needs in ways that are meaningful and attractive to them. There is also evidence that as more local authorities become aware of and familiar with the organization and activities of IGs, there is potential to increase and leverage government support. However, challenges include identifying and supporting strong leaders capable of implementing IG activities as the groups develop and mature.

## **Governmental Support**

The smallest governmental unit in Indonesia is at the village level, which is the equivalent of a municipality in Viet Nam. Each village is composed of multiple sub-villages, each of which is itself composed of 3-5 neighborhoods.

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<sup>70</sup> YAKKUM Emergency Unit. “Welcome.” Accessed 9/1/2019 at: <https://www.yeu.or.id/>

Neighborhoods typically have 80 households which means that a typical village can have as well over 1 thousand households and cover a wide geographic area. The IGs are currently organized at the village level to correspond with the administrative level of government but it means that they draw from a population that is geographically far more removed from each other than in Viet Nam. Each IG currently covers two to three subvillages, which can be a significant distance apart. The reason for this strategy was based on a decision to include more than one subvillage in order to attract the attention and investment of village authorities. While this decision has successfully attracted village-level government support in certain cases, it has also posed a problem for recruiting and maintaining members who live a significant distance away from the IG's primary meeting location. Village support, however, was identified as an important factor of success in those cases where the IGs were doing well.

Subnational authorities were also aware of and broadly supportive of the IGs. For example, the Social Agency of the Sleman District was interested in the potential of older people currently receiving social welfare assistance through their cash or in-kind basic needs assistance to "graduate" to become financially independent through their participation in the IG. The Social Agency expressed an interest in seeing the IGs expanded to all sub-districts within Sleman. They also suggested that the IG model could be suggested to the Planning and Development Agency, which was drafting an Action Plan for Ageing at district level. The Social Agency also indicated that the IG could be used to connect members to government programs that they qualified for, and that the IG is also of interest to additional public agencies, such as the Health Agency and Women's Empowerment Agency.

## Strengths

**IGs have increased older people's engagement with health-related activities.** There was considerable evidence that the members of IGs were participating in regular health screenings and many were participating in group exercises. Through interviews and focus groups, the CMB and IG members reported that the health screening was a popular activity. The researchers also observed a monthly health check taking place prior to a monthly meeting, and the IG members conducting the blood pressure and weight screenings did so with enthusiasm and efficiency. CMB leaders reported that there is higher attendance when they announce healthcare screenings as part of upcoming events.

In turn, representatives for local health care providers recognized the usefulness of the IGs and their potential for promoting disease prevention, including using the IGs to offer trainings on healthy eating and other topics. The local health

centers also have long established Posbindu activities. Posbindu is a local community participation strategy for reducing the prevalence of non-communicable diseases through regular health checks. The IG activities, therefore, complimented the Posbindu. Health center representatives were particularly impressed by the IGs ability to gather older people together, which made their ability to administer health checks and administer trainings much easier and allowed them to engage an important target group.

**Older people connected with government authorities through IG activities and garnered support.** IGs have created mechanisms for members to build connections with local authorities they may not have otherwise had and allowed members to gain status in the community. The IG model had also garnered support from some village governments and social agencies.

The support gained by IGs from local governments varied across the groups visited, but they all had attracted some attention from local authorities. For example, some village's offered community centers for morning exercise or monthly meetings, whereas others had contributed in more substantive ways towards the sustainability of the IG, including building the IG a meeting facility. One IG reported that the door prizes they used in monthly activities was provided by a public official. Village officials also attended many of the meetings and activities that the researchers participated in, which indicated the interest in the IGs had gained from village leaders. In one subvillage, the waste bank established by an IG was seen as so important, that the village built the IG a meeting space and facility where waste could be sorted, measured, and stored.

The IGs also participated in local government and provincial-level competitions for community organizations, which provided them with the opportunity to educate others regarding the value of IGs. For example, IG members were particularly proud of their involvement in these competitions. For example, one IG reported being awarded second place at a provincial level competition for community institutions. They also reported that during a village level competition, many people displayed interest in the IG and asked many questions.

**IGs offer the potential for income generation.** The IGs offered potential for income generation. This potential included group income generating activities, as well as individual income generating activities. According to a recent report prepared by YAKKUM Emergency Unit, approximately 170 members of the IGs have borrowed microloans from the clubs and most are using the loans to benefit existing small businesses. Indeed, the researchers met many IG



members who had established laundry and catering services. The loans allowed them to expand their individual businesses.

In Nglumut subvillage, the IG used a lump sum grant to establish a waste bank, which has proven to be a useful way of generating revenue for not only the IG and its members but also community members of the waste bank. The amount of annual income earned from the waste bank was significant, and close to an average week's wages in the community. The members were also intent on developing "upcycling" activities wherein rather than simply collect and sell recyclable waste, they would also use some of the waste to make products that could be sold. The success of the waste bank was responsible for the substantial support the IG was receiving from village authorities, which included the construction of a meeting facility. The project correlated with a government policy to promote waste banks as a means of environmental sustainability. The use of income-generating funds as a lump sum used by an IG, rather than smaller loans made to individuals, was a part of Phase I SANA projects. In Phase II, the loans were only set to be made to individuals in keeping with HelpAge's standards for OPAs.

## Challenges

**Geographic distance to IG activities presents barriers.** The IGs organized during Phase I of IG replication in Yogyakarta were established with memberships drawn from across multiple sub-villages. This decision, while done as part of any overall strategy to gain village support. Villages represent the smallest governmental unit in Yogyakarta, and each village is composed of multiple sub-villages, which are, in turn, composed of multiple neighbourhoods. As the smallest governmental units, villages can authorize and support a community-based organization, and prefer organizations that cover a large constituency both in terms of numbers of households and in territory.

The motivation behind the strategy was to draw government support by developing a local organization that had greater representation from the village leaders constituency, whereas a sub-village or neighbourhood-level IG was believed not to be sufficiently attractive to village leaders. The consequence of this strategy, however, has been the creation of participation barriers for members that live far away from the IG meeting location, and therefore must organize transportation and invest greater time in attending IG activities. The decision did not make use of pre-existing relationships or bonds of friendship that are more likely to exist between older people and others at the sub-village or neighbourhood level. It also demonstrates a focus on developing IGs that prioritized advocacy, which takes place at the village level, over access for members. A YAKKUM Emergency Unit staff member summarized this challenge

by explaining that “for the size [of the IGs] to work, they should be at the sub-village level, but for advocacy, they need to represent the village.”

The researchers did not observe older persons with visible and severe disabilities participating in the IG activities. During interviews, none of the IGs reported having members with disabilities. While it is reasonable to believe and some indication that there were IG members experiencing functional limitations and chronic conditions related to aging, there was little indication that persons with disabilities were actively being accommodated in IG activities.

YEU has begun organizing new IGs at the sub-village level with the support of the village level government apparatus, which means that the households of members are more likely to be in close proximity to each other and to designated meeting places. IGs organized at the village level have members that are very spread out making consistent attendance at meetings challenging and reducing the kinds of community collaboration in which members can easily participate.

**Income generating activities are prioritized over participation in IG by community members.** Multiple focus group participants as well as local organizers raised the concern that the activities of the IGs, especially the requirement for regular attendance at monthly meetings conflict with members or potential members other obligations. This was particularly true regarding the need for older people and others to generate an income. As just under 70 percent of IG members are categorized as poor or near poor and nearly half receive assistance through Indonesia’s Family Empowerment Program, earning a sufficient income is an overwhelming concern. The nature of their employment or income-generating activities directly contributed to their inability to participate in IG activities, as IG activities were often organized during the day, and participation would mean lost wages for day workers or lost income for small business operators. In rural areas, larger agricultural operators regularly employ day laborers. For those that own their own farms, agricultural work is seasonal. Therefore, many potential members or inactive members were reportedly picking fruit or engaged in other work activities that made it impossible for them to participate in IG events without losing an entire day’s wages. In other communities, many women reported being engaged in providing laundry or catering services, and clearly stated that a big order would take precedence over an IG activity. The time and resources required to participate in IG activities that were a significant distance from home may have increased the costs of participation even more than for those whose homes were close to the IG meeting place.

Through interviews and focus-groups, the researchers observed that many members were utilizing lifelong learning lessons, such as making traditional drinks or preparing pickled eggs, were being used by some members as a potential means of income generation, but none reported significant profits. Instead, there was evidence that by adopting these models, the local market was being saturated. During one meeting, many members had prepared drinks, which they sold to each other, but given the ratio of sellers to customers, few drinks were being sold.

The local partner also observed that sustainable IGs were more likely to take root in communities where there was already some local practice or pattern of organizing or gathering older people for some kinds of activities, including rotating funds or other locally-developed systems of social support and aid. If there is some existing form of community organization, the IGs tend to fit in and are viewed as productive additions to their practices. But in communities where there is no previous history of community organizing or social engagement specifically for older persons, families are likely to resist activities that take older persons away from competing obligations, especially income-generating activities.

**Ensuring the successful development and transition of club leadership will be an important factor to club sustainability.** The strength of IGs is very dependent on skills, connections and commitment of club leaders. While each of the clubs that were visited had dynamic leaders who collectively had experience in community organizing, social work, health care and business development, a significant challenge these clubs faced was building up a pipeline of members who would become future leaders. For example, at least one club was led by the wife of a sub-village leader, and had a home with a meeting space that included sufficient chairs and other facilities to conduct a monthly meeting as well as do group exercises. She also had an established professional background as a group exercise leader (i.e. aerobics instructor), an impressive history as an amateur athlete, and high engagement with a variety of local charitable initiatives. While this combination meant that she was an effective leader, it also demonstrated a highly unique set of characteristics that could not be replaced. In other instances, the leaders were similarly engaged in other community activities and programs, such as the PKK, which was a strength for identifying potential members for an IG and mobilizing resources through established local connections, but it also demonstrated the IG's dependency on a single, or just a few individuals. The identification and use of existing community leaders as IG CMB chairs demonstrated a short term focus on getting IGs started, whereas a focus on leadership development over a longer term with

other community members may ensure greater sustainability over time by avoiding individuals that are likely to burnout or have conflicting commitments.

## **Recommendations**

**Prioritize group-based income-generating activities.** A major participation barrier experienced by many members was their need to prioritize income-generating activities over IG club activities. As a result, those operating small businesses, such as laundry services or catering, or working as day-laborers picking fruit, regularly skipped monthly meetings and other club activities. One of the most successful clubs, however, operated a community waste bank that reportedly garnered members a significant amount of income. The waste bank activity also provided increased opportunities for the group to meet as they collected, sorted, weighed, and sold the recyclable waste that they had collected. Given that the income participating members of the waste bank received was reportedly significant, it provided an incentive to participate and removed the need to prioritize other income-earning activities over club activities.

As in Viet Nam, promoting group businesses also provides an opportunity to promote intergenerational engagement. As noted above, income-generating activities in Cambodia and Bangladesh have successfully used an intergenerational model that matched younger members, who may have greater physical strength or higher levels of education, with older members who have life experience, business expertise and wide networks.

An intergenerational model of joint income-generating activities should be developed further and, especially for clubs experiencing the most difficulties in recruiting and retaining older active members.

**Address participation barriers by prioritizing accessibility to IG meetings and activities.** As noted above, distance to IG activities presented a significant barrier to participation for some members. IG clubs were organized at the village-level, wherein members were drawn from a number of sub-villages that could be a substantial distance away from one another. The reason for this model was to ensure village leadership would be supportive of the IG clubs. While this is an important concern, the result was that the time, energy, and cost of attending an IG activity was increased for many members. This meant that some members had to rely on family members to drive them to the meeting and/or they would need to dedicate a significant amount of time to their commute to and from events. Therefore, the researchers recommend that not only does YAKKUM continue forward with its plan to pilot future IG clubs at the sub-village level, but that a comparative study be conducted to see whether

member participation increases. The researchers also recommend that sub-village leadership, which was observed participating in IG activities, are engaged and directly asked to advocate on behalf of the sub-village IG clubs at the village level.

**Develop evidence to build on existing support among local government officials.** As noted above, the activities of the IGs have attracted the attention and support of local government authorities, which can support their long term sustainability and encourage replication. In Viet Nam, one of the most significant generators of official support was evidence of impact. Officials who visited the clubs, observed their activities and heard from their members were highly likely to believe they were having a significant impact on the lives of older people. Increasing opportunities to involve local authorities in IG activities, collecting data to develop evidence of positive outcomes and ensuring that success stories are shared widely could be valuable tools to support the IGs going forward.

## Cambodia

Cambodia has made significant strides in reducing poverty, decreasing the poverty rate from 47.8 percent in 2007 to 13.5 percent in 2014, improving certain health outcomes, especially maternal mortality and early childhood development, and expanding access to primary education.<sup>71</sup> But the benefits of economic growth and poverty reduction are not shared equally around the country. About 90 percent of the poor live in rural communities, 1 in 4 Cambodians does not have access to clean water, and nearly half the population does not have access to improved sanitation facilities.<sup>72</sup>

Older people make up a substantial proportion of the population and their share of the population is expected to increase rapidly in the coming years.<sup>73</sup> There are currently well over 1 million people over the age of 60 living in Cambodia, and that number is expected to more than double by 2035.<sup>74</sup> By 2050 nearly 1

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<sup>71</sup> World Bank. (2019). The World Bank in Cambodia: Overview, <https://www.worldbank.org/en/country/cambodia/overview>.

<sup>72</sup> Id.; UNDP. (2018). Human Development Indices and Indicators: 2018 Statistical Update: Cambodia, [http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/KHM.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/KHM.pdf).

<sup>73</sup> B. Teerawichitchainan and J. Knodel. (2015). Data Mapping on Ageing in Asia and the Pacific: Analytical Report. HelpAge International East Asia and Pacific Regional Office; ICOMP (2017).

<sup>74</sup> ICOMP (2017).

in 4 persons in Cambodia will be over the age of 60.<sup>75</sup> As the population ages, the proportion of working age people capable of providing financial and care support is also shrinking. Between 2018 and 2030 the Potential Support Ratio is expected to drop by 4 percentage points from 13.4 to just 9.3.<sup>76</sup> The ratio is even lower in rural communities, suggesting future challenges for policymakers.<sup>77</sup>

### Selected Statistics on Population Ageing in Cambodia 2000-2050<sup>78</sup>

	2000	2010	2020	2030	2040	2050
<b>Population Size</b> (in 1000s)						
Total	12,780	15,224	18,102	20,761	23,089	25,114
Age 60 Plus	590	868	1,275	1,837	2,330	3,829
<b>Age 60 Plus</b> (as % of Total)						
Total	4.6	5.7	7	8.8	10.1	15.2
Male	3.4	4.4	5.6	7.4	8.8	14
Female	5.7	7	8.4	10.3	11.4	16.5
<b>Female in Age Group</b> (as % of Total)						
60-64	62.1	59.1	57.6	55.2	52.6	51.1
65-69	65.5	61.4	59.1	58.1	54.4	52.5
70-74	66.1	65.3	61.7	60.2	57.9	55.3
75-79	66.7	68.9	63.8	62.1	61.2	58.1
80 Plus	59.0	70.7	68.2	66.7	64.9	65.5
All Persons 60 Plus	64.1	62.6	60.2	58.6	56.5	54.2
<b>Percent of 60 Plus Population in Age Group</b> (% of Total)						
60-64	36.3	38.6	37.0	34.8	30.0	36.1
65-69	28	27.8	27.1	27.4	26.0	29.8
70-74	19	16.6	18.4	18.7	20.7	14.2
75-79	10.2	10.4	10.8	11.2	13.6	10.4
80 Plus	6.6	6.7	6.7	7.8	9.8	9.5
All Persons 60 Plus	100	100	100	100	100	100
<b>Potential Support Ratio</b> (Population 15-59: Population 60 Plus)						
	11.6	10.6	8.8	7.1	6.5	4.1

<sup>75</sup> B. Teerawichitchainan and J. Knodel. (2015).

<sup>76</sup> National Ageing Policy 2017-2030. The Population Support Ratio is expressed as the ratio between population ages 15-64 years and population 65 years and older.

<sup>77</sup> Id.

<sup>78</sup> Adapted from J. Knodel and Z. Zimmer. (2009). Gender and Well-Being of Older Persons in Cambodia. Population Studies Center, Research Report 09-665.

As elsewhere, the experience of ageing is different for women in Cambodia than men. Older women outnumber men by more than 3 to 2 with the imbalance even greater among those over the age of 80.<sup>79</sup> Women typically live about 5 years longer than men with a life expectancy at birth of 75 years.<sup>80</sup> Older women are less likely to be literate and have lower levels of education, financial security, and health quality.<sup>81</sup> These differences are particularly pronounced among older women in rural communities. According to the 2008 Population Report fewer than 1 in 3 women living in the Cambodian countryside could read.<sup>82</sup> Older women are significantly more likely than older men to report an illness and/or disability, although older men typically spend far more than older women seeking health care.<sup>83</sup> Older women are also substantially more likely to be widowed than older men, especially as they grow older. Among people over the age of 75, 75 percent of men are still married while just 35 percent of women are.<sup>84</sup>

While more than half of all adults over the age of 60 in Cambodia are still economically active, the proportion of older men who work is significantly higher than the proportion of older women (67 percent to 43 percent).<sup>85</sup> Older women who are economically active tend to be concentrated in informal employment and receive lower compensation than men, which leads to increased financial insecurity.<sup>86</sup>

## **Older people's associations in Cambodia**

Older People's Associations in Cambodia include a range of community-based organizations that are aimed at improving the well-being of older people through collective activities organized by older people themselves.<sup>87</sup> In the National Ageing Policy 2017-2030 the Government of Cambodia encourages the establishment of OPAs as a mechanism to support income generating activities among older people, improve health care, and promote the spirit of "seniors helping seniors" by encouraging more active and healthy older adults to support their peers.<sup>88</sup>

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<sup>79</sup> HelpAge International. (2019). Ageing Population in Cambodia, <http://ageingasia.org/ageing-population-cambodia/>; Royal Government of Cambodia (2017). National Ageing Policy 2017-2030, adopted 25 August 2017.

<sup>80</sup> ICOMP (2017).

<sup>81</sup> Royal Government of Cambodia (2017); ICOMP (2017).

<sup>82</sup> ICOMP (2017).

<sup>83</sup> B. Jacobs, et al. (2016). Financial access to health care for older people in Cambodia: 10-year trends (2004-14) and determinants of catastrophic health expenses. *International Journal for Equity in Health* 15:94.

<sup>84</sup> ICOMP. (2017).

<sup>85</sup> Id.

<sup>86</sup> Id.

<sup>87</sup> National Ageing Policy 2017-2030, ¶42.

<sup>88</sup> Id. at ¶6.3.5.

There are at least three models of OPAs in Cambodia, with varying degrees of formalization and organization. In keeping with the National Ageing Policy 2017-2030 the government has established more than 1,600 OPAs but with few guidelines and limited training on how to organize and structure activities.<sup>89</sup> The number of members in each of these OPAs is typically large, ranging from 60 to 100 and many are organized at the commune level, rather than the more localized village level. Leadership tends to be top-down and members in the government OPAs receive varying levels of services in exchange for one-time membership dues. OPA leaders may receive some training, typically at the provincial level, but currently there is little investment in building capacity at the local level either among leaders of OPAs or local authorities to support monitoring. In Battambang province, where there are more than 100 OPAs at the commune level and 700 sub-branches of OPAs at the village level, just one staff person within the provincial Office of Social Welfare is responsible for providing support, which is effectively limited to responding to questions called in on a hotline.

HelpAge Cambodia has separately established approximately 160 OPAs. These typically differ from the government OPAs in that they are organized according to a clear and common structure. HAC staff visit each of these OPAs frequently and monitor their activities while supporting leadership. The HAC OPAs are multifunctional but their specific activities vary and may include health and self-care, income generation, social and cultural programs, water, sanitation and hygiene (WASH) activities, capacity building for disaster risk reduction and climate change preparedness, rights and entitlements, governance and participation, and changing perceptions around gender, disability and age inclusion.

The SANA project builds on these existing OPA models by drawing from the ISHC model developed in Viet Nam. ISHCs in Cambodia are referred to locally as WOW groups and are nested within existing OPAs. From HAC's perspective, this allows the WOW groups to be established with limited funding and provides a pool from which to draw qualified volunteers, especially those with literacy skills as discussed further below, to join new club management committees and recruit other active members to join the groups. The WOW groups average between twenty and thirty members and are drawn from the most active members of the OPAs in which they are nested.

In addition to these forms of OPAs, there are now 8 OPA federations in Cambodia. The federations represent clusters of OPAs and are intended both to facilitate information-sharing and advocacy and to support cross-learning among

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<sup>89</sup> The content of this and the following paragraphs is drawn from interviews with HelpAge Cambodia staff and provincial authorities.



OPA leadership teams. The federations, which include 160 OPAs at the village level including both government and HAC OPAs, provide an opportunity to leverage the organizational structure of HAC OPAs. The federations operate at the provincial and district level.

At the national level, HAC has also facilitated the formation of the Cambodia Ageing Network which is a mechanism through which OPA members can monitor implementation of the National Policy on Ageing 2017-2030 as well as other government policies and advocate for greater inclusion of older people. The CAN includes not only OPAs but also non-OPA federation members, including nongovernmental organizations which serve similar objectives. It has approximately 16,000 members and is intended to work in parallel with the National Committee for the Elderly, which was established by the national government in 2011. One of the issues on which the CAN is currently working is the introduction of a universal social pension that could support older people.

## **Legal and policy support for older people**

Cambodia was an early endorser of the Madrid International Plan of Action on Ageing (MIPAA) and has taken significant steps to create a supportive policy framework that advances the rights of older people. As noted above, the National Ageing Policy was updated in 2017 and includes among its priorities ensuring financial security for older persons, expanding coverage of social welfare and social protection schemes, promoting healthy ageing, expanding preventive health care, and preventing elder abuse. Cambodia's National Strategic Development Plan 2014-2018 also prioritizes inclusion of older persons in development and calls for the establishment of a National Committee and subnational mechanisms for the implementation of the National Ageing Policy. The Ministry of Health approved a National Health Care Policy and Strategy for Older People in 2016 and the National Population Policy 2016-2030 emphasizes the importance of improving the welfare of older persons in Cambodia.

With respect to OPAs, in 2009 the Office of Social Affairs adopted a specific policy to promote the formation of OPAs (National Guidelines for OPA Establishment). In 2013, these Guidelines were updated and expanded to include guidelines for home-based care.

Notably, the Government of Cambodia has also recognized that its successful achievement of the Sustainable Development Goals requires inclusion of older persons particularly with respect to the eradication of poverty, elimination of hunger, and achievement of gender equality.<sup>90</sup> It has also clearly connected its

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<sup>90</sup> National Ageing Policy 2017-2030, ¶62.

responsibilities to advance the rights and welfare of older people to its obligations under both the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of Persons with Disabilities (CRPD).<sup>91</sup>

### **Summary of site visits, participant observation, focus groups, and interviews**

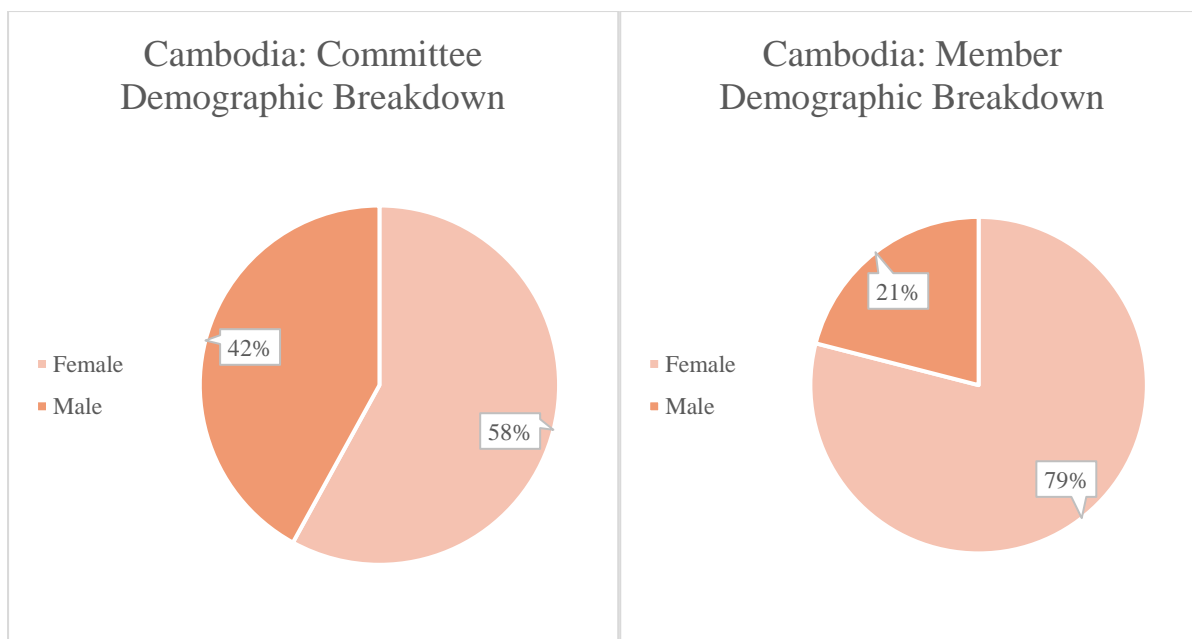
The researchers conducted a seven day field visit to Battambang, Cambodia from July 4<sup>th</sup> to July 11<sup>th</sup>, 2019. During that time, the researchers were hosted by HelpAge Cambodia, which is located in Battambang Province in northwestern Cambodia. The researchers attended part of a five-day training for CMB members of 5 new WOW groups during which they conducted focus group interviews CMB members from O Chameb, Prek Trop, Sosor Pok and Kampong Cheng villages. Participants in the focus group interviews were members of newly established WOW groups attending their first extensive training on the ISHC/WOW model. Researchers also conducted focus groups with four older WOW groups. These included interviews with CMB members of the groups as well as focus groups with non-active members and non-members of the groups who were also members of village OPAs.

In addition, researchers met with representatives of the Provincial Department of Social Affairs with responsibility for the Battambang area, local government authorities in each village with an established WOW group, and two NGOs with an interest in the care and promotion of older people: Village Support Group and Habitat for Humanity.

For a detailed description of research activities, please refer to Annex 1.

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<sup>91</sup> Id. at ¶63.



As in Viet Nam and Indonesia, the majority of members of WOW groups in Cambodia are women. However, men make up a disproportionate number of committee members. The high number of women joining WOW groups suggests that the activities of the groups are attractive to women and have the potential to be an important resource for them as they age. However, the relatively limited number of women in leadership may be a factor both of the cultural context and/or the differences in literacy rates among women and men and have implications for women’s ability to guide group activities, as will be discussed further below.

## Research findings

### Strengths

**Government support for OPAs.** At the provincial and local levels, there is government support for the creation and maintenance of OPAs and a perception among local authorities that they serve an important unmet need in the community. According to one provincial official, OPAs are seen as a vehicle for helping people in the community which correspondingly builds support for governing authorities. Having seen how OPAs work since they were first launched in his province in 2017, this official said he “can’t imagine how people would live without them”. It is important to note, however, that government support at least at the national and provincial level, does not mean funding support. Rather, it is effectively limited to advocacy at the local level encouraging local authorities to be supportive of OPAs and the occasional

convening of provincial level meetings of the National Committee on Ageing and the like. According to the same provincial official, who unsuccessfully pushed for inclusion of OPA support in his annual budget, “that’s what we can do”.

As will be discussed further below, it is also important to note that in interviews most local government officials did not distinguish between OPAs and WOW groups which raises questions how funding support, if it was made available, would be allocated between them if at all.

**WOW groups support active participation and volunteerism.** The current model of OPA sanctioned and established by the national government adopts a broad membership model that can be unwieldy and difficult to manage. WOW groups, by contrast, are populated by a much smaller number of members (25) drawn primarily from within the OPAs. They are designed to build an active cohort within existing OPAs that can energize the membership, promote income generating activities, and participate in internal management and other activities. By not competing with existing OPAs but rather complementing them, WOW groups offer an alternative and supportive model to advance the same goals.

WOW groups operate according to the ISHC model developed in Viet Nam which means that they are multi-functional and intergenerational. They engage in regular exercise, promote income-generating activities and information-sharing on livelihoods, among other things. They also offer members who may have joined an OPA with the intent of helping older people find a structure through which they can do that. In focus groups with OPA leaders who were newly elected to WOW leadership, several said that they had initially joined the OPA because they saw older persons in their communities struggling and wanted to volunteer in some way. The OPA itself was too large, had too many members to geographically removed from each other, and was not sufficiently organized to permit much support from volunteers. By comparison, they believed the WOW model would be more responsive to the needs of older persons and be a better vehicle through which they could satisfy their own interests in taking action on behalf of the community.

**WOW groups may have special value to older persons in post-conflict settings.** OPAs in general and WOW groups in particular have the potential to serve an important role in promoting mental health and recovery from post-traumatic stress in post-conflict areas. As noted above, one of the most consistently reported values the clubs have for members is the opportunity for social engagement and enjoyment. In Cambodia, the civil war ended less than

40 years ago so most older people were alive at the time and many were affected by violence or the trauma of conflict. Several stakeholders noted that the emphasis within WOW groups on fun activities like singing and dancing not only facilitates the re-building of community ties that are still weak after the conflict but also provides a mechanism through which older people can remember and re-connect to happier times before the war. According to HelpAge staff, many older people have been very isolated and have forgotten what it felt like to dance or have fun. The WOW groups create a welcoming space in which older people can re-connect with their neighbors without fear.

## Challenges

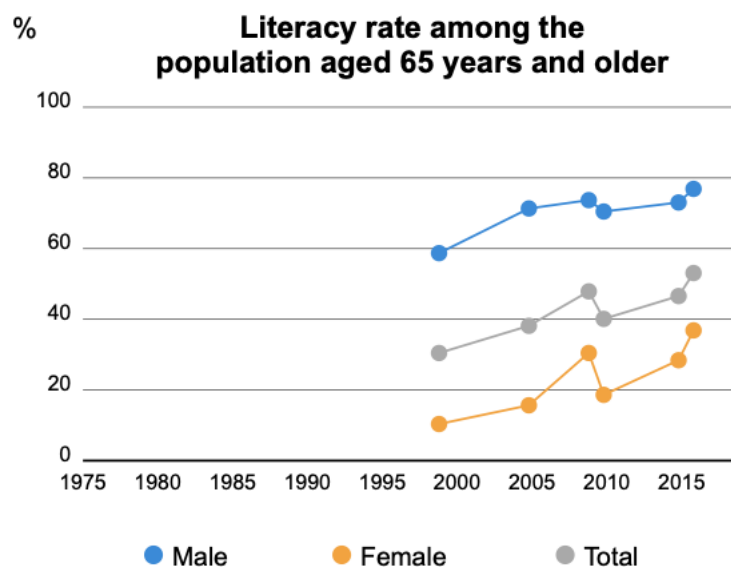
**There is potential for exclusion of oldest and most vulnerable.** As noted above, one of the strengths of the WOW model of OPA is that it brings together active and engaged older persons and provides them with a platform from which they can pursue activities that will benefit a larger community. However, by collecting the strongest members of an OPA into a separate group, the WOW model risks re-stigmatizing older persons, especially the older old, who for physical or other reasons cannot actively participate in WOW programmes—or do not think they can. In interviews with members of OPAs who were not also members of the WOW, they spoke admiringly of what the WOW members could do but did not see themselves as equally capable. In some cases it was because of physical limitations, in others because of the need to care for a spouse or grandchildren in the home. In both, though, the WOW was seen as appropriate only for the young old and not suitable for those with limitations.

The potential for exclusion of the oldest and most vulnerable is compounded by the fact that many OPAs have a significant number of relatively young members. Although the guidelines for OPAs call for the members to include a minimum of 80 percent over the age of 60 the typical membership is quite different, with 40 percent between the ages of 40 and 60. In WOW groups, younger people similarly make up a significant proportion of the membership; in the first 5 WOW groups, 36 percent of the members were under the age of 55. Younger people are also potentially over-represented in club leadership. At a training for CMBs of 5 newly formed WOW groups, just 3 of the 30 participants were over the age of 60.

Given one of the goals of the ISHC model in Viet Nam is to ensure inclusion of not only a mix of age groups but also a mix of those who are “disadvantaged” in some way, the WOW model may not be meeting the same goals in practice.

**Government support is for OPAs, not WOW model.** While OPAs have government support and are among the priorities of the National Ageing Policy, the WOW groups do not have the same level of support. Whereas in Viet Nam government policy explicitly designates the ISHC model as the government’s preferred choice of OPA for expansion, the National Ageing Policy in Cambodia is less explicit. Government practice has been to rapidly increase the number of OPAs without a great deal of attention to or monitoring of their activities. Indeed, in interviews local authorities were supportive of OPAs but were not very familiar with the concept of the WOW group and how it differed from an OPA generally. Although the WOW model is consistent with the objectives of government policy, it does not clearly map onto the government’s objective of expanding the number of OPAs, which presents a challenge with regard to increasing government support. Even the provincial authority responsible for OPAs in Battambang, who is familiar with and very supportive of the WOW model, cautioned against any effort to turn OPAs into WOWs, noting it “would cause problems”. Instead, he recommended focusing on piloting and improving OPAs before integrating or replacing them with WOWs.

**Illiteracy among older persons may be a significant barrier to their participation in group leadership.** There is a significant gap in literacy among older persons in Cambodia which makes it difficult for them to take notes, maintain written records, and refer to written manuals regarding standards for groups.



At the training for new WOW groups, the groups appear to be compensating for the limited skills of older members of the leadership team by recruiting younger members (who are known to be literate) and delegating note-taking and record-

keeping responsibilities to them. While this adaptation promotes intergenerational engagement, it limits the extent of older people's ability to participate and conduct oversight of group activities. It also restricts the eligibility of future OMB members to those who can meet the specific record-keeping needs of the group, undermining the intent of the ISHC model to ensure representation of those who are disadvantaged.

Moreover, given that older women in particular are substantially less likely to be literate than older men the need for literate members on group management committees may disproportionately disadvantage older women members and restrict their ability to participate in group leadership or monitor group activities.

**Meeting basic needs is a top priority for older people.** Activities such as health care screening do not necessarily meet the needs of older people in communities where medications for the common ailments being screened for do not exist or are not available. In focus groups with club members and non-members, participants raised concerns about the scarcity of medication and lack of access to quality health care, noting that it was not helpful to receive health screenings if they could not get treatment. Others noted that one of their priority concerns was access to sufficient nutritious food, something health screenings did not address.

## Recommendations

**Develop bookkeeping, communication, and other leadership skills among older CMB members.** The intergenerational makeup and division of labor within CMB of Cambodian WOW groups was unique and, in many ways, very positive. The CMBs interviewed by the researchers often had members as young as in their early 20s, which was distinctive in comparison to ISHCs in other countries. The younger members of the CMBs explained their role as providing knowledge and skills, including basic literacy, that CMB members from older generations lacked. A major contribution that young CMB members played was in doing the bookkeeping.

This intergenerational support is a net positive, but also indicates the need to build capacity among older members to maintain necessary club records, particularly as younger members of the community are the most likely to move, start new families, and otherwise make major life changes that may affect their commitment and contributions to the WOW group in the long-term. We recommend that HelpAge Cambodia develop a two-pronged approach to ensuring that older CMB members can also participate in bookkeeping activities. First, HelpAge should investigate ways in which records can be kept without

requiring a high level of literacy. This may include incorporating pictures or graphics into the bookkeeping forms. Secondly, HelpAge may want to include age-appropriate activities that increase literacy among regular club activities. This may include activities such as connecting older CMB members to adult literacy courses; supporting intergenerational peer tutoring where more educated WOW group members tutor less educated members; or providing their own courses.

**Focus lifelong learning lessons, income-generating activities, and advocacy on meeting basic needs.** Members of Cambodia's WOW groups strongly expressed the need to focus on basic needs. For example, the need to earn adequate money was a major participation barrier to many current and potential members. While many WOW group activities were beneficial, members need to see the direct benefit. For example, health screenings are important, but for members, monitoring blood pressure and weight was a low health priority in comparison to access to medicine that they could not afford. The implication of this is that lifelong learning lessons, income-generating activities, and advocacy activities must directly address basic needs. WOW groups may want to develop mechanisms for meeting these need, such as dedicated funds for the purchase of medicine or food for members in need. While some WOW groups have been successful at supporting group-based businesses, dedicating a portion of those profits to such a fund may be appropriate. Similarly, while advocacy for pensions is of obvious importance, advocacy that older persons be included in local development opportunities that meet basic needs is of equal importance. HelpAge Cambodia's partnership with Habitats for Humanity is an example of this type of advocacy and partnership.

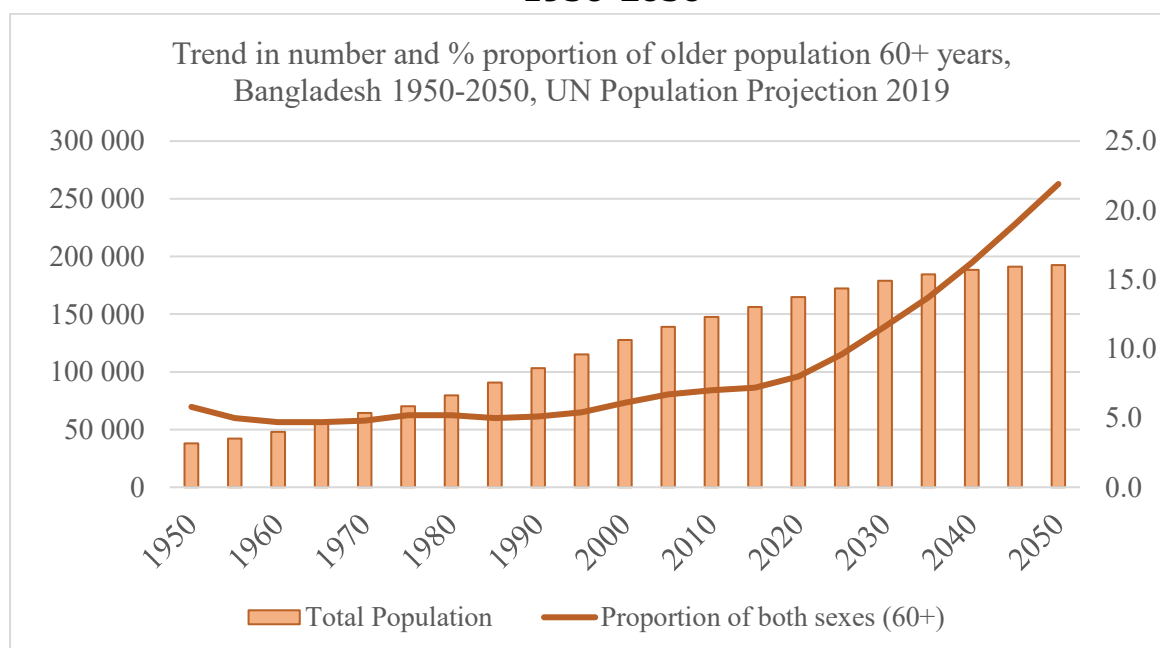
**Include awareness and inclusion training regarding the most disadvantaged in the regular CMB trainings.** Many of the most vulnerable senior citizens experience participation barriers to the WOW clubs. This includes persons with disabilities and/or chronic diseases that make it difficult for them to attend meetings or participate in activities and the oldest old, who perceive themselves as less able of being active members. CMB trainings should directly address ways in which WOW groups can accommodate members with disabilities and other participation barriers. This may include attention to identifying accessible meeting locations, ways to modify activities or accommodate individuals to ensure their participation and developing systems to ensure persons with mobility disabilities are provided transportation.



# Bangladesh

Over the past 3 decades, Bangladesh has experienced significant social changes. It has made substantial progress reducing poverty, from just under 45 percent of the population in 1991 to 14.8 percent in 2017, and has increased literacy rates and expected years of schooling.<sup>92</sup> Life expectancy at birth has also increased by more than 14 years, while per capita national income has grown by nearly 180 percent.<sup>93</sup> With the increase in life expectancy, the number of older persons in Bangladesh has grown substantially. Currently, there are more than 13 million people over the age of 60 living in Bangladesh, 8 percent of the total population.<sup>94</sup> This number is expected to triple by 2050 when estimates project that close to 1 out of every 4 persons in Bangladesh (over 40 million people) will be over the age of 60, an increase in the ageing population of more than 15 percent.<sup>95</sup>

## Trend in the Number and Proportion of Older People in Bangladesh, 1950-2050



<sup>92</sup> World Bank. (2019). The World Bank in Bangladesh: Overview, <https://www.worldbank.org/en/country/bangladesh/overview>; UNDP. (2018). Human Development Indices and Indicators: 2018 Statistical Update: Bangladesh, [http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/BGD.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/BGD.pdf).

<sup>93</sup> UNDP (2018). Human Development Indices and Indicators: 2018 Statistical Update: Briefing Note for Countries: Bangladesh.

<sup>94</sup> HelpAge International (2019). Ageing Population in Bangladesh. <http://ageingasia.org/ageing-population-bangladesh/>

<sup>95</sup> C. Williamson (2015). Policy Mapping on Ageing in Asia and the Pacific: Analytical Report, UNFPA and HelpAge International.

The majority of people over the age of 60 live in rural areas, even while their children are likely to live in urban areas.<sup>96</sup> This means not only that many older people live separated from their families but also that they often face more limited health care services, economic services and income generating opportunities.<sup>97</sup> More than 40 percent of older people in Bangladesh are also living below the national poverty line and are unable to pay for their basic living expenses.<sup>98</sup>

Older women, especially those who are widows, are among the most vulnerable.<sup>99</sup> There were 7.3 million women over the age of 60 living in Bangladesh in 2015, and that number is expected to grow to over 24 million by 2050 when 1 out of every 5 women will be over the age of 60.<sup>100</sup> Close to 3 out of 4 older women live in remote villages and rural or semi-rural areas, reducing their access to healthcare and increasing the risks of marginalization.<sup>101</sup> Just 2 percent of older women living in rural areas participate in the formal economy and many lack access to nutritious food, housing and healthcare and have little to no control over household income or family assets such as land.<sup>102</sup> As the number of older women is increasing as a share of the population the proportion of economically dependent older women is also increasing and is likely to reach 22 percent of the working age population by 2050.<sup>103</sup>

While older women are likely to live longer than older men, rural older women live significantly shorter lives than their urban peers, largely due to the prevalence of disability, frailty and chronic diseases and limited access to health care.<sup>104</sup> Older women are more likely to live with a disability and/or rate their health poorly than men, and have a lower quality of life.<sup>105</sup> Because Bangladeshi society has traditionally valued women less than men older women's poor health quality is assumed to be a reflection of their lifelong experience of neglect, deprivation and discrimination.<sup>106</sup>

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<sup>96</sup> A. Barikdar, et al. (2016). The Situation of the Elderly in Bangladesh. *Bangladesh Journal of Bioethics* 7(1): 27-36.

<sup>97</sup> Id.

<sup>98</sup> Id.; S. Alam (2015). 'Elderly People' in Bangladesh: Vulnerabilities, laws and policies.

<sup>99</sup> Barikdar, et al. (2016).

<sup>100</sup> M. Hamiduzzaman, et al. (2018). Elderly women in rural Bangladesh: Healthcare access and ageing trends. *South Asia Research* 38(2): 113-129.

<sup>101</sup> Id.; A. Razzaque, et al. (2010). Socio-demographic differentials of adult health indicators in Matlab, Bangladesh: Self-rated health, health state, quality of life and disability level. *Global Health Action* 3(1).

<sup>102</sup> M. Hamiduzzaman, et al. (2018).

<sup>103</sup> M. Hamiduzzaman, et al. (2018).

<sup>104</sup> Id.

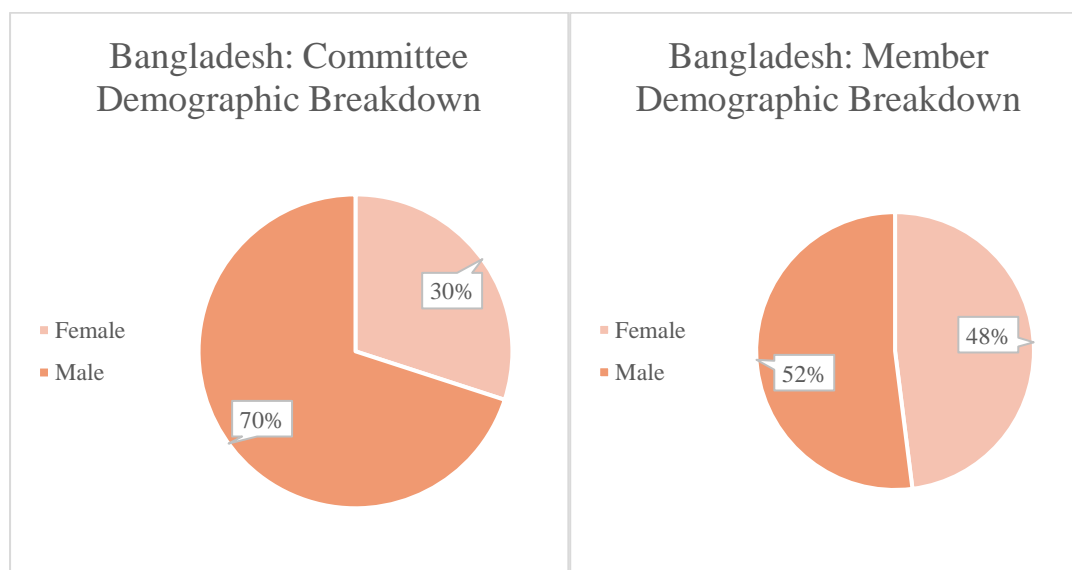
<sup>105</sup> M.I. Tareque, Y. Saito, and K. Kawahara (2015). Healthy Life Expectancy and the Correlates of Self-Rated Health in Bangladesh in 1996 and 2002. *BMC Public Health* 15:312; M. Tareque et al. (2017). Gender differences in functional disability and self-care among seniors in Bangladesh. *BMC Geriatrics* 17:177; M. Hamiduzzaman, et al. (2018).

<sup>106</sup> A. Razzaque, et al. (2010).

## Older people's associations in Bangladesh

The HelpAge office in Bangladesh is currently supporting three types of OPA which correspond with regional and local governmental administration levels. The highest level OPA is a regional federation of OPAs and includes representatives of the lower level OPAs. The regional federation primarily focuses on lobbying, advocacy and monitoring government activities and service delivery for older persons. In Phase I of the SANA Project, the HelpAge office in Bangladesh (HAIB) reformed and established 10 OPAs at the Union Parishad level (these have since grown to 12) and 1 OPA at the district level (this is the same as the regional federation) in Rangpur district. The OPAs adopted a monitoring approach that focused on identifying the needs of older people in the community and communicating those needs to administrative authorities, monitoring the work of local government officials, and advocating for more (and more equitable) inclusion of older people in government policies, programmes, and services. HelpAge is working with the Union and District level OPAs on improving the disbursement and selection process of the Old Age Allowance and at the regional level they are doing a campaign and advocacy on behalf of a universal social pension, to improve the policy instruments and ensure their proper implementation. They are in the process of collecting evidence in support of this campaign from OPA members and other older people in the region.

During Phase II, which has been implemented in Bangladesh since late 2017, HelpAge and its implementing partner, Share Foundation, have established an additional 10 OPAs at the village level. These more local OPAs are organized as Intergenerational Self Help Clubs (ISHCs) drawing from the model adapted in Viet Nam. They are multi-functional, intergenerational and promote activities at the local level that meet multiple needs of community members.



Unlike Viet Nam, Indonesia and Cambodia, in Bangladesh the majority of members and a disproportionate number of committee members of HelpAge-supported OPAs and ISHCs are men. While this is indicative of a cultural context in which women and men do not regularly participate in group activities together, the percentage of women joining HAB OPAs and ISHCs has grown substantially. This suggests both that the activities of the ISHCs/OPAs are attractive to women and that adapting these activities to the local context can overcome cultural mores that might otherwise present barriers.

## **Legal and policy support for older people**

In 2013 Bangladesh adopted the National Policy for Older Persons which covers a host of issues including contributions older persons can make to their communities, the importance of intergenerational communication and solidarity, the need for poverty reduction and financial security for older persons, and additional measures relating to healthcare and nutrition, disaster risk reduction and emergency response, education and training activities and others.<sup>107</sup> The National Policy also calls for equal access to employment for older persons and seeks to promote income generating and economic activities for older people, especially older women. The National Policy does not specifically reference OPAs it calls for the establishment of community associations for the benefit of older people and a universal social pension. It also allocates responsibility to specific ministries, departments and agencies to implement and monitor the policy.

With regard to social protections for older persons, the Constitution of Bangladesh commits the State to ensuring all people have the basic necessities of life, including food, shelter and medical care and recognizes citizens have a right to public assistance especially when suffering from illness, disability, loss of a spouse, or old age. Bangladesh's national development policy, Vision 2021, also recognizes older persons as a vulnerable group and calls for measures to promote a more equitable and inclusive society. One mechanism for doing so is through the Old Age Allowance, which offers a minimum income benefit to older people, supplementing other available pensions for widowed women and others.

## **Summary of focus groups and interviews**

The researchers were not able to conduct field work in Bangladesh so data collection was limited to a review of written materials including previous reports assessing the progress of Help-Age-supported OPAs and online focus group

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<sup>107</sup> C. Williamson. (2015). Policy Mapping on Ageing in Asia and the Pacific: Analytical Report, UNFPA.

interviews with members of the CMBs in 3 village-level ISHCs, leadership of 1 Union OPA and the leadership of the regional OPA. In addition, researchers conducted online interviews with representatives of HelpAge’s local partner, SHARE Foundation; representatives of a corporate sponsor of the OPAs and ISHCs, the Rangpur Group; and a representative of local authorities at the sub-district level who is familiar with the work and activities of the OPAs.

<b>OPA Research Online Interviews</b>		
<b>With Whom</b>	Total Participants	Female Participants
Club Management Board of ISHC	20	7
Regional OPA	14	4
Social Service Department	1	0
Rangpur Group	4	1
SHARE Foundation Management	7	2
Betgari Union OPA	11	2

## **Research findings**

Because the research team was not able to visit Bangladesh and conduct field research in person, it is difficult to identify clear findings yet the limited interviews produced a number of observations related to the strength and sustainability of the OPAs which are noted below.

### **Strengths**

**Flexibility and innovation to respond to local context are essential to generate local support.** One of the most significant strengths of the OPA model in Bangladesh has been the adaptability and creativity of those developing it. Coordinators have taken a strategic approach to modify the model and respond to particular issues coming up in the local context. These adaptations include delegating responsibility for lobbying activities to the OPA at the level of government that is most likely to be responsive. Rather than requiring all ISHCs to take on the same level of advocacy, this delegation places responsibility in the hands of a smaller, more experienced group that is directly linked to administrative bodies in ways that can make advocacy most effective. It also reduces the burden on local governmental authorities and removes a potential

cause for resistance from local authorities overwhelmed by the demands of community members.

Another adaptation addresses challenges in designing income generating activities for older people. Recognizing that many older people have limited physical capacity and that some income-generating activities may be too demanding for them to do on their own, HAIB and its local partners have promoted intergenerational groups that pair younger old ISHC members with older members on joint income-generating projects.

**A well-constructed tiered model that is inter-dependent can reduce the burden on ISHC leadership while leveraging the skills and connections of OPA members.**

As noted above, in Bangladesh there are 3 different forms of OPAs which are inter-dependent and serve roles that are complementary to each other, amplifying the contributions of some and reducing burdens on others. This mutually supportive relationship enhances their attractiveness to outside stakeholders, including corporate funding partners, and serves important interests of government officials, which collectively leads to stronger organizations overall. For members of the regional OPA, which is focused primarily on advocacy and monitoring, the village level ISHCs fill a gap by promoting local activities among older people. In their view, the most effective contribution of the ISHCs has been promoting the village level home care activities in which members provide neighborly visits to those who are sick or lonely or otherwise in need. These activities, as well as self-help and broader community initiatives, popularize ISHCs and generate more interest among potential members. In addition, the ISHCs provide an important pipeline for new leaders to join the higher level OPAs as they gain experience.

At the village level, members of the ISHCs are most appreciative of the advocacy work done by members of the regional and union OPAs, which benefit them and their members. They feel that they can bring issues to the OPAs and have confidence they will be raised at higher levels. For stakeholders, such as Rangpur Group, this integrated model is ideal because it ensures that with minimal input they can transmit initiatives to a broad network of older people. Local authorities repeated the same, noting that they could share information about a public health or other campaign with the regional OPA and be confident that information about that campaign would be disseminated to all members of the OPAs and ISHCs and beyond.

This tiered structure appears to be an effective tool for leveraging skills and competencies of older persons and developing mechanisms through which they can have input on policies and practices that are relevant to them, while still

building community at the local level through fun and engaging activities that serve a real need.

**Having a committed local partner is an important mechanism to leverage limited staff resources and support OPAs.** SHARE Foundation is a committed partner who sees support for OPAs and ISHCs as a core component of its mission which allows HelpAge to leverage its own staff and pairs similar efficiencies with respect to costs with capacity for continuous monitoring of the activities of OPAs and ISHCs, as in Viet Nam. SHARE Foundation is also licensed to work anywhere in the country which could facilitate a well-managed expansion of OPAs and ISHCs elsewhere in Bangladesh.

While the VAE was initially created to work with and support older persons, SHARE Foundation was founded to focus on community development work. Its wholesale adoption of ageing issues into its constitution and prioritization and mainstreaming of these issues in all its programming demonstrates the value that can be added by reaching out to potential partners who are *not* already working on ageing issues and/or for and with older people, but could and should be.

**ISHCs provide a key space in which women can participate and improve leadership skills.** The village level ISHCs have the potential to offer new opportunities for women to engage in new ways in their communities, gain new status and develop leadership skills. Women now make up more than 40 percent of the members of the new ISHCs established since 2018, which is a significant jump from the first OPAs established in Phase I in which women represented only 25 percent of the members. The new ISHCs have actively encouraged female participation, and both HelpAge and Share Foundation see great potential for the ISHC model to build women's participation, confidence and leadership, working from the village level up through to all levels nationally. In order to promote women's participation in the leadership of the clubs at the village level, the ISHCs are divided into smaller groups each of which must have a lead and a sub-lead, one of which must be a woman. In addition, at each meeting of the ISHCs facilitators must include both women and men. By promoting women in leadership roles within smaller groups, the ISHCs are effectively developing a pipeline of future women leaders, all of whom will have relevant skills and experience. The project has also encouraged female leadership into the ISHC management committees and will increasingly look to include women within OPA structures at the Union Parishad and District level.

## Challenges

The SANA project is relatively new in Bangladesh and its application has been limited to just one district which raises questions regarding how and how effectively the model will work if it is expanded into other districts. The limited nature of the research project did not allow a complete review of the challenges likely to present themselves in the future but one might expect that securing sustainable funding and ensuring sufficient staffing and local support to ensure OPA and ISHC leaders are fully trained on and committed to the model. Collecting sufficient data to develop evidence of positive outcomes will be an important advocacy tool going forward.

Given that research with regard to Bangladesh was limited in both time and scope and did not include field visits with ISHCs or OPA, it is not possible to make recommendations beyond those below at this time.

## Cross-Country Comparison

Given the substantial differences between the local contexts in the 4 research countries, and differences in the length of time each has experimented with implementing organized forms of OPAs, it is difficult to draw clear comparisons between them. However, as noted above in the Introduction, a number of key findings emerged across contexts relevant to the strength and sustainability of OPAs, and the particular questions presented during this research. Each of these are discussed in more detail here.

### **OPAs offer older persons an important forum for social engagement and participation in their communities that they value highly**

Interviews with stakeholders across the 4 research countries demonstrated that members of OPAs, particularly members of HelpAge-supported clubs, valued their membership, wanted to participate in club activities, and believed that their engagement in club activities was personally beneficial. Non-members were interested in joining the clubs and attracted by the kinds of activities the clubs were promoting.

An important benefit that members across all four countries derived from their club participation was enjoyment. In fact, the sheer pleasure and fun that members had from engaging in club activities was the most consistently cited



benefits that members put forth during interviews. They often explained ice breaker games, birthday celebrations, and other activities as making them feel “young,” “happy,” and “excited” and leading to “laughter.” While other activities, such as income generating loans, volunteerism, and health checks were also identified by interviewees, social enjoyment was the most commonly identified benefit and a primary reason that people stayed active in the club.

<b>Examples of interview responses to “What benefits do you get from membership?”</b>	
Social enjoyment	<p>“Makes me feel younger”</p> <p>“Lifts our spirits.”</p> <p>“A refreshing activity.”</p> <p>“We now celebrate our birthdays!”</p> <p>“It makes me feel happy. Before club, I just stayed at home.”</p> <p>“The club is more interesting and fun [compared to AE] and makes me feel young again.”</p> <p>“We have a lot of laughter.”</p> <p>“Before the ISHC, I already participated in AE, but this one is more fun, like we celebrate our birthday and receive a gift.”</p> <p>“The meeting makes me feel happy and excited. Even though you are 50, you feel 13 and forget your problems for a while.”</p> <p>“The value of the WoW group are the fun activities—the ice breakers—and livelihood topics.”</p>
Income Generating Loan	<p>“After the IG fund, I was able to expand my stationary store.”</p> <p>“I have a business and sell traditional drinks from my home. The loan helped me to do more with [the existing business].</p> <p>“I used the loan to expand my fish farm. The loan was 1,000,000 rupiah, and I sold the fish for 1,250,000. I</p>

	<p>used the loan to buy fish food. It is not significant income, it is more about feeling enthusiastic and healthy from doing it.”</p> <p>“The loan allowed me to invest in my grocery store. Before the loan, maybe I could buy 5 kilos of rice [to divide and resell], and after the loan I can buy 7 kilos. It is not a great profit because there is a supermarket in my neighborhood, but at least I can have some savings.”</p> <p>“The microcredit has been helpful for my chicken-raising.”</p>
Volunteerism – Home Care, Self-Help, and Community support	<p>“I feel useful [as a home care volunteer].”</p> <p>“I feel more confident because we are able to support one another, especially those with sickness. We contribute to a fund to make contributions to someone in a crisis.</p> <p>Before ISHC, we [community] had self-help spirit, but with ISHC now able to act upon it. The level is higher. Before we only visited if the person is sick or an accident, but now the frequency is higher. No longer on an emergency basis. After ISHC it is systematic and better organized.”</p>
Monthly health check	<p>“We also learn new things. We learned about our health. Many members found out their blood pressure was abnormal.”</p> <p>“The regular health check is an interesting activity for me.”</p>

Similar to social enjoyment, volunteering to do home visits also provided members with the benefit of feeling useful and enacting their moral desire to help others. In the cases of income generating loans, whereas the practical benefit may have been additional income, usually through the expansion of an existing business, some also reported more subtle benefits, such as having something to do. Health checks similarly had obvious, practical benefits, such as identifying hypertension, but also represented an area of interest and learning that seemed to go beyond simply improving their own health.

## **OPAs provide benefits and have value to stakeholder organizations including government entities**

Stakeholder organizations pointed to increased confidence among their members who were also members of OPAs, club members' improved access to financial resources through micro-credit loans, information-sharing between members and non-members, and club-sponsored community health screenings as some of the benefits they saw accruing to their organizations through the OPAs.

Government entities such as healthcare providers, agricultural extension and social service workers also saw value in the OPAs as mechanisms to support distribution of information to and from older persons. Stakeholders believe that OPAs are an effective mechanism through which older people can and do raise their collective profile with local government authorities and can promote increased standing of relevant stakeholders among older people.

## **Members and stakeholders believe OPAs, especially ISHCs and related models, build confidence and nurture a strong(er) sense of community among members**

ISHCs and similar model clubs in particular present effective and welcome forums through which older people can and do support others and give back to the community particularly through nurturing volunteerism, facilitating self-help and mutual support, and promoting shared learning. Interviewees expressed a desire to be involved, and that participation in an ISHC provided a forum for doing so. For example, an ISHC member in Viet Nam reported that he had wanted to visit neighbors who were sick, but was afraid to do so as an individual for fear of offending the neighbor's family. The ISHC, however, provided a context through which he could enact his desire to volunteer by legitimizing his involvement. It also provided a more organized system for home visits by making it a shared responsibility among members. In Cambodia, younger persons participating in WoW clubs also reported that they enjoyed helping the older people in their community by providing their skills to the CMB. This brought them closer to older people whom they otherwise may not have interacted closely with in their communities.

## **OPAs facilitate the recognition that older persons represent an important pool for local leadership**

In many countries, mandatory retirement policies push many skilled individuals into retirement at ages, such as 55 or 60, that are earlier than they may otherwise choose. The OPAs offer a forum through which members with important professional and other skills can share those skills for the benefit of the community and receive recognition for doing so. OPAs also act as a vehicle

through which those who may have had no previous access to local or regional authorities can forge new connections and attain a new status within the community.

### **Some level of government support for OPAs is a necessary, but not sufficient, condition to ensure the sustainability of OPAs**

Government support for the OPAs participating in this study ranged from permitting the establishment of an OPA or authorizing groups to meet, to providing spaces for meetings, sending representatives to participate in or observe club meetings, providing financial or other resource support for clubs such as training programs, and assisting in the mobilization of community resources. In Viet Nam, where the government adopted national policy explicitly endorsing the ISHC model and mandating that ISHCs be established in every province, stakeholders identified national government endorsement as a key catalyst to local authorities' engagement with and support for expansion of the model. In Cambodia, however, while the government has sanctioned OPAs, it has not provided specific guidance. This lack of guidance has led to the OPAs that have been established faltering and struggling to meet the needs of their members. Government support may be dependent on the ability of organizers to produce evidence that OPAs are effective and efficient. Thus, collecting regular data, both qualitative and quantitative, is important to ensure that organizers can demonstrate impact and garner government support for replication.

### **OPAs can promote the participation and engagement of older people in development, however, they may be most effective in boosting existing economic activity**

Across all 4 research countries, members of supported OPAs and would be members routinely pointed to the opportunity to secure small loans as one of the most attractive reasons to join the clubs. Members who had taken loans also advocated for loans to be made in higher amounts so that they could do more with them. Interest in loans and advocacy for greater amounts was strongest among the research countries in Viet Nam, perhaps because of its longer history with the ISHC model or other local circumstances. Where club members had borrowed funds from a club, in most cases they said they had used it for the benefit of an existing business or enterprise, such as for buying new inventory for an existing small shop or supplementing the work being done on their existing farm. Few reported having started a new business after receiving a loan, and even fewer connected the loans they received with the lessons the club offered on income-generating activities. To the contrary, in Indonesia and Cambodia in particular there was little evidence that any of the lessons being

taught during monthly meetings were leading to new economic activity on the part of members. Rather, members were using the new tips or techniques in their homes and with their families but not as a way to generate income for themselves or others.

The ISHC micro-lending program thus offered support members appreciated to augment existing economic activity but appeared to be less likely to prompt new economic activity among members.

Two important exceptions to this finding suggest possibilities for future development of the model. The first is the investment of a Phase I OPA into the creation of a waste bank. The waste bank offered a number of advantages over traditional micro-lending programs in that it was a collective activity that generated income for all of its members, a much broader group than the membership of the OPA itself. It also directly responded to a government strategy to expand the number of waste banks in rural communities to reduce waste, in part as a way of meeting Indonesia's commitments under the SDGs. Local authorities thus became key supporters of the waste bank activities, providing a space for the group to work and meet, which also benefited the OPA overall. And the waste bank nurtured a collective spirit within the community, with members supporting members' efforts to bring their waste to the collection spot, taking pride in cleaner roads and neighborhoods, and using some portion of the funds earned to support the community's neediest citizens, especially older people who were home-bound.

This project was not without its challenges. Because waste needed to be brought to a single collection spot to be counted, it was difficult for older people without transportation means or with physical limitations to bring it themselves. The work of sorting, weighing and collecting the waste was also physically demanding and those doing it were among the youngest members of the OPA. In fact, at a community meeting of the members of the OPA there was not a single person over the age of 50 in the room. Beyond the challenges within the club itself, local authorities also raised the potential risk of middle men exploiting the group and paying insufficient rates for the waste they collected or private competitors joining the market and pushing smaller operators like a village group out.

In both cases, a case could be made for government regulatory support to protect community-led efforts like this to reduce and recycle waste.

The second example is similar and involved the group ownership of a clean drinking water facility in Cambodia. In that case, the OPA received the profits from the sale of clean drinking water, but contracted out the more physical labor and management of the project to younger members of the community. In this circumstance as in the case of the waste bank, older persons were receiving the

benefit of economic activity that was recognized as valuable and needed within their communities and which was tapping into new and emerging entrepreneurial markets. Older people themselves, however, were less likely to be among those performing the work to bring those enterprises to fruition.

**Striking a balance between enforcing an organized structure governed by consistent policies and allowing local implementers of OPA models the freedom for creative innovation is key to ensuring OPAs respond to the needs of particular communities**

In focus group interviews in all 4 countries, the study participants emphasized that a key feature of HelpAge-supported OPAs, whether SANA Phase I or II, was that they offered an organized forum that made clear what members were expected to do. Yet, interviews also suggested that allowing flexibility for local innovations was key to ensuring the OPAs worked within specific contexts. Innovations ranged from small, such as membership badges in Bangladesh, to large, such as OPAs receiving one-time, lump sum grants in Indonesia that could be used for group, rather than individual, businesses. Monitoring, trainings, and other support activities should encourage the discussion of local innovations and seek to understand how deviations from the original model function in specific contexts.

**OPAs are an effective mechanism through which older people can raise their collective profile with local government authorities and can promote increased standing of relevant stakeholders among older people**

In all 4 of the research countries there is evidence that OPAs can be an effective mechanism through which the interests of older people are made visible to local authorities and older persons can themselves advocate for action on their behalf. During field visit interviews and focus groups with local authorities and other stakeholders in Viet Nam, Cambodia and Indonesia participants reported that after they became aware of the activities of OPAs/ISHCs/IGs in their respective communities they better appreciated the needs of older people and saw evidence of ways in which they could and wanted to be engaged in their communities. Some highlighted the benefits of intergenerational programs that promoted public safety agenda by connecting older and younger citizens and promoted shared learning, while others appreciated the ways in which public welfare messages could be shared and distributed rapidly through OPAs.

But the clearest evidence of the effectiveness of OPAs as a mechanism through which older people can engage in advocacy and promote their voice locally is in

the successful campaigns pursued in Bangladesh to change the way the Old Age Allowance is distributed and develop new criteria, as well as to provide other forms of support, including greater support of OPAs.

It is important to note that the success of the campaigns in Bangladesh may be in part attributable to the way in which OPAs are organized there. The hybrid OPA system promoted by HAIB streamlines advocacy activities and keeps them centred within the regional and union level OPAs. Members of those OPAs, who are drawn from among the strongest leaders of the lower level OPAs and ISHCs, are in a strong position to lobby government officials based on evidence and input gathered from their members below. This practice reduces the burden on lower level government officials to respond to multiple small groups while elevating the voices of those at the grassroots to much higher administrative levels with beneficial effect.

**OPAs work best when they are supported by strong local leaders, especially within the CMB. The evidence was less clear that OPAs are effectively transitioning to a second generation of leaders**

Across the 4 research countries interview participants across groups emphasized that one of if not the key factor in the ability of OPAs/ISHCs to function effectively is the strength and skills of their leaders. Dynamic, energetic leaders were able to effectively translate the training they received into action during monthly meetings of the clubs and were able to inspire members to join, foster feelings of fun and welcome, and promote a healthy atmosphere within their club membership. In Indonesia, for example, the chair of the Tridadi IG has a background as a social worker and longtime volunteer and leader in her community. Her IG was one of the most dynamic we visited throughout the research and members and potential members reported being excited about the activities they were doing and the benefits they felt they were getting from participation. Tridadi's chair entered the club into a competition evaluating community development initiatives and after winning at the local levels was still competing at the regional level at the time of the research visit. She had also been invited to speak at various government-sponsored events and was widely looked on as an important spokesperson for the IG model and its potential.

In a meeting with the other members of the Tridadi CMB, however, it was clear that much of the leadership commitment was coming from the chair herself. While the other members could speak to their respective portfolios, they all deferred to the chair as the core of the club (whose meetings took place at her home). While this is an example of the importance of recognizing the leadership talents of older people and providing them with a forum for using those talents, it also suggests a looming challenge with regard to the development of future

leaders. It was not clear whether there is a leadership pipeline being developed, beyond potentially the younger members of the CMB, or if there are clear or potential future leaders within the group who could serve the same functions as the current chair.

Beyond this one club, we saw little evidence that there were leaders in development if and when the existing leaders of ISHCs/OPAs choose to or need to retire or work less. Although the clubs have standards in place for transitioning to a new generation of leaders, interviews revealed that most members of the club management committees volunteered to continue and were re-elected. While this avoids the need for new training and takes advantage of the skills developed by existing leaders it risks burnout among the longest serving CMB members and reduces the opportunity for others to develop the skills necessary for clubs to succeed.

In addition to the challenge of transitioning to the next generation of leaders, it is not clear whether there are mechanisms in place to ensure clubs can effectively transition the information shared during training programs or whether new leaders will require additional training and support.

### **Members and stakeholders believe OPAs, especially ISHCs and related models, build confidence and nurture a strong(er) sense of community among members**

Universally, regardless of local context, one of the most consistent reasons older persons gave for participating in the clubs was that they were fun. In nearly every group interviewed, at least one person and frequently multiple members said that the birthday celebrations were one of their favorite things about club membership. The most significant evidence of growth in confidence came in most cases from stakeholders observing changes in those who became members of ISHCs. For example, in Viet Nam local leaders of the Women's Union repeatedly pointed to increased confidence among their members as one of the primary benefits they saw from membership in the ISHCs. There were two primary mechanisms for building confidence. The first was through public performance and speaking. In some interviews, club members pointed to their ability to give cultural performances publicly as a sign of their newfound confidence. In Indonesia, district and village-level competitions provided another venue for club members to speak in public, and explain the benefits of the IG club to both government officials and the general public. One IG recounted having won second place in such a competition with pride. Another mechanism that gave members confidence was through the leadership roles they played within the clubs. This included being a member in the CMB or being a small



group leader. The exercise of those responsibilities was new to many of the club members.

Another important aspect of the intergenerational OPAs is their intergenerational quality. In Viet Nam, there was particular concern regarding the loss of intergenerational solidarity. Government officials and club members all pointed to the intergenerational aspect of the ISHC as important. In Cambodia, however, the intergenerational aspect of the WOW clubs was even more pronounced, in which clubs often had members in their twenties that were active participants on the CMB. Crossing this age gap was a point of pride for some members. The 70 year old president of the Nom Kreab WOW club CMB, for example, pointed out that through the club, she now has a friendship with a 30 year old. The 30 year old, who was the vice president of the club, explained that working with the president and other older persons has been a real benefit to him, and serves as an example of how intergenerational solidarity can be built in the community.

### **ISHCs and similar model clubs present effective forums through which older people can and do support others and give back to the community particularly through nurturing volunteerism and shared learning**

Multiple focus group participants told the researchers they had been interested in volunteering in their community or doing something to help older people, but could not figure out how to do that until they joined the ISHC. Many members cited their ability to help others as a major benefit they drew from their membership in the club. While some members pointed to projects they had done, such as clean up a public space of plant flowers and shrubbery, the most salient form of giving back to the community was direct aid to individuals and sharing their newfound knowledge with others. For example, many ISHC members reported having been aware of the needs of individual community members, and a desire to help, but fear that intervening in the private affairs of another family would be inappropriate. The home visit program of the ISHC gave them the structure to be able to volunteer appropriately and provide the care they desired to give. Having a structure, that included training and shared responsibility, also addressed fears of attempting to help an individual community member alone.

## Recommendations:

### **Awareness raising, policies, and practical skills can ensure that those experiencing disadvantage are fully included as active club participants**

The UN Sustainable Development Goals (SDGs) challenge the international development community to 'Leave No One Behind.' This challenge underlines the barriers that many older persons face towards participation in development. Indeed, older persons are a population specifically targeted by the SDGs. Age, however, also intersects with other factors that marginalize certain older persons from development, including discrimination, geography, governance, socio-economic status, and shocks and fragility.<sup>108</sup> OPAs offer a potentially powerful vehicle to support the goal of leaving no one behind by providing services and support to the most vulnerable, especially older people with disabilities. In order to meet this challenge, however, and promote older people with disabilities as empowered agents in their communities, OPAs will need to take a broad view of inclusion.

In interviews across the 4 research countries, some of those who are not participating in the clubs suggested that they were too old, too sick, were caring for an elderly spouse or young grandchildren, and/or had too many responsibilities to be "active" members so chose not to join. In some contexts, the need to work itself presented a sufficient barrier that otherwise eligible individuals chose not to join. This suggests that the expectation of active membership, real and perceived, may be causing prospective ISHC members to not pursue membership in a club, despite those individuals representing vulnerable populations that are among those most likely to benefit from club activities—and meet the criteria of disadvantage that the ISHC model targets.

With respect to disability in particular, when older persons with disabilities were discussed by OPA members it was in the context of those to whom volunteers were providing home-based care services. Community members who were described as "bed-ridden" or "shut in" were the most common beneficiaries of home visits. While equating being disabled with being bed-ridden or otherwise severely impaired may be in part a reflection of social policies and regulations that define disability narrowly, it is important to note that the perception of

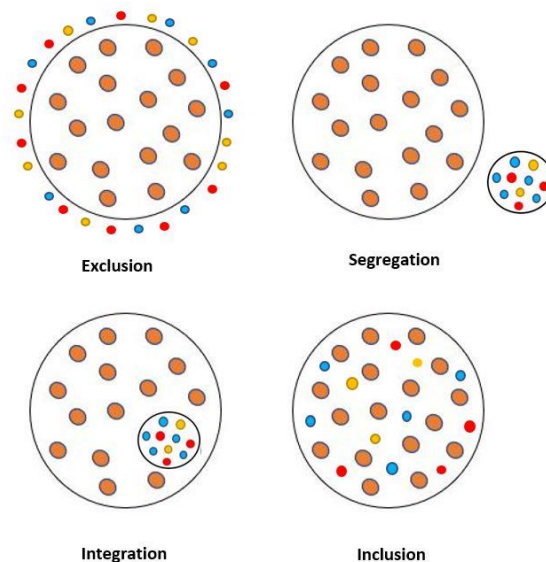
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<sup>108</sup> United Nations Development Programme. (2018). WHAT DOES IT MEAN TO LEAVE NO ONE BEHIND? A UNDP discussion paper and framework for implementation. July, 2018. Accessed 11/20/2019 at: [https://www.undp.org/content/dam/undp/library/Sustainable%20Development/2030%20Agenda/Discussion\\_Paper\\_LNOB\\_EN\\_Ires.pdf](https://www.undp.org/content/dam/undp/library/Sustainable%20Development/2030%20Agenda/Discussion_Paper_LNOB_EN_Ires.pdf)

persons with disabilities as dependents and objects of care plays a significant role in their exclusion and stigmatization.

The Convention on the Rights of Persons with Disabilities, to which all 4 of the research countries are parties, uses a social definition of disability to focus on the participation barriers that persons with long-term physical, mental, intellectual or sensory impairments experience. According to the CRPD, “disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.” Social barriers not only include discriminatory attitudes, but the lack of knowledge individuals, groups, and societies have regarding how to ensure access for persons with disabilities to physical environments, information and communications, and so forth through changes in the environment and individual accommodations.

The CRPD’s focus on participation, which in the case of ISHCs includes participation in the core activity areas, highlights the importance of including persons with disabilities as active participating members, rather than simply service recipients of clubs. Providing services, while important and no doubt beneficial to recipients, if done without inclusion can reinforce the perception that disadvantaged persons are outside of the club rather than fully included within it, as indicated in the chart below.



As many positive inclusive practices may already be ongoing at the local level, HelpAge and other partners may want to collect best practice models of inclusion from local clubs and include them in initial and ongoing trainings for CMB members and other stakeholders. For example, the Viet Nam Project SANA II

Midterm Country Report described instances in which ISHCs are accommodating persons with disabilities by providing escort services to meetings and other activities, documents in large print, seats during exercises and so forth that ensure access to members with physical impairments and visual impairments. These practices should be collected and disseminated through ongoing trainings and other means to ensure that all clubs are aware of them and can implement similar practices. HelpAge may also want to develop an awareness training module and model club policies regarding inclusion. An example of awareness raising regarding persons with disabilities, which may serve as a model for other groups that experience discrimination, may be to begin with Viet Nam, Indonesia, Cambodia, and Bangladesh's commitment to the Convention on the Rights of Persons with Disabilities (CRPD), which each country has signed and ratified.

**While OPAs provide important opportunities for older women to access resources and participate in leadership and advocacy that balance gender inequities, the gender responsiveness of programming is important to monitor**

In all 4 research countries, there are more older women than older men in the ageing population, and the social disadvantage experienced by older persons is disproportionately borne by older women. For example, in Bangladesh, just 2 percent of older women living in rural areas participate in the formal economy and many lack access to nutritious food, housing and healthcare and have little to no control over household income or family assets such as land.<sup>109</sup> Older women as a group are more likely than older men to experience disadvantage, to be poor, to be living with a disability, and to suffer from poor health quality of life. OPAs offer an important mechanism through which older women can access needed resources, including social engagement. In this way, they redress inequities associated with gender that compound as women age. As the number of OPAs grows and new ones mature, it is important to consider—and measure—how programming can be developed to further respond to the specific needs of women members and women in the community.

To address gender equity many programmes adopt indicators that track **gender balance**, which is the number of women and men. While gender balance can be an important factor, advancing gender equity requires attention to **gender responsiveness**, or the ways in which programmes respond to the differential needs of men and women, and **gender transformation**, or the way in which a programme shifts norms, power, institutions and relationships.<sup>110</sup> What this

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<sup>109</sup> M. Hamiduzzaman, et al. (2018).

<sup>110</sup> United Nations Evaluation Group. (2018). Guidance on Evaluating Institutional Gender Mainstreaming.

means is that it is important to assess whether the needs and interests of women members of clubs are different from those of men; whether they are addressed (as) effectively by club programmes and activities; whether there are needs and interests of women that club programmes and activities could address but currently do not; whether women are included in decision-making about club programmes and activities and whether they believe their input is valued and acted on, among other things. A detailed gender analysis was beyond the scope of the current project but would be a useful tool to support the goal of advancing gender equity through OPAs.

### **Being responsive to the time restrictions and needs of vulnerable older persons is important for sustainability**

Club participants, stakeholders and local authorities view the clubs as an investment of time, money, and energy. Interview participants emphasized that in many cases attendance at monthly meetings created hardship because they were forced to miss work, or otherwise give up the opportunity to earn income, etc., but that they chose to participate anyway because they believed they received valuable benefits from it. This means, however, that if clubs do not clearly meet community needs, especially the needs that are defined by the community members themselves as priorities, or are otherwise too great a demand on participants' time, they will ultimately not be sustainable. The time investment was also cited as a reason many individuals did not join or were relatively inactive. For example, a rural club in Indonesia cited the need for many impoverished older people to use the time to pick fruit, or the distance required to travel, as barriers to participation. Inactive club members also pointed to the need to run their small businesses, such as catering or laundry services, and would forego club activities when they had customer orders.

### **Maintaining a focus on quality clubs as the number of clubs expand is essential to maintaining support for the clubs**

Whereas Decision 1533 and other policy instruments focus on the rapid replication of ISHCs across the country, and include specific numerical targets, such as 2,000 additional ISHCs established between 2018-2020 with a minimum of 100,000 new members, long-term sustainability may require a greater focus on ensuring greater quality within the clubs than rapid expansion can accommodate. This should include the active development of leadership pipelines within ISHCs to ensure smooth transitions between leaders within clubs. A focus on quality may also better accomplish several goals, including the expansion of model clubs that can be used in training through club-to-club exchanges, addressing the needs of rural and urban communities that require

greater localization of the ISHC model, and inclusion of groups of disadvantaged persons that are currently unable to fully and equally participate in the ISHCs.

Throughout the research study in Viet Nam, exemplary ISHCs were pointed to as particularly useful in convincing stakeholders and potential members that an ISHC would positively contribute to their community. Therefore, it is important to continue fostering these high quality ISHCs, particularly in areas where few model ISHCs currently exist. CMBs and others routinely expressed a desire to visit another ISHC that they believed they could learn from, or discussed the usefulness of these exchanges when done in the past.

## **Conclusion**

When OPAs are at their most effective, they can play a vital role in the communities in which they are active. They offer real and meaningful benefits not only to older people but to governments and other stakeholders committed to ensuring older people have a good quality of life, with dignity and respect, and experience overall well-being. This research was designed to assess the conditions under which they are most likely to be successful and sustainable and to understand how they can advance broader social goals including gender equity and the inclusion of persons with disabilities. Although the conditions for success are not identical across all contexts nor are the strengths and challenges to success universal, there is clear evidence that OPAs are highly valued by those who participate in them and have the potential to be transformative in the lives of older people.

## ANNEX 1

### Site visits and focus groups conducted in Viet Nam, Indonesia, Cambodia and Bangladesh

**SUMMARY:**

	<b>Viet Nam</b>	<b>Indonesia</b>	<b>Cambodia</b>	<b>Bangladesh</b>
Days visited by research team	11	7	7	NA
Total number of persons participating in focus groups/interviews <sup>111</sup>	110	51 <sup>112</sup>	88	57
Intergenerational OPAs visited and/or observed*	5	5	4 plus CMB participants in training	NA
Days of training or workshop observed	2 (of 2)	1 (of 1)	2 (of 5)	NA
National, provincial and city authorities interviewed	23 <sup>113</sup>	2	1 at provincial level; 12 at commune level	1
Additional stakeholder organization representatives interviewed	19	14	2	11

\*ISHC (Viet Nam), IG (Indonesia), or WOW Clubs (Cambodia) were either visited in their home communities or observed during trainings conducted by HelpAge staff. The research team did not visit Bangladesh but conducted all focus groups over Skype.

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<sup>111</sup> This number does not include HelpAge and partner staff who were interviewed multiple times during the course of the research.

<sup>112</sup> This number includes 5 of 20 members of Nglumut Sub-Village IG, all of whom attended focus group but most of whom did not participate in Q&A.

<sup>113</sup> This number does not include local level representatives of the AE and People's Committee who are included in the row below.

**VIETNAM**

**ISHC member/nonmember focus groups:**

ISHC	Focus groups	No. of participants	Female	Male	Geographic context
Ha Son ISHC, Tu Son commune, Kim Boi district, Hoa Binh Province	CMB	5	2	3	Rural, mountainous, ethnic minority
	Non-members	5	1	4	
	Active members	5	0	5	
Thuy Ung ISHC, Phung Town, Hanoi	Non-members	4	2	2	Semi-urban
	Active members	5	5	0	
	CMB	5	3	2	
Trai Chuoi non-project ISHC, Hai Phong	CMB (ages 29 [unavailable for FG], 62, 63, 73 and 80)	4 plus 1 substitute	1 plus substitute	3	Urban
	Volunteers (not all members)	4	--	--	
	Active members (ages 62, 62, 68, 70 and 80)	5	--	--	
	Non-members	5	2	3	
Trai Chuoi project ISHC, Hai Phong	Volunteers (ages 56, 57, 58, 65, 69 and 72)	6	4	1	Urban
	Non-members	5	3	2	



	Active members	5	5	0	
	CMB	4	4	0	

**Stakeholder Focus Groups:**

<b>Location</b>	<b>Organizations</b>	<b>Participants</b>
Group 18 ISHC, Tan Think ward, Hoa Binh Province	Tan Think Health Center Tan Think Fatherland Front Tan Think AE (multiple administrative levels) Tan Think Women's Union (VWU) Tan Think Farmers' Union	Chair of the VWU Residential Center; Chair of the Residential Center Party Committee, Fatherland Front and Farmers' Union Chair of the Farmers' Union at the ward level and agricultural extension service; Head of the Health Center; Head of the city AE; Vice-deputy of ward AE; Head of clubs and business enterprise at AE
Thuy Ung ISHC, Phung Town, Hanoi	Residential Group and Party Council Farmers' Union (local level) VWU (local level) Veterans' Union (local level) Health Center Dan Phuong District Association of the Elderly Phung Town Association of the Elderly	Head of the Residential Group and Party Council Secretary; Head of the Farmers' Union (local level) (also member of ISHC CMB); Head of the VWU (local level); Head of the Veterans' Union (local level); Representative of the Health Center (also member of CMB);

	Thuy Ung Association of the Elderly	Head of the district level AE; Deputy head of the district level AE; Head of the village level AE; Head of the commune level AE
Trai Chuoi ISHCs, Hai Phong	Trai Chuoi Association of the Elderly Trai Chuoi Women's Union Trai Chuoi Veterans' Union People's Committee (ward level)	Chair of ward AE (also member of CMB of non-project club) Chair and vice-chair of district AE Chair, vice-chair and former chair of Residential Group AE Chair of People's Committee at ward level Vice-chair of ward VWU (also member of project club CMB) Head of Veterans' Union (local level) Population officer of ward People's Committee

***Interviews with city, provincial and national authorities:***

<b>Location</b>	<b>Offices</b>	<b>Participants</b>
Hanoi	Ministry of Labor, Invalids and Social Affairs (MOLISA)/Social Protection Bureau	Vice-president of the Social Protection Bureau, MOLISA Deputy Director of Policies in the Social Protection Bureau, MOLISA

		Program Officer in the Social Protection Bureau, MOLISA
Hanoi	Ministry of Health/General Office for Population and Family Planning	Vice-chair of Population Department Representatives from International Relations department
Hanoi	National Association of the Elderly	Vice-chair of the Standing Committee of the National AE Head of the International Relations Department of the National AE Specialist in the International Relations Department of the National AE
Hoa Binh Province	Hoa Binh Provincial People's Committee Association of the Elderly	Provincial People's Committee officer responsible for social issues; Chair of provincial AE Vice-chair of provincial AE
Thanh Hoa Province	Thanh Hoa Province AE	Vice-chair of provincial AE
Hanoi City	Hanoi Association of the Elderly Departmental office of MOLISA	Chair of the Hanoi City AE Head of the Social Protection Bureau in the Departmental Office of MOLISA (DOLISA) Members of Standing Committee of Hanoi City AE
Hai Phong City	Hai Phong Association of the Elderly	Chair of Hai Phong City AE, member of the Standing Committee at the provincial level;

		<p>Vice-chairman and vice-chairwoman of Hai Phong City AE;</p> <p>Project officers of Hai Phong City AE;</p> <p>Program manager of Hai Phong City AE</p>
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***Participant Observations:***

<b>Location</b>	<b>Activities</b>	<b>Participants</b>
Lang ISHC, Kim Binh Commune, Kim Boi district, Hoa Binh Province (3 months of operation)	Monthly meeting; homecare visit with volunteers; visit to income generating project	
Thai Binh Province	Two day project training	CMB members of 5 ISHCs (5 groups of 5-6 each, 60 percent men); also attended by vice-chair of Thai Binh AE, chair of provincial AE, chairs of 3 district AEs and AE staff from commune level

**INDONESIA****ISHC member/nonmember focus groups:**

ISHC	Focus groups	No. of participants	Female	Male	Geographic context
Tridadi IG, Sleman Yogyakarta (Phase II IG)	CMB	5	5	0	Semi-urban
	Non-members	5	5	0	
	Active members	6	5	1	
	Shared members (BKL Tridadi and IG)	5	5	0	
Nglumut Sub-Village IG, Magelang District, Central Java (Phase I IG)	Group discussion with IG members	~20 (5 above the age of 50)	~20	3-4 men present, membership status unclear	Rural
Tirtowening LKS (Lembaga Kesejahteraan Sosial Welfare) Organization, Tirtowening, Yogyakarta (non-project OPA)	CMB chair, treasurer, 2 volunteers and representative of Division of Older People	5	4	1	Semi-urban
Prasojo IG, Triharjo Village (Phase II IG)	CMB	4	4	0	Semi-urban

**Stakeholder Focus Groups:**

<b>Location</b>	<b>Organizations</b>	<b>Participants</b>
Tridadi Village, Sleman Yogyakarta	Tridadi Social Empowerment Sector, Village Govt. Tridadi Police Tridadi Public Health Center Tridadi Social Agency Tridadi Social Agency Tridadi BKL (Older People and Family Empowerment Program)	Head of subvillage Head of village section for social empowerment Community security and safety specialist (Police Office) Community leader at subvillage level Coordinator for community health at public health center Tridadi midwife Social facilitator for the Social Agency BKL Board members (4)
Trimulyo Village, Sleman Yogyakarta		Representative of Health Agency (from Public Health Center of Sleman sub-district)
Nglumut Sub-Village, Magelang District, Central Java	Nglumut village and subvillage leadership Nglumut Women's Union	Heads of the Nglumut village and subvillage Head of the Women's Union (village/subvillage level)

**Interviews with local and national authorities:**

<b>Location</b>	<b>Offices</b>	<b>Participants</b>
Sleman District, Yogyakarta	Sleman District Regional Commission of Older People	Vice-Regent of Social Protection Agency
Social Agency (Dinas Sosial) Office, Sleman District		Representative of Sleman District Social Agency

**Participant Observations:**

<b>Location</b>	<b>Activities</b>	<b>Participants</b>
Trimulyo Village IG	Monthly meeting	IG members; village official; health center representative
Tridadi IG	Health check, morning exercise (walking and aerobics), monthly meeting	IG members; community leaders
Nglumut Sub-Village, Magelang District, Central Java	Operation of waste bank	IG CMB members
YAKKUM Rehabilitation Center Office	YAKKUM Strategic Interventions on Opportunities and Program around the issue of Older People  Half Day knowledge-sharing and strategic planning meeting focused on older persons.	YAKKUM Extramural Units (YAKKUM Rehabilitation Center, YEU, CD Bethesda, UPKM Rumah Sakit)  Representatives of Social Protection Agency and Health Agency for Yogyakarta province (Dinas Sosial Daerah Istimewa)  Representative of Social Agency department on health care (Posyandu)

**CAMBODIA**

**ISHC member/nonmember focus groups:**

ISHC	Focus groups	No. of participants	Female	Male	Geographic context
Kampong Preah, Sangke District WOW (OPA formed in January 2018; WOW in April 2019)	CMB	7	3	4	Rural
	WOW and non-WOW members	10 (5 WOW members, 4 non-WOW OPA members and 1 non-member) (3 over the age of 60)	--	--	
Sdey Leur, Ek Phnom District WOW	CMB	4	1 (age 66) (CMB chair)	3 (ages 70, 73 and 76)	Rural
	WOW and non-WOW members	10 (7 WOW members, 10 OPA members)	8 (2 under age 40, 1 between 40 and 50, 5 over 60)	2 (over age 60)	
Tum Pong, Thmor Kol District WOW	CMB	5	1	4	Rural
	WOW and non-WOW members  (CMB and WOW/non-WOW FG participants: 2 under age 40, 2 between 40 and 50, 2 between 50 and 60 and 9 over 60)	10	4	6	



Nom Kreab, Krong Battambang WOW (OPA established in February 2018; WOW in August 2018)	CMB  WOW and non-WOW members	5  13	3  11 (2 between age 40 and 50, 9 over age 60)	2  2 (1 between 50 age 60, 1 over 60)	Urban
O Chameb Village and Prek Trop Village	CMB members at training	4	1 (age 19)	3 (ages 29, 44 and 65)	Rural
Sosor Pok village	CMB members at training	3	2 (ages 37 and 51)	1 (age 53)	Rural
Kampong Cheng village (WOW group established February 2019)	CMB members at training	2 (vice-chair of WOW and vice-chair of OPA; chair of WOW and treasurer of OPA)	1	1	Rural

***Stakeholder Focus Groups:***

<b>Location</b>	<b>Organizations</b>	<b>Participants</b>
Battambang	Village Support Group (member of Cambodia Ageing Network)	VSG chair
Battambang	Habitat for Humanity-Cambodia	Area Manager

***Interviews with local and national authorities:***

<b>Location</b>	<b>Offices</b>	<b>Participants</b>
Battambang	Provincial Department of Social Welfare	Social Welfare Officer
Sdey Leur, Ek Phnom District	Sdey Leur Commune	Commune leader, village authority

Kampong Preah	Kampong Preah Commune	Commune leader, 2 members of Commune Council
Tum Pong, Thmor Kol District	Tum Pong Commune	Commune leaders (2)
Nom Kreab	Nom Kreab Commune Council	Commune leader Village leader 2 members of Commune Council Head of Children's and Women's Committee at the commune level

***Participant Observations:***

<b>Location</b>	<b>Activities</b>	<b>Participants</b>
President Hotel, Battambang	HelpAge 5-day Training of Trainers (ToT)	CMB members of 5 WOW groups

**BANGLADESH****Summary of online focus groups:**

<b>Organization</b>	<b>No. of Participants</b>	<b>Female</b>	<b>Male</b>
CMB members of ISHCs	20	7	13
Members of Regional OPA	14	4	10
Betgari Union OPA	11	2	9
Representative of Social Service Department (sub-district Social Welfare Officer)	1	0	1
Rangpur Group	4	1	3
SHARE Foundation	7	2	5

## ANNEX 2

### Research Methodology & Workplan

#### I. Purpose

The key purpose of this action-based research study is to support learning on and development of the OPA model. The Terms of Reference describe 4 primary objectives for the study, including to:

- a. Identify the key drivers that produce strong, effective, affordable, sustainable and replicable OPA models in Vietnam;
- b. Provide an understanding of the strengths and weaknesses of the OPA model(s) in the four target countries, exploring options and recommendations for future development and addressing challenges across the region or for individual countries within the study;
- c. Identify how the OPAs contribute to or support the below areas and how these relate to their respective successes or challenges:
  - i. Participation and involvement of Older People in their own development including engagement with government and other relevant agencies
  - ii. Development of strong local leadership
  - iii. Build dignity, confidence and trust for members
  - iv. Encourage problem solving and opportunity to support others or give back to the community
  - v. Promote gender equity and inclusion of people with disabilities

#### II. Approach

The intent of this project is to use an action-based research methodology that includes and integrates stakeholders to the fullest extent possible, and considers them partners in the research process, rather than merely subjects of research. Action research is typically conceived of as “a joint venture between external researchers with [group] members over . . . a matter which is of genuine concern to them”.<sup>114</sup> The most important contribution of action research is that it “opens up and facilitates spaces within which alternative social and organizational paradigms could be nurtured”.<sup>115</sup>

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<sup>114</sup> Eden, C. & Huxham, C. (1996). Action research for the study of organizations. In S. Clegg, C. Hardy, & W. Nord (Eds.), *Handbook of organization studies*, 526-542. London: Sage.

<sup>115</sup> Cullen, J. (1998). The needle and the damage done: Research, action research and the organizational and social construction of health in the “information society”. *Human Relations*, 51(2), 1543-1564.

Within this space, it is not only important that older persons and other members of Older People's Associations (OPAs) and Intergeneration Self-Help Groups (ISHGs) and the larger communities where they live are heard, but that they are able to engage one another in meaningful dialogue in order to build a collective vision that incorporates diverse individual experience. The key to accomplishing this is local participation.

In order to maximize opportunities for stakeholder participation and co-production of evidence, the approach we intend to utilize includes:

- Focus groups of approximately 5 members each;
- Semi-directed interviews with individuals and pairs; and
- Participation in and observation of group meetings and trainings.

Focus groups and group meetings provide an important way for stakeholders not only to engage with researchers but also to engage with each other in discussions on how to strengthen their clubs and communities and/or resolve barriers to member participation.

### **Prioritizing qualitative depth**

This study prioritizes qualitative research over quantitative research as the best suited means for understanding individual and group participation in OPAs and the implications of that participation overtime regarding OPA sustainability and growth. Qualitative research must be necessarily deep in order to ensure that conclusions are representative of a general meaning or behavior across a group rather than representative of a single instance or perspective. Therefore, the "logic of recursivity"<sup>116</sup> demands that the same methods are repeated a multiplicity of times in order to capture the full range of results and to adjust research questions so as to incorporate new information as it is learned. Semi-directed interviews, focus groups, and participant observation will be used with a wide range of stakeholders in order to understand a multiplicity of experiences with OPAs, and reach conclusions regarding the role that gender, disability, age, and other identities and experiences shape OPA participation and practices. The research team will also include the full range of relationships with OPAs, from OPA leadership positions through to community members without direct involvement with the OPA. This will enable the research team to capture a range of meanings and behaviors regarding OPAs participants, leaders, and other stakeholders make regarding OPAs and how those meanings and practices develop over time.

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<sup>116</sup> Cho, J., & Trent, A. (2006). Validity in qualitative research revisited. *Qualitative research*, 6(3), 319-340.

## **Incorporating multiple stakeholders**

As OPAs are community-based development organizations, we believe it is important to include multiple forms of stakeholders in the data collection process. These stakeholders include government officials who are supportive of OPAs and/or ISHG, third parties such as health care providers or agricultural extension workers who support or work with OPA members and/or volunteers, and leaders within mass organizations such as the National Association of the Elderly, Women's Union and/or Farmers' Union and others who can discuss the role that OPAs and/or ISHGs play within local communities and within families. Each of these stakeholders are identified in the table in Annex 3.

## **Building on existing research**

Action research typically involves a spiral process of data collection to determine goals, action to implement goals, and assessment of the results of the intervention.<sup>117</sup> Given the amount of existing research on the impact of OPAs in particular areas, such as health, income and social protection of older people, and the new ISHG models which are being piloted in 3 of the 4 study countries, we anticipate that the focus of the present study will be on the second and third stages in the action research process, namely an investigation of the actions being taken to implement the goals derived from prior research, and an assessment of how effective those actions are proving to be and the reasons for their success.

## **III. Data Collection**

Building on Phase I of the SANA Project, the research team, in consultation with HelpAge staff, will utilize a number of methods to identify and understand the key drivers that produce strong, effective and sustainable OPA models in Viet Nam, and explore pathways for future development of OPAs in the four target countries.

The research will include the collection of both primary and secondary data. Primary data will be gathered through field visits that should include:

- participatory observation of regularly scheduled activities and/or monthly meetings or specialized trainings;
- key informant interviews, especially appropriate for government officials, local partners, and club leadership;

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<sup>117</sup> Bargal, D. (2008). Action Research: A Paradigm for Social Change. *Small Group Research* 39(1), 17-27.

- in-person focus group discussions with select groups, described in detail in Annex 2; and
- case study development through visits with ISHG or OPA members and volunteers to income production sites and/or home visits.

## **Participant observation**

Participant observation is a widely used research method across the social sciences,<sup>118</sup> including for understanding organizational behavior.<sup>119</sup> Participant observation is defined as the "the systematic description of events, behaviors, and artifacts in the social setting chosen for study."<sup>120</sup> In this case, it will be used for understanding the organization and practice of OPAs, including the organizational dynamics related to membership. Participant observers seek to capture the "who, what, when, and how" of local practices in order to understand the roles people fulfill, the problems they address, and the activities they implement. This is achieved by participating in meetings, events, and daily activities within the field site, such as a local OPA, and recording those observations in field notes for later analysis. The research team and local stakeholder researchers will seek to observe a variety of OPA activities during the research period, including activities such as: leadership trainings, general meetings, committee and subcommittee meetings, advocacy activities (i.e. meeting with local officials), group exercise, health checks, home visits, art and culture events, and other aspects of organizational life.

## **Key informant interviews (KIIs) and focus group discussions (FGDs)**

To deepen the understanding of actors, organizations, and initiatives, the research team will conduct key informant interviews (KIIs) and focus group discussions (FGDs) with the leadership, active members, inactive members, and non-members of OPAs; and appropriate representatives from relevant government ministries at the local, district/regional, and national levels; UN or international aid staff, related civil society networks and organizations, and any other stakeholders who are identified as important by the research team in consultation with the HelpAge staff.

This research project will utilize a semi-directed (or semi-structured) approach to interviewing key informants. A semi-directed interview approach distinguishes itself from directed (or structured) interviews, which follow a rigorous set of questions, by asking more open-ended questions organized around key themes that allow interview subjects to divert<sup>121</sup>. The semi-directed approach allows

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<sup>118</sup> Kawulich, B. B. (2005, May). Participant observation as a data collection method. In *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research* (Vol. 6, No. 2).

<sup>119</sup> Vinten, G. (1994). Participant observation: a model for organizational investigation?. *Journal of Managerial Psychology*, 9(2), 30-38.

<sup>120</sup> Marshall, C., & Rossman, G. B. (1989). *Designing Qualitative Research* Sage Publications. Newbury Park, California.

<sup>121</sup> Newcomer, K. E., Hatry, H. P., & Wholey, J. S. (2015). Conducting semi-structured interviews. *Handbook of practical program evaluation*, 492.

research subjects to become co-producers of data by introducing ideas that would otherwise not be included. Ideally, a semi-directed interview is a dialogue where the interviewer and interviewee have equal ability to direct the flow of conversation. The interviewee, however, knows the themes to be explored and will occasionally bring the conversation back onto course. In this study, semi-directed interviews are expected to last between twenty minutes and a full hour. A list of key informants and interview themes are available in Annex 4.

Focus group discussion (FGD) is an important way of bringing people together from similar backgrounds or experiences to discuss a specific topic<sup>122</sup>. FGDs are facilitated by a moderator who introduces themes and asks open-ended questions regarding the issue of concern, such as the functioning of an OPA. The goal is to have a lively discussion among equals, each of whom believes they have important information to share, including sharing their individual experience. Ideally, participants will respond to one another, rather than the facilitator, in a collaborative, knowledge development process. Focus groups of five to six members will be formed to explore identity-specific and cross-cutting perspectives. For example, some focus groups should only include women or men, to explore gender-specific understandings of OPA participation, whereas other focus groups will want both women and men together to discuss other issues.

The research team will ensure that interview and discussion guides are provided in an accessible format to each informant (e.g. read out loud in person, VoIP technology, hard copy, or a format that screen readers are able to access). Data gathered through KIIs and FGDs will be used to inform the final study report including case studies. The semi-directed interview and focus group discussion prompts and list of desired individual interview and focus group compositions are available in the Annex 5.

## **Case study development**

For this study, the research team will use case studies to highlight positive and negative practices<sup>123</sup> that act as facilitators or barriers to OPA participation, sustainability, and relevance in the lives of the community members that they represent. The case study approach will aim to fill potential gaps in information identified through the progress reports and survey data collected by HelpAge and will be used to promote a full understanding of the key drivers of OPA

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<sup>122</sup> Krueger, R.A. (1988) Focus Groups: A practical guide for applied research. Sage, UK.

<sup>123</sup> Positive practices refer to practices that are in keeping with human rights standards and principles, are inclusive of civil society input (i.e. young people with disabilities), have demonstrated or are likely to demonstrate impact in promoting access to SRHR and/or reductions in GBV, incorporate mechanisms for self-evaluation, and are accessible and sustainable.



sustainability and membership participation. Case studies will be identified in consultation with local stakeholders. For each case study, the following elements will be included:<sup>124</sup>

- a. **The Problem:** Identification of a specific problem that has been identified and/or addressed; explanation of why the problem is important; outline of how the problem was effectively identified
- b. **Planning:** Overview of the planning process
  - i. Information gathered and analysed, including new data collection and the identification of potential intervention models
  - ii. Participants/stakeholder representation in the planning process
  - iii. Budgeting and funding
  - iv. Presentation to stakeholders and incorporation of feedback in the final plan
- c. **Steps taken to address the problem:** Implementation of the plan including preparation, inception, development over time, etc.
- d. **Challenges** faced in implementing the solution and how they were met including expected and unexpected barriers/impediments and changes/adaptations in response to them
- e. **Results:** Outcomes in both the initial and subsequent phases
- f. **Sustainability:** Long-term funding and development of capacity
- g. **Lessons Learned/General principles drawn and replicability:** How knowledge from this case study be applied in other contexts or to other problems

Case studies on barriers to OPA participation, sustainability, and relevance and the positive practices that have been put in place to address them will be collected through the KIIs, FGDs, participant observation, and site visits. Suggested topics may include good practices in leadership transition, sustainable home visiting programs, sustainable micro-credit/rotating funds, general meeting planning and implementation, membership participation, and so forth.

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<sup>124</sup> This framework is based on Pathfinder International's Preparing a Case Study: A Guide for Designing and Conducting a Case Study for Evaluation Input (2006) at: <http://www.pathfinder.org/publications-tools/pdfs/Preparing-a-Case-Study-A-Guide-for-Designing-and-Conducting-a-Case-Study-for-Evaluation-Input.pdf>.

## **Secondary data collection**

Secondary data is currently being gathered via an in-depth desk review. Additional secondary data in the form of baseline assessments or evaluations of particular OPAs or OPA models, surveys of members, and other sources of data may be identified and passed along to the researchers through conversations with HelpAge staff, OPA members, and other stakeholders over the course of the study.

Given the amount of information that is being collected by HelpAge country and regional offices, including regular monitoring visits and surveys/evaluations, and the length of time reserved for field research, which is limited to no more than a week in 3 of the 4 locations, the research team is intending to review and likely rely on this data for understanding the full breadth of OPA diversity, particularly in Viet Nam. Thus, the research team's visit will instead be focused on gaining qualitative depth by looking at a limited number of OPAs in each research site, particularly in Viet Nam, rather than attempting to cover the full geographic and context-specific diversity represented. If the HelpAge team feels otherwise, we welcome further discussions on this topic.

## **Stakeholder participation in data collection and analysis**

A core element of action research is the recruitment, training and support of organization members as facilitators of change.<sup>125</sup> Within action research, participants are recognized as equal partners in the project.<sup>126</sup> In order to achieve this, research subjects must also be co-producers of the research itself. We anticipate accomplishing this objective through the use of extensive focus groups. However, it may also be possible to work with one or more local stakeholders as a partner in data collection and assessment. During the field visits, the researcher(s) will work with local staff and leadership to determine whether it would be appropriate to work with one or more local research partners and, if so, identify one or two community members to participate in that capacity.

Given the large geographic area we will be covering in Vietnam, it may not be feasible to use a local researcher there, but may be more likely in Indonesia, Bangladesh, and Cambodia, where the majority of OPAs are in closer vicinity to one another). Preferred criteria for identifying local researchers include: Leadership and/or professional experience (i.e. a retired civil servant or teacher), past experience in research as either a participant or researcher, high

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<sup>125</sup> Bargal, D. (2008). Action Research: A Paradigm for Achieving Social Change. *Small Group Research* 39(1), 17-27.

<sup>126</sup> Id.

level of literacy for taking written notes and preparing short reports, strong inter-personal skills, respect for local diversity (racial, ethnic, religious, etc.), and, if possible, English language capability.

In addition to local researchers, the research team looks forward to working closely with the HelpAge local country offices to further develop and receive input on the research tools, especially with regard to their cultural relevance and appropriateness; discuss what, if any, additional tools would be valuable as the research unfolds; and otherwise discuss and learn from each other regarding best practices in the gathering of qualitative data in each local context.

#### **IV. Limitations**

Qualitative research generally and case study research specifically carry significant research implications regarding the reliability, validity, and generalisability. The researchers play a very significant role in data collection through site visits, interviews, and the facilitation of focus groups and so forth. This means that the quality of the research depends on the quality of the researchers themselves. The participatory nature of the data collection, while in keeping with a critical disability studies approach to involving persons with disabilities in research themselves, carries the added responsibility of ensuring that all involved researchers are supported in collecting reliable data. Therefore, national researchers will be trained, mentored, and guided to ensure the quality of their research. Case study research by its nature is specific to cases embedded in particular environmental contexts, making generalisability more difficult than broad-based research. The importance of case studies, however, is to preserve the complexity of cases often lost in larger samples and to play a generative role in identifying themes, principles, and patterns that can be used in developing new research in fields where there is little existing knowledge. In short, it begins the process of filling gaps in existing knowledge.

#### **V. Ethical Principles**

This study will utilize the Economic and Social Research Council (ESRC) Framework for Research Ethics (2015) definition which states that ethics are “the moral principles guiding research, from its inception through to completion and publication of results and beyond”.

As taken from the Review of the Ethics Principles and Guidance in Evaluation and Research commissioned by DFID's Evaluation Department,<sup>127</sup> we recognize that ethics:

- a. Are about the different behaviors and relationships involved throughout research and evaluation processes—from commissioning and design through to data archiving;
- b. Help us to balance the goals of research and evaluation with the rights and interests of those being evaluated or researched, and;
- c. Are subject to differing interpretations and complex judgements made in unique circumstances.

Given the participatory and qualitative nature of this research and the involvement of human subjects, the study will utilize the ethical principles of the London School of Hygiene and Tropical Medicine (LSHTM) which have their basis in the Belmont report. LSHTM's ethical principles centre around three basic principles: respect for persons, beneficence, and justice. These principles are presented in more detail below and can also be accessed on LSHTM's website.

Respect for persons centres around the concept of autonomy, which refers to a person's ability to make free choices about themselves and about their own life. As a result, the principle of respect for persons divides into two ethical convictions:

- a. That people who are capable of deliberating about their choices and acting on those deliberations be afforded respect with regards to their autonomy.
- b. That persons with impaired or diminished autonomy be afforded protection against harm or abuse.

When applied to research involving human subjects, respect for persons requires that each participant enters into the research voluntarily, with enough information that they are able to make an informed decision and that they retain the right to withdraw from the research at any point without fear of negative consequences.

The process of informed consent provides the opportunity to ensure that the requirements of respect for persons are met. Informed consent is generally considered to be comprised of 3 elements: information, comprehension and voluntariness. These are the elements that the ethics committee will take into account when reviewing the informed consent processes proposed in the applications they receive.

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<sup>127</sup> Groves Williams, Leslie, Dr. Review of Ethics Principles and Guidance in Evaluation and Research. 2016. Accessible at : <https://www.oecd.org/dac/evaluation/DFID-Ethics-Principles-Report.pdf>

- a. Information:** Generally, items included in the information sheet given to participants would include: the research procedure(s), their purposes, any risks and potential benefits, alternative therapies available (where applicable), a statement offering the participant the opportunity to ask any questions, and a statement informing the participant that they are free to withdraw from the research at any point. This list is not comprehensive and which information to include should be considered on a case by case basis for each study.
  
- b. Comprehension:** In order for consent to be considered informed, the participant must be able to comprehend the information that they are being given. There are many factors that can impact a participant's ability to comprehend the information they are being given. These can include: the maturity of the participant, the language used, providing insufficient time for consideration and not providing the opportunity to ask questions. It is the investigators responsibility to ascertain whether participants have comprehended the information. In some situations, for example when the potential risks are more serious, it may be appropriate to test comprehension before accepting consent.
  
- c. Voluntariness:** This element of informed consent requires that consent is given in an environment free from coercion or undue influence. Coercion refers to when a threat of harm is presented to the participant in order to gain compliance. Undue influence refers to when a participant is encouraged to consent to research/take risks that they would normally deem unacceptable through the offer of an excessive, unwarranted or inappropriate reward. Undue influence also includes pressures put on the participant by other persons in positions of authority to pursue a particular course of action.

The principle of **beneficence** dictates that the maximum possible benefit be derived from research with the minimum possible risk of harm. This does not mean that there must never be any risk, but that the risk must be reasonable in relation to the expected benefits. When applied, the obligations that arise from the principle of beneficence are that the research design should be sound, an assessment of risks and benefits should be carried out, and the investigators should be both qualified and competent to conduct the research and ensure the well-being of the participants.

**Justice** requires that both the burdens and benefits of research are equitably distributed and that participants are treated equally, fairly and impartially. Application of this principle would dictate that researchers take careful consideration over the selection of participants for their research. This can be applied on two levels; the social and the individual. Social justice requires that

for research involving risks, and that does not include a therapeutic component, that a class of persons who are considered not/less burdened by other factors (e.g. racial, economically, or are very sick) are called upon first to accept these risks. Individual justice requires that researchers select participants fairly. This means that individuals should not be selected for potentially beneficial research purely because they are in the researchers favour. Alternatively, researchers should not select only 'undesirable' individuals to take part in risky research.

### Annex 3

**[APPROVED] OPA/ISHC Field Site Matrix (to be modified for each country):**

	<b>Old Model HelpAge- supported OPA</b> <i>(local level)</i>	<b>New Model HelpAge- supported OPA</b> <i>(local level)</i>	<b>Non- HelpAge OPA</b> <i>(local level)</i>	<b>Regional &amp; National Level OPA networks and federations</b> <i>(i.e. sub-district, district, national levels)</i>
<i>Rural</i>				
<i>Urban</i>				
<i>Minimal activities</i>				
<i>Maximal activities</i>				
<i>Old leadership</i>				
<i>New leadership</i>				
<i>Regional diversity as appropriate (i.e. coastal, mountainous , etc.)</i>				

**Research Terms:**

- Rural: The majority of members are engaged in agriculture.
- Urban: The majority of members are engaged in non-agriculture income-generation.
- Minimal activities: Just one or two ongoing activities, such as general meetings and/or micro-credit/rice banks.
- Maximal activities: Many ongoing activities in addition to general meetings and/or micro-credit/rice banks, such as health checks, exercise clubs, home visit volunteer, etc.

Old Leadership: The committee members have been in position for several years.

New Leadership: Key committee members have been in position for two years or less.

Region 3: i.e. Northern, Southern, or Central

**Partner Interviews:**

<b>Bangladesh</b>	<b>Cambodia</b>	<b>Indonesia</b>	<b>Vietnam</b>
<i>SHARE Foundation</i>	<i>Ministry of Social Affairs, Veteran and Youth Rehabilitation</i>	<i>Yakkum Emergency Unit</i>	<i>Vietnam National Network on Ageing</i>
<i>Diabetes Association</i>	<i>Additional relevant civil society &amp; government partners</i>	<i>Social Agency of Sleman District</i>	<i>Vietnam Women Union</i>
<i>Rangpur Group</i>		<i>PKK Group</i>	<i>KOICA</i>
<i>Additional relevant civil society &amp; government partners (i.e. government ministries for health, social affairs, etc.)</i>	<i>Additional relevant civil society &amp; government partners (i.e. government ministries for health, social affairs, etc.)</i>	<i>PKH-Family Welfare Program</i>	<i>Additional relevant civil society &amp; government partners (i.e. government ministries for health, social affairs, etc.)</i>
		<i>Additional relevant civil society &amp; government partners (i.e. women empowerment agency, micro-enterprise agency, etc.)</i>	
<i>Additional partners as recommended by HelpAge Country staff</i>	<i>Additional partners as recommended by HelpAge Country staff</i>	<i>Additional partners as recommended by HelpAge Country staff</i>	<i>Additional partners as recommended by HelpAge Country staff</i>



### Annex 4

***[APPROVED] OPA/ISHC Interview Subject Matrix: Key Informants and Focus Groups:***

	<b>Active Member</b>		<b>Previously Active, Passive or Ex-Member</b>		<b>Non-Member</b>	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
<i>Multigenerational household</i>						
<i>Single or spouse-only household</i>						
<i>Low income/poor</i>						
<i>Middle or high income</i>						
<i>Disabled</i>						
<i>Younger Old</i>						
<i>Older Old</i>						
<i>Non-old (from multigenerational OPAs)</i>						

**Research Terms:**

Active Member:	Regular attendance to general meetings and activities and a volunteer or sub-committee member.
Previously Active Member:	Was an active member, but is now a passive or ex-member.
Passive Member:	Attends general meetings, but participates in few or no additional activities and does not volunteer, participate on a subcommittee, or otherwise participate.
Ex-Member:	Was a member in the past, but is no longer.
Non-Member:	Is not and was not a member.
Gender:	Male or female.
Multigenerational household:	Living with children, nieces or nephews, and/or grandchildren.
Single or spouse-only household:	Living alone or alone with spouse.
Low-income:	Below poverty threshold and/or eligible for specific social protection benefits.
Middle or high income:	Above poverty line and/or ineligible for specific social protection benefits.
Disabled:	Experiences participation barriers on the basis of physical, sensory (hearing, visual), learning, intellectual, or mental impairment.
Younger old:	60 to 69
Older old:	70+
Non-old:	A member of a multi-generational household that is less than 60.

## Annex 5

### ***Semi-Directed Interview Themes and Prompts:***

**For leaders of OPAs:** (The interviews will be semi-structured beginning with open-ended questions and only moving to more specific prompts as needed.)

**Background:** Can you tell me about how you first got involved with the OPA? Why were you interested in joining? What did you hope to gain by joining?

**Leadership:** You are now part of the leadership of the OPA. How did you get selected for that position? Why did you want the position? Can you tell us about your qualifications?

- Are there things you would like to change within the OPA now? What are they? What would make this change more/less difficult? How do you think this change would benefit the OPA as a whole?

**Meaning of Success:** If someone says your OPA is a success, what does that make you think of? How do you understand success for your OPA? Why do you think your OPA is successful? What would it take for you to see your OPA as successful?

- What specific activities do you think are most successful? Why?
- Which activities do you think are less successful? Why?
- What would you change to make these activities more successful?
- What do you think makes your OPA successful?
- What are the biggest challenges to the success of activities/your OPA overall?

**Sustainability:** Do you think your OPA is sustainable? (do you think this OPA will still be active 10 years from now?) If so, why? What does it mean to you to say it is "sustainable"? What do you think is the most important factor(s) to your OPA being sustainable (or not)? What would you change to make it more/less sustainable?

**Participation:** Do you value your participation in your OPA? Why or why not? Are the reasons you value it now the same as what you expected when you joined? If they are different, please explain.

- Would you recommend participating in an OPA to a friend or family member? Why or why not?

**Weekly Leadership Activities:** What activities do you devote the most time to? Why? Are there things you would like to be doing as a leader that you do

not do? Do you feel supported? Are there things that you wish you had some help or training on?

### **Ongoing Organizational Activities:**

What are the different activities being organized by the OPA on a daily, weekly, and monthly basis? How do you think these activities contribute to the OPA's success (or not)?

Do you have 1. Microfinance, 2. Education/informational events, 3. Social activities, 4. Home visits / care networks, 5. Regular meetings, 6.

How did you decide on these different activities? Which ones were directed or suggested by others, such as the OPA national network, and which ones were membership or leadership-driven?

Is there anything your organization does that other OPAs typically do not do? Are there activities you would like to be able to do that you cannot do? How/why do you think those would make the OPA more/less successful?

**For Members:** Can you tell me how typical members normally get involved?

- Do they usually know someone who is already participating in an OPA? If so, how do you think that person normally recruits them to come?
- Do you or others go out to recruit others, for example visiting homes or having information sessions?
- Do people get referred to the OPA? For example, from a government office or another civil society organization or NGO?
- When someone first comes to you or an activity, what sorts of things do you do to orient them to the OPA?
- Do you also connect with their families or spouses?

### **Members: Why do members stay involved?**

- Of all the different activities the OPA does, which are the most popular with the members? Are these popular for all members or are some activities more popular with certain members, e.g. women or men? What makes these activities popular?
- With every organization, not everyone wants to be equally active and involved. What do you think causes some members to drop out, or simply not be very involved, or to simply prevent other older persons from wanting to join and participate?
- What sorts of barriers do people encounter? Is it the membership fee, the time required, the accessibility of meeting location or ability to participate in activities?
- Are there certain types of older persons less likely to be involved than others? For example, are men less involved than women, or older old persons less involved than younger old persons? What about level of education, current or past occupation or level of wealth, being a widow or widower, or being a member of an ethnic or religious minority group?

**Organizational Relationships:** Who are your most helpful partners? What sorts of activities do you collaborate on? Do any of these organizations provide you with support?

**Future of the Organization:** If we were to come back and visit you five years from now, do you think there would be anything different about the OPA?

**Conclusion:** Is there anything you would like to tell us that we have not asked? What about questions for us?