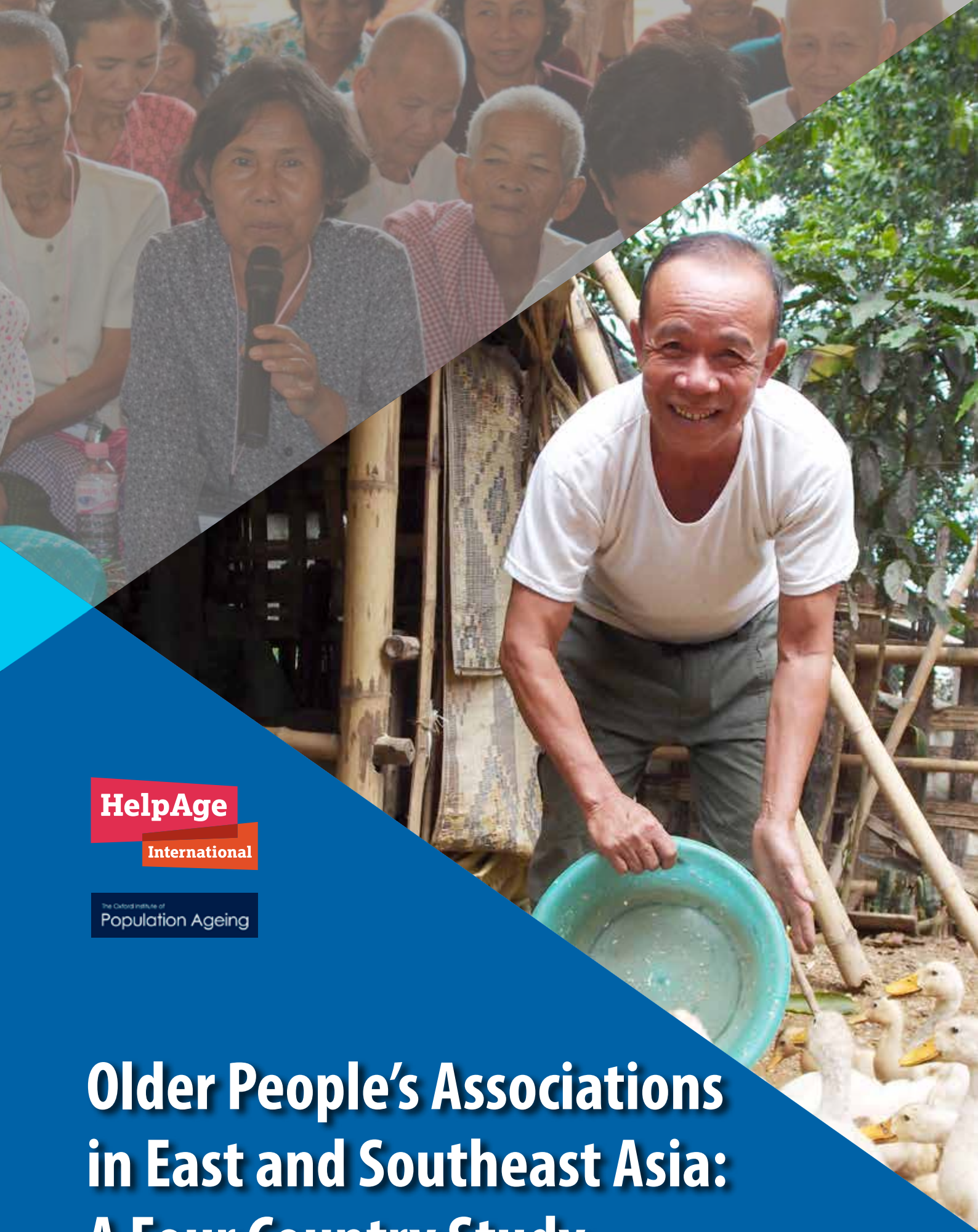

HelpAge International

The Oxford Institute of Population Ageing

Older People's Associations in East and Southeast Asia: A Four Country Study

Research conducted by the University of Oxford (Oxford Institute of Population Ageing) with support from HelpAge International, World Health Organization Regional Office for the Western Pacific and Age International

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Foreword

Population ageing is now transforming the demographic configuration of societies in dramatic ways. In the near future, older people in many countries in the Asia Pacific region will account for a fifth to a third of the total population. This transition requires strategic adaptation based on a long-term vision of societies which cultivates and utilises the capacities of all generations.

Such adaptation requires recognising older people as a resource for society. They bring their experience, skills, availability and willingness to enhance their own wellbeing and improve their communities. This is the key to a new type of community-based organisation that has emerged in 13 countries across Asia, generally referred to as multi-functional Older People's Associations (OPAs). They work across a range of domains with older people as leaders and volunteers, and they facilitate the productive engagement of active older people and support vulnerable individuals.

These OPAs deliver tangible benefits, from improved income and health to community-based disaster risk reduction to strengthened social cohesion. They are sustainable and complement government policies and programmes responding to population ageing. In fact, the strength of these organisations has been highlighted in policy frameworks by governments, United Nations agencies, regional and international organisations. Still, the model warrants further consideration in planning and implementation of national strategies and local government programmes.

This study was commissioned to contribute to the body of evidence on the potential of the OPA model to improve the wellbeing of older people and their communities. The multi-country aspect of the research and the quality of the Oxford Institute of Population Ageing and their research team have given us robust findings which highlight the keys to success, sustainability and replicability of OPAs. It is our hope that governments, practitioners and others will take the evidence arising from this study to improve OPAs and increase their numbers in order to address the challenges and capture the opportunities of ageing societies.

Eduardo Klien
Regional Director
Asia Pacific Regional Office (APRO)
HelpAge International

Executive Summary

What are OPAs?

For more than 10 years, multi-functional Older People's Associations (OPAs) have been established in different countries in East and South-East Asia, sometimes by creating new community-based organisations and sometimes by adding on elements such as micro-finance and health promotion to existing state-established organisations for older people. Although the models adopted vary, there are a number of common characteristics which justify regarding them as instances of a single, community development approach to improving the wellbeing of older people and their communities in low or middle income countries in the region.

- They are participatory membership organisations that are led or managed by older people.
- They are multi-functional, offering activities or benefits across multiple domains, some of which reflect, 1) The limited capacity of the state, 2) The lack of income security of many of the members and, 3) Active and engaged older people.
- As well as offering immediate and tangible benefits to all their membership, OPAs offer help and support, in various forms, to the most vulnerable older people in their community.
- They are expected to act as advocates for the interests of older people at a local level.
- Their success in delivering benefits and their sustainability over time depends on the ability and willingness of members to contribute time and resources to the organisation.
- They are expected to establish working connections with public authorities in order to develop or expand the services and resources provided by the authorities.
- When they are first established, some investment is made in building their capacity in a number of functions essential for the continued operational effectiveness of the organisation and, often, to ensure start-up funding for income-generating activities.
- Individual OPAs do not work in isolation from each other, but are a part of a national network. This network has the task of enlisting the support of policy makers in promoting the interests of older people and the effectiveness of OPAs.

The Study

In 2015, a consortium of partners (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: Cambodia, China, Myanmar, and Vietnam. The aims of the research were 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 for the 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,
- Assess the sustainability and replicability of the OPA approach.

A total of 72 OPAs in the four countries were visited to collect data on membership and activities from the local management committees. Group discussions with the committees were held to explore their views on the achievements of the OPAs and the challenges they

faced. In each village a small sample of individual villagers, both OPA members and non-members, was interviewed to obtain their views on the benefits of OPA membership and the reasons for non-membership.

One Approach, Different Contexts

The OPAs included in this research study operate in four countries with different policy contexts and social conditions. All the OPAs face a common challenge, which takes different forms in the four countries. The value attached to different domains of activity and activities within these domains is not the same everywhere. Needs and priorities vary. Activities that are feasible in one country may not be feasible in another. The possibilities for effective OPA action depend to some extent on the presence and strength of government agencies and other civil society institutions, as well as their reach into the local community. If we are to understand how OPAs can perform effectively as multi-functional community organisations, we have to take account of these variations and what they mean for the local adaptations of the OPA approach.

Variants of the OPA Model and the Heterogeneity of OPAs

Although OPAs have certain organisational features in common, the OPA model has different variants depending on the country. Although all OPAs are membership organisations, the conditions and benefits of membership are not understood in the same way in all four countries. Modes of member participation in the activities of the OPA also vary between countries. For example in China, all older people are members, but not all are active members, while OPAs in Vietnam and Myanmar expect more from their membership than just regular attendance at meetings and a subscription payment.

There is also considerable heterogeneity among OPAs within countries, especially in China and Cambodia, in the types, ranges and intensity of activities they undertake. Intergenerational Self-Help Clubs (ISHCs) in Vietnam conform more closely to a single template than in the other study countries.

Impact of OPAs on Health, income Security and Social Integration

Although the study was not designed to tell us how much older people benefited from OPA activities, we can say a great deal about how they benefited from these activities. OPAs provide services and forms of support that are highly valued by members, and often also by non-members, across all three key domains of wellbeing: health, income security and social integration. The impact of many OPA activities on the wellbeing of older people should be assessed from two points of view; from the point of view of individuals with particular needs and problems that the OPA may be able to mitigate, and from the point of view of the community that gains by the work of the OPA in developing new resources and opportunities.

Health and Home Care

OPAs engage in various kinds of health-related activity: basic health checks where primary care services are not easily accessible; limited financial assistance with the costs of care, including transport costs or costs of registration for health insurance; health education sessions and also regular physical activity sessions; home care visits for people who are sick or disabled. These activities are popular and valued wherever they are provided. There is anecdotal evidence from member interviews in all countries that health education leads some people to adopt healthier lifestyles including more exercise, improved diet, and reduced risk behaviours. Screening activities can lead to timely diagnosis and treatment of NCDs.

Not all OPAs do all these things, however, and there are a few that do none of them. The extent and nature of OPA involvement in health-related activities varies a lot across the four study countries. So, for example, organised physical activity (i.e. organised by the OPA) is uncommon outside Vietnam, where nearly all OPAs are heavily engaged in a wide range of health promotion activities. And in Cambodia, OPA involvement in the provision of health checks was often dependent on externally funded and time-limited projects, and was not sustained.

Home visits for people who find it difficult to leave their homes because of ill-health or disability are widespread across the different country networks of OPAs. The activities of OPAs can mitigate a wide range of problems experienced by people who are more or less

housebound and they offer a source of protection against the risk of future need for support in the home. In addition, such social visits affirm membership of the wider community outside the household for individuals at risk of social isolation.

Income Security and Loans

The provision of micro-finance is a common feature of OPAs, and is generally highly valued. There are several ways in which members who borrow may benefit from loans. Loans answer different kinds of need and are valued for different reasons. As well as enabling borrowers to increase income from pre-loan levels, loans also enable older people to substitute one source of income for another, and the change can be valued independently of the effect on the *level* of income. They can reduce dependence on relatives, and may sometimes allow older people to provide direct financial help to their families. Borrowers may be able to reduce the precariousness of their main source of income, or the amount of hard physical labour that is needed to earn a living. OPA loans extend the range of economic strategies available to older people who would otherwise find it hard to get credit.

As well as providing loans, many OPAs also offer a limited safety net for consumption needs in case of financial difficulties or extreme hardship. By doing this, they help to relieve anxiety and insecurity about the future in communities that have very limited access to publicly-provided services and support.

Social Participation and Inclusion

OPAs transform the lives of older people and their communities by establishing a social network which provides new opportunities for different kinds of social engagement and participation. OPAs promote interaction between individuals outside the household or the family and help to maintain mutually supportive ties between households. Older people put a high value on this domain of OPA activity because they themselves value the opportunity to participate and because they see how their community gains as a result.

The Conditions for Success

Although the evidence presented in this report does not support fine distinctions between the differing degrees of effectiveness among local OPAs, it points to some factors that underpin their capacity to improve the wellbeing of local people. Some of this evidence comes from a handful of OPAs in Cambodia and China, where a combination of chronic income problems and weak management made for very low levels of activity across multiple domains.

- Because OPAs are membership organisations, the main condition of success is a wide base of popular support. This can be gained only by providing relevant and useful activities or services for older people in different circumstances and with different needs, including people who are reasonably healthy and active and able to contribute either time or money to the work of the OPA.
- Regular and frequent meetings are the primary means for delivery of many of the benefits that we can attribute to OPA activities, such as social cohesion and health promotion.
- Meetings also serve as a place for members to exchange information and discuss matters of mutual concern. They allow for participatory governance, accountability and transparency.
- A sense of collective responsibility for the work of the OPA among members is one of the best guarantees of its success.
- Capable and hard-working management teams are essential for the success of the OPA. When officers of management teams retire, it is important to have plans in place for the transference of organisational knowledge to new officers.

- Information is vital for OPAs to do their work. If they do not publicise what they do, they impair their ability to attract and secure local support members; and if they fail to keep themselves informed about local people (named individuals) and their changing needs, they will not know who needs their help and what kind of help they need.
- A regular and/or renewable source of OPA income is essential for sustaining OPA activity. The level of OPA income is an important determinant of its ability to provide financial assistance to members in need.
- Volunteers are needed for some OPA activities to be successful, particularly those associated with home care or support for frail and vulnerable older people. Recruiting and retaining volunteers can be difficult, particularly in cases where most able-bodied people have to work.
- The capacity of OPAs to engage in effective health promotion is enhanced by cooperation with effective health services.
- Activities and interventions should be appropriate to local conditions and needs. It is important, moreover, that OPAs should be able to adapt as conditions and needs change over time.
- OPAs work best where they have succeeded in enlisting policy support from government.

Lessons for Future Practice

Because OPAs in Asia operate in varied contexts, the lessons for future practice will vary from country to country. What works in one setting may not work in another.

- Multi-functionality is the means by which OPAs are able to ensure a wide distribution of benefits. This is managed in different ways in different countries. Vietnam's ISHCs seem to be the only OPAs that consistently approximate, in practice, to a model of a multi-functional organisation that is *equally* effective in delivering substantive benefits across all three domains of wellbeing. It is not necessary, however, to achieve the same balance of activities across different domains of wellbeing that is found in Vietnam in order to be effective as a multi-functional community organisation.
- The longer-term sustainability of a model for the provision of home care that relies only on unpaid volunteers must be questionable in the demographic conditions that now prevail in China and Vietnam. If this is accepted, then OPAs can only be part of the solution to the problem, but not the whole solution. This is especially true for older people with complex care needs.
- Country networks of OPAs require some kind of higher-tier organisation that is capable not only of monitoring of their activities, but also of responding appropriately if and when it is decided that extra support is needed. The development of the capacity to exercise this higher-level management function has to find a place within or alongside governance structures that vary considerably from country to country.

Sustainability and Replicability

In all four countries, there are OPAs that are able to sustain a range of activities across different domains after the initial start-up period of project support has come to an end. The evidence that OPAs are capable of being self-financing and self-managing is unambiguous and robust for the variants of the OPA model in Myanmar and Vietnam, but more mixed for Cambodia and China. Both these latter countries contain clear examples of OPAs that have failed to cope with challenges that eventually undermined their capacity to deliver significant benefits to the local population. It is neither feasible nor desirable, however, for OPAs to aim for isolated self-sufficiency. Cooperation with governments, NGOs and other external agencies is important for effectiveness and sustainability.

For OPAs to retain a high level of engagement and support from the local older population, they have to able to distribute benefits widely among member (or the community), and this means they should be able to offer something to people in different conditions and with different kinds of need (for example, those who cannot work and pay off a loan as well as those who can).

The strength of the evidence for replicability increases with the number of OPAs in the national network and with the diversity of the settings in which they have been established. The evidence for replicability is therefore particularly good in Vietnam, not only because of the extent of the ISHC network, but also because of the involvement of different agencies in establishing ISHCs. What has enabled replication (or 'scaling up') to occur in Vietnam has been the use of a standardised model for OPAs and the support of the government, including the willingness to commit resources to an extension of OPA coverage.

Overall Conclusion

We began by asking whether the OPA model offers a useful template for developing local structures and mechanisms that can help fill the gap between the support provided by hard-pressed families and the services and benefits provided by hard-pressed governments. Despite many qualifications and provisos, the answer has to be 'yes'. OPAs can be made to work, and when they do, they make a real difference to lives of older people.

Chapter 1

Introduction

CHAPTER 1

Introduction

Several countries in East and South-East Asia have networks of older people's associations (OPAs). OPAs are local community-based organisations that have older people as members. They are led or managed by older people and they share a common aim, which is to provide services and support for local older people. The OPAs that interest us in this report are civil society organisations rather than agencies of government or publicly-funded service providers. Together they can be seen as instances of a single, community development approach to improving the wellbeing of older people in low and middle income countries in the region. As there is some variation in the operational and organisational models adopted in different countries, these should be seen as variants of an underlying model. The OPAs were established by more or less the same kind of mechanism; they are managed and funded in more or less the same way; and they share the same basic aims.

- Individual OPAs usually belong to national networks, sometimes large, sometimes small, and are to that extent instances of a model that operates across the network,
- External support is essential either to establish the OPA in the first place or to bring its operations in line with the prevailing model in the rest of the network,
- They are expected to continue to operate as participatory membership organisations after any initial project support has come to an end,
- Their survival depends on the ability and willingness of the membership to contribute both time and resources to the organisation,
- When they are first established, there is an investment in capacity building (training) for the membership in a number of functions that are seen as essential for the continued operational effectiveness of the organisation its sustainability),
- They offer help and support (in various forms) to members and the most vulnerable older people in their community,
- They establish working connections with public officials and service providers in order to develop or expand access to the services and resources provided by the government,
- They are multi-functional, and *some* of these functions reflect the limited capacity of the state to provide help and support to older people, and the lack of income security of many of the members.

With the support of HelpAge International, which has been active in establishing OPAs across the region, the World Health Organization Regional Office for the Western Pacific and Age International, the Oxford Institute of Population Ageing undertook a field study to examine the work of OPAs in four countries. The aims of the research were to:

- Assess the impact of the OPA approach on key aspects of the wellbeing of older people in three key domains: health, income and social integration,
- Elucidate the conditions for the 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,Assess the sustainability and replicability of the OPA approach.

The study was designed to collect data that would enable us to identify not only cross-cutting organisational issues and challenges, but also important differences between the implementation of the OPA approach in the four study countries and between OPAs in different parts of the same country. It is important, however, not to lose sight of the wood for the trees. There is a big policy question here that is pressing with different degrees of urgency on governments across the region. They have to devise and implement mechanisms for managing the consequences of demographic change, namely a growing older population and rapidly changing household structures. They are under pressure to provide some kind of help with income security in old age, to improve the capacity of their healthcare services to meet the needs of older people, and to find ways of supplementing family-based care for older people who need regular support in their daily lives. All this has to be done from a lower level of service development and with less wealth than is found in high-income countries with fast-ageing populations. What is the potential contribution of the OPA model to meeting the needs of older people in the region? Does it offer any kind of useful template for developing local structures and mechanisms that can help fill the gap between the support provided by hard-pressed families and formal services?

Study Design and Methods

We collected data on the work of OPAs in Cambodia, China, Myanmar and Vietnam with field visits to a total of 72 OPAs (the core sample). Using a questionnaire and topic guide, the field visits to the core sample incorporated:

1. A two to three hour discussion with officers or members of the OPA management committee including full questionnaire to collect basic data on membership, activities and finances
2. Approximately 10 individual interviews with general OPA members to obtain views on the benefits conferred on them as individuals and also the community through membership of the OPA
3. Approximately four individual interviews with non-member community members[1] to obtain an outsider's perspective on the work of the OPA.

	HAI-type	Core Sample of OPAs	Total Sample (incl. admin data	Villager interviews	Case studies
Cambodia	162	20	54	285	110
China	65	18	35	196	56
Myanmar	73	16	50	223	61
Vietnam	682	18	75	250	71
		72	214	954	298

1 Since *all* older people are OPA members in China, it was necessary to identify a number of inactive or non-participating members rather than non-members.

In addition to the field visits, basic data on membership, activities and finances were collected from gatekeepers in another 142 OPAs, mostly by telephone. The gatekeepers were asked the same questions as the management committee in the field visits.

For the **core sample** we have four kinds of evidence or information relevant to the work of the OPAs:

1. Basic data on membership, activities and finances, (n=72 OPAs);
2. Basic socio-demographic and health data for individual older people (members of OPAs and non-members), (n=954 individuals);
3. Profiles of OPAs written by field researchers and based on semi-structured interviews with committee members as well as the questionnaires, (n=72 OPAs);
4. Case studies written by field researchers based on semi-structured interviews with community members, (n=298 individuals);

For the **gatekeeper sample** of OPAs, local HelpAge offices collected:

5. Basic data on membership, activities and finances, (n=142 OPAs).

The study design did not include any control sites, that is, areas without OPAs. Data was collected for one time point only. Had we been conducting a more quantitatively-oriented study, this would have impaired our ability to assess the impact of the OPA approach on key aspects of the wellbeing of older people. We opted, however, for a more qualitative approach to the assessment of impact. The design would provide us with a rich and nuanced account of the role of OPAs and support a range of evidence-based conclusions relevant to all the study aims listed above.

Sampling

All the OPAs in the sample received HelpAge project support at one time or another. Although many of them had been established with HelpAge support, there were others that had started up before they received project support. Because Cambodia, Myanmar, and China have relatively small numbers of OPAs,[2] we were able to include a substantial proportion of them in the research. This is not true, however, for Vietnam, which had 800+ OPAs at the time of the research. The country samples of OPAs to be included in the study – both the core sample and gatekeeper sample – were selected purposively with the assistance of the local HelpAge country offices. The aim was to make sure that the sample captured some of the main dimensions of variation among the OPAs in each country. The key dimensions of variation were identified with the study aims in mind. They included the age or vintage of the OPA as well as the involvement of partner organisations. We wanted to make sure, for example, that we included enough older OPAs to see whether their work differs in important respects from more recently established OPAs. Each country office had its views on which dimensions of variation would be important to include in the purposive sampling, and these views reflected the history of OPA programmes in each country. Details of the sampling in each country can be provided. Please contact HelpAge for additional related documents.

The respondents selected for individual interviews were essentially convenience samples. We relied on the goodwill of the OPA committees to help identify individuals for interview, and time constraints led them to select individuals who were willing to make themselves available – sometimes at short notice – for interview during our visit. We did, however, ask that different categories of members be included for interview, such as both men and women, older as well as younger OPA members, poorer or more vulnerable members. We also asked to interview a small number of non-members. We wanted these individuals to be potential members of the OPA, that is, people who would be eligible to join but happened to be non-members for whatever reason. It was important to include these individuals in the study to get their views on the distribution of the benefits of OPA membership in their community. Once again, we relied on the goodwill of the OPA committees to help identify and contact these individuals. In other words, neither the OPA members nor the non-members were randomly chosen by the field researchers, and they should not be regarded as a representative sample of the membership, or of older people in the communities.

Field researchers were asked to prepare case studies on *some* of the individuals they interviewed. They selected the case studies following agreed guidelines. We were looking for individuals whose circumstances could be used to illustrate important features of the living conditions of older people in the area, and whose engagement with the OPA could be used to illustrate either the benefits it conferred or the limits to its activity.

2 OPAs that had adopted specific features of the HelpAge model.

The Implications of the Study Design for the Main Report and its Conclusions

The evidence that is presented in this report is based almost exclusively on the data collected from the core sample. The OPA profiles, which combine information on the frequency of OPA activities with the commentary of committee members and the individual case studies, are the backbone of the report. We have tried to make sure that substantive points are illustrated, wherever possible, by individual OPA profiles or case studies.[3]

When reading this report, it is important to bear in mind some of the limitations inherent in the study design. What we have is a large number of individual cases – profiles of individual OPAs and case studies of individual community members. We have tried to steer clear of the temptation to use aggregate data collected from OPAs and individuals as the basis for generalisations about all OPAs or all OPA members. The evidence allows us to *describe* the kinds of activities in which OPAs engage and the kinds of problems they face and the kinds of benefits they confer.

Consider, for example the impact of OPAs on the wellbeing of their members (or older people in the community, more generally). The study was not designed to obtain an estimate of the *magnitude* of the impact of OPA activities on different aspects of individual wellbeing across a sample of OPAs. To take poverty as an example, it would require a quite different kind of study to collect the kind of data that could support an estimate of the effect of OPA loans on the prevalence of poverty among older people. What the study can do is tell us about the different kinds of benefits that older borrowers obtain from loans, and this means understanding their reasons for appreciating the opportunity to borrow.

As the main research questions make clear, however, this report aims to be more than just a descriptive account of what OPAs do. It provides an interpretation of OPA activities that helps us to identify some of the challenges that OPAs face as well as their strengths. To do this we have to place and evaluate OPA activities in a wider context that includes the needs and resources of older people on the one hand, and the efforts of governments to meet their needs on the other.

The Organisation of the Main Report

This report focuses on key points and comparisons between the different study countries. Additional information by country is available upon request.

Chapter 2 of this report provides important contextual information for the four study countries. The position of older people is different in each of the study countries and these differences are relevant to understanding the roles they perform and the challenges they face. *Chapter 3* is based on the OPA profiles and examines country differences in the membership, organization and activities of OPAs. *Chapters 4 to 6* address the first three research questions. *Chapter 4* considers the impact of the OPA approach on the wellbeing of older people both members and non-members across the domains of income, health and social participation. It is based almost entirely on material from the individual case studies. *Chapter 5* asks about the conditions that have to be met for OPAs to improve the wellbeing of older people. *Chapter 6* assesses what the evidence has to say about the sustainability and replicability of the OPA approach. *Chapter 7* concludes and reviews the implications of the ways that OPAs work in different national settings for their future development.

Timing of the Research

The fieldwork for the research was conducted between May and October 2015. Although there have been local policy developments affecting the position since then, it is not feasible always to take these into account when writing.

3 Indented paragraphs are used throughout the report to indicate direct quotation from the OPA profiles or case studies compiled by field researchers.

Chapter 2

The Different Country Contexts

CHAPTER 2

The Different Country Contexts

Chapter highlights and key points

- The four countries included in the study are very different from one another in many respects but they share a context of rapid economic and demographic change, and this shapes the potential role of OPAs.
- The countries have high rates of economic growth, while they also have large rural populations that rely heavily on small-scale farming for their livelihoods. They also have ageing populations, largely as a result of big reductions in fertility, and they are all experiencing large-scale social upheavals as a result of rapid urbanisation and shifts in patterns of family support.
- There are, however, big differences in the health and prosperity of the pools of the individuals who provide the potential membership of the local OPAs.
- There are also major differences in the capacity of the government in the four study countries to help provide for the needs of older people. The levels of social protection and health care available to older rural populations are very different.

The four countries in the study are very different from one another, but they share some common characteristics with regard to the position of older people in society. They are societies that expect that adult children will provide for the needs of their ageing parents. In the last five or six decades, they have all seen increases in life expectancy and marked declines in fertility, and these make it very hard to sustain these expectations without substantial changes, as fewer adult children are available to provide care and support for their older parents. This is as true for Myanmar and Cambodia as it is for China and Vietnam, though the transition to a low-fertility / low-mortality demographic profile is much more advanced in the latter two countries.

Table 2.1 Basic demographic and economics profile as of 2015

UN population data (2015) & World Bank data	Cambodia[4] Low income HDI=0.56	Myanmar Lower middle income HDI=0.54	Vietnam Lower middle income HDI=0.67	China Upper middle income HDI=0.73
% 60+ in total population	6.8	8.9	10.3	15.2
% 80+ in total population	0.5	0.8	2	1.6
LE at birth (both sexes)	67.6	65.6	75.6	75.4
LE at 60 yrs (both sexes)	17.1	16.7	22.4	19.4
Female advantage in LE at birth	4 yrs	4.1 yrs	9.6 yrs	3 yrs
Potential support ratio (15-64:65)	15.5	12.5	10.1	7.7
NCD mortality as % of total mortality	52%	59%	73%	87%
Prob of NCD mortality[5] between 30 and 70 yrs	18%	24%	17%	19%
GNI per capita (2014 current US$)	1020	1270	1890	7380
GNI per capita (2014 ppp $)	3100	n/a	5350	13130
Poverty headcount at $1.9 per day (ppp)[6]	6.2% (2012)	n/a	3.2% (2011)	10% (2010)
Rural poverty headcount at national rural poverty line	23.6% (2011)[7]	n/a	22% (2012)[8]	11% (2014)[9]
OOP as % of total HE	59.7 (2013) 64.4 (2003)	68.2 86.4	49.4 62.9	33.9 55.9
Private exp as % of total HE	79.5 64.9	72.8 86.7	58.1 67.9	44.2 63.8
Total HE as % of GDP	7.5 6.7	1.8 2.3	6 4.8	5.6 4.8
Per capita HE (ppp$)	229 91	37 16	308 121	646 184
Physicians/1,000 pop	0.17	0.61	1.2	1.66

Average incomes in all four countries are below the threshold set by the World Bank for high-income countries (although China is rapidly approaching that threshold). The countries all have large rural populations that rely heavily on small-scale farming for their livelihoods. In addition, they all have relatively high rates of GDP growth, fuelled at least in part by flows of migrants from rural to urban areas. For the most part it is younger adults who migrate and older adults who stay in the villages. In other words, migration contributes to a relatively rapid 'greying' of the rural population.[10] It also provides the basis for a flow of remittances to the older adults who do not migrate. Thus, all four countries are experiencing

4 The national income level classifications are based on 2015 data.

5 4 main NCD groups (CVD, cancers, respiratory disease, diabetes).

6 WB estimates are made using $ppp.

7 Set at CR 3914 per day by WB in 2009 (just over US$1 per day).

8 Approximately VND400,000 or US$18 per month.

9 In 2014, the official rural poverty line in China was ¥2300 per year; with 70 million people in rural areas (=approx. 11 per cent of rural population) living in poverty. See 2014 Statistical Communique of National Statistics Bureau of China.

10 The ageing of rural populations in Myanmar is less advanced than in the other countries. See *Knodel, J*, The Situation of Older Persons in Myanmar, HelpAge International 2013.

large-scale social upheavals, which include massive movements of people and shifts in patterns of family support. The main proviso to this very broad generalisation is that in China and Vietnam the associated processes of change have been working for longer and have had more dramatic effects than in Myanmar or Cambodia.

As Table 2.1 shows, there are big differences in what we might rather loosely describe as the 'personal capital' of the pools of individuals who provide the potential membership of the associations, differences in their health and prosperity, as well as their educational level. Life expectancy at birth, for example, is much higher in China and Vietnam than in Myanmar or Cambodia.[11] China, moreover, is further advanced in the ageing-related epidemiological transition than the other countries, though Vietnam is not too far behind. Average income levels in China are much higher than in any of the other three countries, even though these figures are skewed by the size of the rural/urban disparities in China.

There are also major differences in the capacity of the governments in the four study countries to help provide for the needs of older people. The levels of social protection and healthcare available to older rural populations are different, and we can get some idea of the magnitude of these differences from the data on health spending in Table 2.1. Annual spending on health *per capita* in Myanmar stands at just one-thirtieth of the level in China. Even though there are undoubtedly big differences between rural and urban China in the quality of the care that is readily available, healthcare in China is better than healthcare in Myanmar or Cambodia. It is also more affordable, or this at least is what the figures on out-of-pocket spending suggest. Individual access to healthcare is heavily constrained by household income in all these countries, but it is clear that financial protection for healthcare costs is much weaker in Myanmar or Cambodia than in China or Vietnam.

What we cannot summarise with the kinds of data that are included in Table 2.1 are political and cultural differences which are relevant to the ways in which people come together or interact outside the family, and so form an important part of the context in which local OPAs operate. Religious practices and allegiances, for example, seem to be more important in Cambodia and Myanmar – especially perhaps in the lives of older generations – than they are in Vietnam or China, whereas grassroots' social organisations with close links to government are highly visible in local life in the two Communist countries. We can say therefore that social capital outside the family takes different forms, and although we have no data on this matter, it is not implausible to suppose that it may be more robust in some countries than in others. This is another way of saying that there may be social or cultural factors that make the conditions in one country more congenial to the development of OPAs than in another.

Demography

Even though there has been a very large fall in total fertility in Cambodia since the 1960s (it now stands at 2.9 children per woman), it is still a very youthful country. It has the highest potential support ratio of the four countries in this study: for every person aged 65 years or more, there are 15 people aged between 15 and 64 years; almost a third of the total population is under 15 years of age. The older population, if we define this as everyone aged 60 years or older, is relatively small, at 6.8 per cent of the total. As we might expect, there are more older women than older men in the population (about 50 per cent more). China lies at the other end of the scale for the group as a whole and has a potential support ratio that is about half what we find in Cambodia. Life expectancy (and fertility) in Vietnam puts it a lot closer to China than to Myanmar, and it is interesting to note that people aged 80+ years have a higher population share in Vietnam than China.[12] Myanmar is quite similar in respect of mortality and fertility to Cambodia.

We have not included in this chapter estimates of levels of rural-to-urban migration in the study countries. Nor do we have comparable data for all countries on the impact of out-migration from rural areas on the people who stay behind. A great deal has been written on this topic for China, where the flows of migrants from the countryside into cities, especially in the east of the country, have been enormous. The country has seen rapid industrial growth (and hence high levels of rural-to-urban migration) for longer than any of the other countries. The impact of out-migration on the age composition on rural households is acknowledged to be very high and is a matter of concern to the government. Older people in China are more likely than those in any of the other study countries to be living

11 The differences in life expectancy at 60 are much smaller, and it is interesting to see that life expectancy at 60 in Vietnam is a full three years more than in China.

12 A corollary of the high female-male gap in life expectancy in Vietnam' is that the older population also has a higher proportion of women than in China, and presumably also a higher proportion of elderly widows.

Table 2.2 Living Arrangements of Older People

Living arrangements of older people	Cambodia	Myanmar	Vietnam	China
Living alone[13]	3% (Zimmer et al 2013[14])	5% See Knodel 2013	5.3% (VNAS 2011) 6.4% (VHLSS 2010)	12% (60+) (Ren & Treiman 2014[15]) 1.8% (80+) (Wang et al 2014[16])
Living with spouse only	6%	6%	Data unavailable	35% (60+) (Ren & Treiman 2014) 62% (80+) (Wang et al 2014)

without adult children either in the same household or nearby in the same village (see Table 2.2). A similar process can be seen in Vietnam, which has also experienced massive flows of internal migrants, especially into Hanoi and Ho Chi Minh City,[17] though it is lagging behind China in the shift from a predominantly rural to a more urbanised economy.[18]

Although *per capita* income in Cambodia is the lowest of the countries in the group, it has quite high levels of rural-to-urban migration. The area around Phnom Penh is industrialising rapidly, and in northeast Cambodia (where most of the OPAs are), the prospect of finding casual employment in Thailand or near the border exerts a pull on young adults looking for work.[19]

Cambodia's demography is somewhat complicated, however, by the high mortality in the Khmer Rouge period. This means that the cohorts moving into the older age groups are now relatively small. Were it not for this, we would expect to see a very marked greying of the rural population. In fact, there has been only a slight ageing of the rural population since the late 1990s.[20] The fact that Cambodia also has a relatively high potential support ratio also mean that in many rural households there are often adult children who stay at home as well as children who migrate / travel for work.[13] Myanmar is in this respect like Cambodia – except that it almost certainly has lower rates of out-migration from rural areas.[21]

13 Varying proportions of older people who live alone have children or other close family living nearby. In the VNAS 49 per cent of older people were in this category; in Myanmar 44 per cent.

14 Zimmer Z, Knodel J. Older-Age Parents in Rural Cambodia and Migration of Adult Children. Asian Pop Studies, 2013, 9(2) 156-174, 2

15 Ren Q, Treiman DJ. Living Arrangements of the Elderly in China. Chinese Soc Rev., 2015, 47(3), 255-286.

16 Wang J et al. Does Co-residence with Adult Children Associate with Better Psychological Wellbeing? Aging & Mental Health, 2014, 18(2), 232-239.

17 http://asiafoundation.org/in-asia/2011/09/28/vietnams-26-million-migrant-workers-greatest-advantage-greatest-challenge. Accessed 25/04/2016.

18 See, for example, World Bank data on 1) Agricultural output as a percentage of GDP, 2) rural population as a percentage of total population.10

19 This was apparent in our interviews

20 *Cambodian Rural Urban Migration Project* (CRUMP) report, 2012.

21 Although good data on rural-urban migration for Myanmar is hard to obtain, this comment reflects expert opinion within the country.

Poverty and Social Protection

Although in recent years both Myanmar Cambodia[22] have crossed the threshold to lower-middle-income country classification by the World Bank, poverty remains a concern. The proportion of the population working in agriculture remains high in both countries – and this is despite the flow of rural-to-urban migrants in Cambodia.

Although national data on poverty rates is not available for Myanmar,[23] there is quite a lot of national-level information for Cambodia, enough in fact to disaggregate rates for rural and urban populations and for young and old. In 2011, for example, the World Bank estimated that about a quarter of the *rural* population was living on just over US$1 per day. It also reckoned[24] that poverty rates for older people were significantly lower than they were for children (15 per cent vs. 27 per cent). This, the bank suggested, is probably due to a strong cultural practice of support for the elderly (from family) and the high potential support ratio. The fact that younger people migrate to the cities (or go to Thailand for temporary work) does not mean that they cease to support their parents. Many do so by sending remittances, even if the level of remittances is quite low. In neither Myanmar nor Cambodia is there much financial assistance provided by the government for older people in rural areas. There is no social pension[25] and very few social safety nets. Occupational pensions are rare in both countries, and most beneficiaries live in urban areas.[26]

In Cambodia, the main benefit for which older people are eligible depends on an assessment of household income: households whose income falls below an official poverty threshold *should* receive what are generally known as 'ID poor cards', which entitle their holders to subsidies for healthcare costs from Health Equity Funds.[27] The intention is to compensate *public* health facilities for medical expenditures of the poor and also to pay some travelling costs. There are two types of coverage – ID poor types 1 and 2. People with ID type 2 receive partial reimbursement, including travelling costs. The money in these cases goes directly to providers from the Health Equity Funds – and it comes mainly from donors. It has been estimated that about 70 per cent of people living in poverty are covered by the scheme. It is the responsibility of the Commune Councils to ensure that people who are eligible for support have the relevant documentation, though village chiefs would no doubt be expected to help.[28]

It has been reported many times, however, that a substantial proportion of people with ID poor cards do not use them because they prefer to use private, for-profit health facilities. The World Bank's 2013 report on poverty in Cambodia noted that although the percentage of the poor seeking care in the public sector increased steadily from 2004 to 2009, by 2011 it had dipped again, so that only 16 per cent of people seeking help for their health problems used public sector facilities. There are, however, very important differences between primary and secondary care. The preference for informal and private providers is found mainly at the primary care level. The price differential between sectors is small, and the choice seems to be driven mainly by factors like proximity and waiting time. In-patient care is different, mainly because the costs are so much higher. Even so, it has to be acknowledged that public facilities do seem to be under-used by people who struggle to afford medical treatment.[29]

Myanmar's out-of-pocket spending on healthcare has long been among the highest in the world,[30] in spite of the fact that healthcare in public hospitals (township hospitals in rural areas) is nominally free of charge. This is partly because private clinics are still widely used,

22 Myanmar in 2015, Cambodia in 2016

23 Knodel (2013) reports that about one-fifth of older people in Myanmar are living with insufficient income to meet their needs.

24 *Where have all the poor gone? Cambodia Poverty Assessment*, World Bank 2013.16

25 There is a small pilot scheme running in two parts of Myanmar to provide a non-contributory pension for people aged 80+ (@ US$10 per month).

26 Most government employees in Myanmar receive a non-contributory 'pension' – usually paid as a lump sum on retirement – informants in Yangon said that for most beneficiaries this is not enough to live on.

27 See, e.g. Annear PL et al. Strengthening institutional and organizational capacity for social health protection in lesser-developed countries: a study of policy barriers and opportunities in Cambodia. Soc Sci Med, 2013, 96, 223-231.

28 None of the OPA committees talked about older people who 'fall through the net' or about any steps they might have taken to ensure that all older villagers who eligible have ID poor cards. The case studies for Cambodia contain several examples of people who are poor (by 'any reasonable standard'), and yet have no ID poor card.

29 This is corroborated by the case studies.

30 In 2013 OOP expenses accounting for nearly 70 per cent of total health spending.

even in rural Myanmar, and partly because only some of the costs of care provided in public facilities are covered by public funds.[31] Up until quite recently, all public hospitals offered a kind of medical cost-sharing plan: the state paid the doctors' fees and patients covered the costs of medicine, equipment use and laboratory work. It has been reported that doctors would sometimes expect 'unofficial' top-up payments to secure 'timely' access to their services. A scheme was introduced in 2013 to cover the costs of medicines for poor people, but since hospitals receive a fixed budget for this expenditure, it is questionable whether it is adequate to meet need in rural areas.[32]

Recent studies show that catastrophic health spending tends to be higher in urban than in rural areas (where it affects about 5 per cent of households), and it is assumed that this is because people in rural areas are less likely to seek healthcare when they are ill, and if they do they often turn to unqualified practitioners (who are cheaper). In 2015, the government set a target date of 2030 for achieving universal healthcare coverage, which is here taken to include *some form* of financial risk protection in place for everyone, which gives us some idea of the likely magnitude of the gap between the present state of affairs and one in which the risk of impoverishment as a result of health spending is very substantially reduced.

The situation is quite different in China and Vietnam. Both countries have state-subsidised health insurance. China, which has a separate scheme for rural areas, has been more successful than Vietnam in approaching universal coverage whereas Vietnam's system appears to be more successful in improving healthcare utilisation among the poorer sections of the community – provided they are covered.[33] [34] Financial risks (of impoverishment as a result of healthcare payments) are still relatively high, however, with high co-payments in both countries.[35] [36] Even so, the proportion of healthcare spending that comes from out-of-pocket expenses is lower than in Myanmar or Cambodia (see Table 2.1). Both countries, moreover, have social (non-contributory) pensions for older people (again much more extensive in China than in Vietnam) and various social safety nets for people living in poverty. Occupational pensions are also more common in these two countries and, as our own data show, they are not unheard of in rural areas.

In Vietnam, approximately 2.5 million older people (26 per cent of 60+) receive either a social pension (80+) or social assistance; and another 2 million receive either a war pension or an occupational pension (almost all from the public sector). Social assistance is paid to older people (60+) if they are poor and live alone; or if they live with spouse who is ill and have no family to support them.[37] About 60 per cent of older people (60+) have health insurance.[38] Enrolment is voluntary, and individuals who are not in any of the exempted categories pay an annual premium which is the equivalent of US$25 per year. People who are classified as poor, as well as veterans and everyone in receipt of a social pension, receive free coverage. The 'near poor' are entitled to 50 per cent discount on the cost of the annual premium, and it is acknowledged that this group tend to be reluctant to enrol in the scheme; that

31 Payments for cataract surgery illustrate how OOPs may be required in the public system. In rural areas, the surgery itself is provided mostly by mobile teams with a great deal of funding from external agencies. Although the surgery is free, patients may have to pay for the intraocular lenses.

32 For anyone referred to a township hospital, treatment should now be provided free of charge (and the same applies to all public hospitals in Myanmar), though any long-term medication, e.g. for hypertension, will require payment, and such payment is invariably made out-of-pocket.

33 LiuH et al. Can rural health insurance improve equity in health care utilization? A comparison between China and Vietnam. Int J Equity Health, 2012, 11(10) 1-9.

34 Thanh NX, Lindholm L. Has Vietnam health funds for the poor policy favoured the elderly poor? BMC Health Services Research 2012 DOI: 10.1186/1472-6963-12-333.

35 Li et al. Catastrophic health expenditure and rural household impoverishment in China: what role does the new cooperative health insurance scheme play? PlosOne 2014, 9 (4), e93253.

36 Van Minh H et al. Financial burden of household out-of-pocket health expenditure in Viet Nam: findings from the National Living Standard Survey 2002–2010. Soc Sci Med, 2013, 96, 258-263.

37 These data come from Vietnamese National Council on Ageing (VNCA), and represent the most up-to-date estimates at the time of the study.

38 HI covers treatment costs for hospitals in same district only – unless formal referral is made.

is, to pay their premiums. Older people without social pensions – that is, those between 60 and 80 years of age who live in rural areas and are not poor – tend to have the lowest coverage rates.

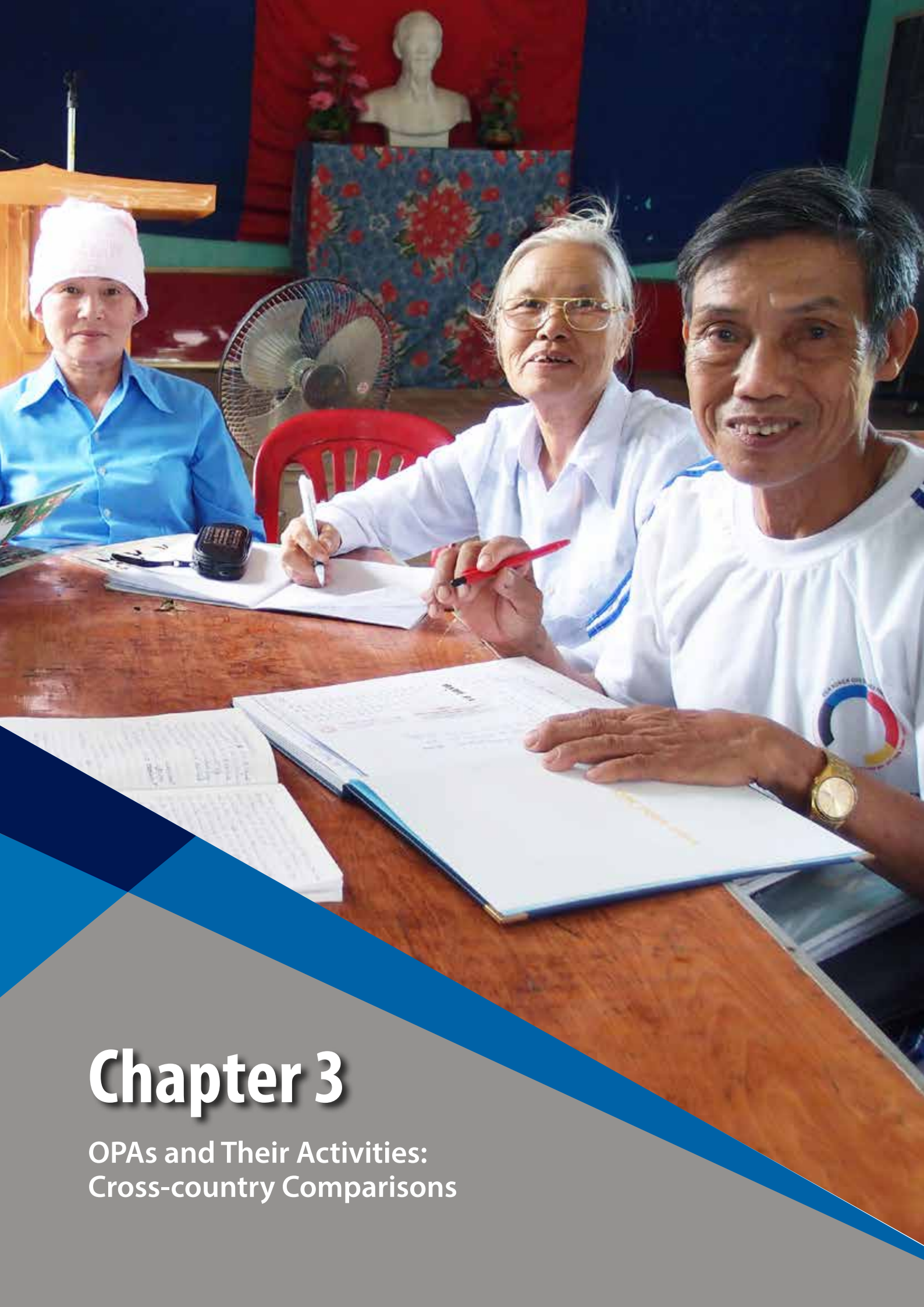
China stands apart from the other countries in this study, including Vietnam, by providing a non-contributory pension allowance to the entire rural population aged 60 years old or above[39] (all the OPA members in our study were receiving it). The value of the pension varies between provinces (with 55Y, just under US$9) as a minimum in central and western provinces) and is usually higher for people who count as the 'oldest-old' (for which the age threshold also varies between provinces). This is not enough to live on, but it makes a real difference to older people's living standards. There is also a contributory Rural Pension Scheme, and older adults who have not paid into the scheme themselves receive a pension *if* their children are contributing members (which puts older people without working age children at a disadvantage).

The other subsidies or allowances that OPA members in China might receive (apart from occupational pensions) are:

- The only-daughter subsidy (paid to rural couples who have daughters but no sons – since it is customary for daughters to move into their husband's family home);
- Social assistance – a cash payment – (*dibao*), is provided to people from low-income households, though villages have quotas for the number of payments they can make, and there are local (often village level) restrictions on eligibility; for example, no-one with sons in full-time work can receive *dibao*; no-one with chickens can receive *dibao*, which, presumably, are to be understood as devices for matching the local supply of payments to the local demand for assistance;
- In-kind assistance – the so-called 'five guarantees' or '*wubao*' (food, clothing, housing, healthcare, and funeral costs) – is provided to people who cannot provide for themselves and have no responsible kin;
- Medical Financial Assistance (MFA) – poor households (those registered for *dibao* or *wubao*) are eligible for assistance with healthcare costs for major illness, which means that some proportion of the co-payments under the NCMS are reimbursable.

China's Rural Health Insurance scheme (NCMS) is contributory, as in Vietnam. The premium, however, is set very low (10-20 ¥/yr = US$2-3/yr), which explains why coverage is so high (97 per cent in 2011). There is some provincial variation in reimbursement levels (percentage of costs covered) and services covered – 40 to 60 per cent covered. There are caps on the total amount of costs which are reimbursable, and there may sometimes be a gap between the quoted reimbursement level and the actual level (depending on the fiscal position of the province making the payment).

39 55 years for women.



Chapter 3

OPAs and Their Activities: Cross-country Comparisons

CHAPTER 3

OPAs and Their Activities: Cross-country Comparisons

Chapter highlights and key points

- Although OPAs have certain organisational features in common, the OPA model has different variants in different countries, and it is important to ask whether these differences are significant in any way for the challenges that OPAs have to face. This chapter compares the organisational structure of OPAs in the different study countries, as well as and the scope and frequency of their activities.
- We distinguish three different membership models for OPAs, based mainly on eligibility criteria for membership which lead to variations in the size of the OPA relative to the rest of the older population.
- All OPAs are membership organisations. The conditions and benefits of membership are not understood in the same way in all four countries, however. Modes of member participation in the activities of the OPA also vary between countries. OPAs in Vietnam and Myanmar expect more from their membership than regular attendance at meetings and a subscription payment.
- OPA committees in Vietnam and Myanmar were generally more upbeat and positive than those in Cambodia and China.
- There is a kind of 'standard operating model' or 'ideal type' for OPAs which relies on a combination of different incentives for joining: a sense of solidarity and a willingness to contribute to the provision of public goods; sociability; a desire to be protected against age-related losses and problems.
- There is considerable heterogeneity among OPAs within countries, especially in China and Cambodia. This can be seen not just in the types of activity which local OPAs undertake, but also in the range and intensity of these activities. ISHCS in Vietnam conform more closely to a single template than in the other study countries.

This chapter compares the organisational structure and activities of OPAs in the different study countries, and is intended to be mainly descriptive and interpretive rather than evaluative. It relies on data from the core sample, presented in tabulated form (Tables 3.1 – 3.7) as part of the chapter, as well as the qualitative evidence obtained from discussion with OPA committees.

Although OPAs have certain organisational features in common, an OPA in China is constituted quite differently from an OPA, say, in Vietnam, and it is important to ask whether these differences are significant in any way for the challenges that OPAs have to face. The chapter accordingly distinguishes three different structural models for OPAs, based mainly on

eligibility criteria for membership. It also highlights the way in which different OPA functions, and their implementation in particular activities, give shape to local understandings of membership, for example the benefits and duties that come with it. Although all OPAs are membership organisations, the conditions and benefits of membership are not understood in the same way in all four countries. Finally, the chapter describes and highlights significant country-level differences in the frequency and scope of OPA activities as well as the heterogeneity of OPAs within each of the study countries.

Membership: The Relevance of Relative Size

Although the OPAs in the four study countries have broadly similar structures and patterns of activity, they differ enough in some of their organisational arrangements to be able to distinguish three membership models for OPAs. Because they vary in the rules they use to determine admission to membership, what it means to be an older person *and* a non-member of the OPA is not the same everywhere. The relationship between the actual and the 'potential' membership, (older people who are not members), is different in different countries. Some of the effects of differences in eligibility rules can be seen in Table 3.1 below. The OPAs are relatively small in Vietnam and Myanmar. OPAs in China, on the other hand, are large, not just because of the size of Chinese villages, also but because they usually include everyone in the village who is above the age of 60; that is, membership is not strictly voluntary. The actual membership and the pool of potential members is the same. Everyone who is eligible to be a member *is* a member, and there is one single criterion for eligibility, which is age.[40]

The other three countries are in this respect quite different. Not only do the numbers of older people who join fall well short of the total older population in the community, but the OPAs also have people that we might describe as 'middle-aged' among the members. With 54 per cent of the members under the age of 60 years, we might well query the name '*Older* People's Associations' in Cambodia. In Vietnam (45 per cent under 60 years), the organisations call themselves 'Intergenerational Self-Help Clubs', which more accurately reflects their age structure. Indeed, in Vietnam, younger people are encouraged to join, and it is expected that only 70 per cent of the members will be 'old' (50 or 55 years depending on gender and area). In all these countries, membership is voluntary and requires the payment of a fee (a one-off payment on joining) and/or a regular subscription. In Myanmar and Cambodia, there are older people who decide not to join, and, as we shall see, there are also older people who are non-members by default.[41] In Vietnam, however, there is an additional factor which operates to limit the size of the IHSCs, which is that they have national guidelines on recommended size for the membership (50 to 70).

40 There are some exceptions to this. A few OPAs make a point of excluding certain individuals from membership, if, for example, they are known to be 'of bad character'. Although rare, this does happen. In some villages also, there may be a few individuals who 'stand apart' from the rest of the community; they are not invited to join the OPA, and would not want to join. In Sheshu, we spoke to an elderly woman who fell into this category because she was a Christian.

41 They are non-members, not because they have chosen not to join, but rather because they have not been invited to join.

Table 3.1 Size of Membership, Attendance at Meetings, Age-Sex Structure

	Cambodia (n=20)	China (n=18)	Myanmar (n=16)	Vietnam (n=18)
Average size of OPA (no. of members)	103	265	52	55
No. of older (60+) members in OPAs	47	265	41	31
Older members as % of older people in village	55%	99%*	66%	32%
% members attending last meeting	28%	49%	59%	78%
OPAs with new members in last 12 mths	8/20	18/18	11/16	15/18
Percentage female members	57%	53%	53%	76%
Percentage female committee members	27%	20%	31%	52%
Percentage members <50 yrs	27%	0	3.4%	14%
Percentage members 50-59 yrs	27%	0	25%	31%
Percentage members 60-69 yrs	26%	58%	41.2%	34%
Percentage members 70-79 yrs	15%	34%	20.4%	19%
Percentage members 80+ yrs	5%	8%	9.5%	2.7%

**100% in 15/18 villages.*

It is the nature of the relationship between the actual size of OPAs and their potential or *optimal* or *ideal* size that justifies the distinction between different models for OPAs. In China, it is taken for granted that the total numbers of members will coincide with the pool of potential members, which is defined purely on age grounds.[42] This means that the size of the membership is not an index of the ability of the OPA to attract members and win the support of the local older population. The OPAs do not have to work to attract potential members, even though they do have to work to win the support and loyalty of members. We should not suppose, however, that everyone who is a member will be an *active* member, and it is understood (and accepted) that a substantial proportion of the members will almost certainly be unable to participate regularly in the *activities* of the organisation[43], though they may still be entitled to some of the benefits (for example those benefits that do not depend on active participation). Moreover, there are only two ways of relinquishing membership of an OPA, and that is by death or out-migration. If the survival of an OPA in China is to be threatened by declining membership, it will be as a result of a declining older population in the village rather than some more personal factor such as scepticism about the benefits of joining. The OPAs have a kind of guarantee that they will be able to find new members to replace those that die.

Myanmar and Cambodia are importantly different from China in this respect. Although the majority of older villagers in both countries are members, there is a substantial minority whose non-membership represents a kind of standing challenge to the OPAs. Most OPAs would take the view that they are likely to gain from increasing the size of their membership. If anything here is taken for granted, it is that more

42 As a consequence of automatic enrolment.

43 Especially meetings.

members mean more support and more resources, and a wider distribution of the benefits of membership. Since enrolment is voluntary, the OPAs have no guarantee that they will be able to find new members to replace those who die. Their organisational survival depends on their ability to convince potential members (for example, people approaching the age threshold for membership) that it is a good thing to join. In Cambodia and Myanmar therefore, the relative size of the membership[44] *is* an index of the ability of the OPA to attract members and win their support. If we want to try and compare how OPA schemes are working in Cambodia and in Myanmar, it matters that attendance at meetings in Cambodia stands at half the level of that in Myanmar. This is *prima facie* evidence that the same basic model is working better in Myanmar than Cambodia. The fact that fewer than half of the Cambodian OPAs recruited new members in the past year supports such a view.

In Vietnam the situation is different again. In the villages where there are ISHCs, a substantial *majority* of older villagers are non-members, and this is largely because the ISHCs want to cap the size of the membership. There are two reasons for this. Firstly, when the number of members exceeds the cap, it becomes impracticable to manage or even arrange meetings for all of them together. It is not easy to find an indoor space that would accommodate more than 70 people in a typical Vietnamese village. Secondly, there is an expectation that most, if not all, members will be *active* (see below). The fact that people aged 80 years and above are rare in the Vietnam OPAs (Table 3.1), despite the country's relatively high life expectancy, probably reflects this expectation that members will be able to participate fully in the life of the group. Potential members are given to understand that active participation is a condition of membership, and that it is not enough to have participated in the past. What is required is active participation for as long as membership is retained. In Vietnam, therefore, as in China, the size of the membership is not an index of the ability of the OPA to attract members and win their support.

The relationship between the membership of OPAs and the rest of the older population in the community is important for all the study countries because it has implications for the distribution of the benefits of OPA activity throughout the older population in the village. *If* the benefits provided by the OPA depend in some part on membership status, the size of the membership as a proportion of the older population in the community matters for our assessment of OPA claims to improve the wellbeing of the older population in the village. The point is not that these claims are weakened if non-members make up a relatively large proportion of the older population. It is rather that the attitude of the OPA towards non-members gains in importance as the relative size of the membership decreases.

The existence of substantial numbers of older people who are non-members of the OPA poses a potential problem of exclusivity, which is handled in different ways in different countries. In China, for example, the problem does not arise because the OPAs have an inclusive membership within the relevant age category. It is very unusual for people who are eligible to join not to be members. In Cambodia and Myanmar, the OPAs/OPSHGs have an implicit objective of expanding the membership to be ever more inclusive of older people, and if non-members decide that they want to join after they have seen what the OPA does, they are at liberty to do so.

In Vietnam, however, it is not enough for a non-member to decide to join and offer to pay the required fee. Because there is an upper limit for membership size, there is a sense in which exclusivity is a structural feature of the clubs. Once they have been active for a while and have reached the target for membership size, there have to be 'vacancies' for younger-old community members to be able to join. Moreover, older-old members often have to leave the club because they are unable to attend regularly. What this means is that in a village with a well-established club, some of the older non-members will be *ex*-members. In an organisation that aims to provide help to the neediest older people in the village, this is potentially problematic, even if, as with the ISHCs, first, only one person per household is allowed to join[45] and second, the organisation tries to ensure that people with certain kinds of need (poverty and social disadvantage) are over-represented in the membership. If the challenge for OPAs in Cambodia or Myanmar is to extend the membership, the challenge in Vietnam is to extend the benefits of ISHC activity to *non-members* without undermining the 'special status' of membership. In Vietnam, therefore, the ability of ISHCs to confer substantive benefits on non-members is more important for an assessment of their impact on the wellbeing of older people than in the other study countries.

44 Relative to the size of the older population in the community.

45 Clubs accept only one member *per* household, which ensures that the benefits of membership, such as access to credit, are distributed as widely as possible through the community. The restriction can be seen as a counter-balance to the upper limit on the size of the membership. None of the other study countries had a similar restriction.

OPA Activities, Membership Status and Access to Benefits

OPAs in all the study countries are membership organisations which villagers typically pay to join. The financial costs[46] of membership – even when a regular subscription is added to the joining fee–are generally low (which is to say that they are designed to be affordable for older people living in poor rural areas), but there is no reason why we should think of them as negligible. There are some country differences in membership fees, especially with regular subscriptions, which are normal in Vietnam and Myanmar, but largely absent in Cambodia. Occasionally, OPAs waive subscriptions from certain categories of members, such as older people with no children (in some Myanmar OPAs). In China about half of the OPAs in the sample had stopped collecting any kind of membership fee, either a joining fee or a regular subscription.[47]

Membership fees are importantly different from donations, and this has implications for how we think about the distinction between members and non-members. The key point may be expressed something like this: if the payment of a fixed fee is generally understood to be a requirement of membership, then members have a *reasonable expectation* that they are gaining access to a service or facility that is not so readily accessible to non-members. It becomes reasonable for members to ask what it is that they are getting in return for the costs of membership, and although these costs are not purely monetary, they do as a rule include a monetary component.

It has to be born in mind, however, that the OPAs in the study are set up as multi-functional organisations, and that some of the activities in which they engage should be understood as providing public goods for which membership status is irrelevant. Many OPAs, for example, have provided an amenity or service that benefits the entire village, such as an electricity generator or a building that can be used for religious ceremonies. In such cases the OPA is helping to develop a shared or collective asset. OPAs are also providers of opportunities for social participation and engagement which are typically open to all.[48] Collective amenities are there to be enjoyed or used by non-members as well as members, and, with the possible exception of OPA business meetings, membership rarely has any bearing on access to opportunities for social participation. There are other activities, on the other hand, in which services or financial assistance or in-kind gifts are provided to individuals according to a distributional rule or procedure, which *may* include membership status. This is because the resources that are used in providing something for one individual are no longer available to help another individual. What is provided in these cases is typically a service or cash payment or gift that is intended to ameliorate problems associated in one way or another with advancing age: difficulties in earning a livelihood and securing a regular income; health problems; problems with everyday household activities or personal care; isolation.

Thus, what we might call the standard model for OPAs combines different motivations or incentives for membership:[49] a sense of community solidarity – a desire or willingness on the part of some villagers to contribute time or cash to improving village amenities or supporting the welfare of other villagers in need; sociability – a desire to engage in activities with other individuals outside the household; and lastly, the desire to secure access to services that are otherwise difficult to obtain and to be eligible for future benefits[50] in case of need. In other words, OPAs do not rely solely on the altruism or sociability of villagers for their ability to attract and retain members. The fact that they provide various kinds of extra-familial support in circumstances where the government has limited capacity to help gives most older villagers another very good reason to join.

46 These may not be the only costs, however. See section below on *active and passive membership*.

47 In such cases, the question of what members receive in return for the cost of membership no longer applies, and this puts the relationship between OPAs and members on a different footing from the other cases, where it is a reasonable question for villagers to ask.

48 As a rule, non-members are not excluded from social or educational activities organised by the OPA. To the contrary, their participation in such activities can be seen as an important test of the claim to be benefiting all older people in the village.

49 The balance between these elements seems to vary from country to country.

50 The term is used here by analogy with the personal benefit provided by e.g. membership of a cooperative funeral insurance scheme, namely a contribution towards the cost of a funeral in the event of death, and also the reassurance that this support will be forthcoming in case of need. They are also like welfare benefits.

The range of services which fall into this last category is wide. If we look across all the OPAs in the different study countries, it includes:

- Access to credit in the form of small cash loans, (micro-finance), (see Table 3.7),
- Non-cash loans in the form of rice or paddy (unmilled rice) or cows,
- Ability to hire farm machinery such as hand tractors,
- Cash payments to help with various contingencies, such as the costs of transport to see a doctor or the costs of a funeral,
- Cash assistance in case of special need; (for example, no reliable income),
- In-kind gifts (such as rice or clothing or vitamins),
- Home visits providing various kinds of support and help around the home for people who are sick or disabled (see Table 3.2),
- Eye tests,
- Health checks.

When providing any of the items on this list, OPAs have a decision to make about the relevance of membership. Should the benefit or the service be distributed on the basis of need alone, (so that it resembles social assistance), or should access depend on membership (so that it functions more like contributory social insurance)? Sometimes the decision is made locally; sometimes it reflects a model adopted more widely across a country network of OPAs. Either way, we should suppose that when people join the OPA, they know which items depend on membership and which do not. By no means are all the items in the above list provided in every country and, with the exception of Vietnam, there is a fair amount of variation in the range of services or financial benefits that are provided locally by different OPAs *within each country*. For all of them, however, we can find examples of OPAs that either restrict access to members or give them preferential access. Eligibility or access is tied to membership in a way that gives villagers an incentive not only to join the OPA, but also to pay to join. All these items, moreover,

Table 3.2 Home Visits and Homecare

	Cambodia	China	Myanmar	Vietnam
OPAs making home visits	12/20	14/18	15/15	15/18
Friendly / social visit only	9	0	0	1
Health check only	0	0	3	2
Help with housekeeping Only	1	9	0	2
Health check + help with housekeeping but no hands-on care	0	0	3	1
Hands-on care, but no help with housekeeping/health check	1	0	0	1
Hands-on care + health check	0	0	1	1
Help with housekeeping + hands-on care	0	0	1	1
Help with housekeeping + hands-on care + health check	1	5	7	6

share an important characteristic: they require OPAs to make decisions about the allocation of scarce resources to *individuals*, about who gets what and when. Sometimes the beneficiaries may include all older people irrespective of membership (for example, gifts of food at festivals), or the entire membership (for example, health checks). Sometimes, beneficiaries are selected from within the membership by a secondary distributional rule. Age may be used in this way as a criterion of eligibility for financial benefits. Assessments of need may be used to determine who should get homecare. Or it may be necessary, as with loans, to rotate access across the membership so that everyone has the opportunity to apply for a loan within a given time period.

Although not all the OPAs in the core sample provided their members with access to credit (small loans or micro-finance),[51] this is often regarded by committees or management boards as the key to OPA popularity. More than anything else, they think, this is why villagers join OPAs, and as far as we can tell with the data we have, the benefits of access to the loan fund are more widely distributed among the membership in any given year than any of the other items listed above. The availability of loans is also cited repeatedly by villagers as one of the main benefits of membership. Not all OPAs have loan funds (see Table 3.7), but those that do either lend *only* to members or they give members some kind of preferential access (priority or lower interest rates). There are exceptions, of course, and just how exceptional it is for OPAs to lend to non-members seems to vary somewhat between countries. All the countries except China do in fact have examples of OPAs/ISHCs that lend to non-members, but the typical OPA/ISHC places some restriction on access to loans for non-members. There is, of course, a very good reason for excluding non-members from the loan funds, namely that it provides potential members with a motive for joining. We cannot be sure why some OPAs decide to relax this restriction, especially if it seems that access to credit is the dominant motive for joining. It could be that the demand for loans from members is relatively weak or that special circumstances warrant the extension of loans to small numbers of non-members (for example, lots of people wanting to borrow and willing to pay higher rates of interest than members.)[52]

The most common package of member-only benefits across all the OPAs combines access to credit with some form of cash assistance (for example, help with funeral expenses or the costs of healthcare) and/or a service like home visits or health checks. There are, however, several OPAs, especially in China and Cambodia, which provide members with very little apart from the ability to borrow cash or rice. They have become more or less uni-functional rather than multi-functional. OPAs that provide *nothing* on the basis of need alone are clearly more functionally limited than those that manage to provide such services as well as member-only benefits.

What is interesting and significant about the ISHCs in Vietnam is that eligibility for home visits was *nowhere* restricted to members. All the evidence we have suggests, to the contrary, that this kind of help was allocated entirely on the basis of need rather than membership.[53] Indeed, in many of the villages in the core sample, the majority of people receiving visits were non-members. It has to be remembered, however, that a lot of the demand for home visits will come from an age group within the village that will almost certainly include a large proportion of *ex*-members of clubs. This is another way of saying that a substantial proportion of people with chronic health problems who need help with activities of daily living are generally not eligible for membership.

What Non-members Say

In all the study countries except China, potential members have to weigh up the costs and benefits of membership when they are considering whether or not to join the OPA. Is it worth their while to join? Although there are fewer non-members than members in all the one-to-one interviews, there are enough to give us some sense of what might be behind the decision not to join. In Myanmar, for example, what nearly all the non-members seem to have in common – apart from the desire not to join at the moment – is a judgment about immediate or short-term personal benefits. There seems to be no point in joining *now*, because they have little or nothing to gain, and there is a cost, which is often *time* rather money. For people who are relatively young, in good health, and comfortably off, the *present* balance of costs and benefits may seem obvious, even though they recognise that this may change in the future.

51 OPAs in Cambodia and China are more variable in this respect than those in Myanmar and Vietnam. See Table 3.7

52 A few OPSHGs in Myanmar did this.

53 Other OPAs will allocate help on the basis of need, but only within the membership.

Woman, aged 55, married and a non-member of the OPSHG. Her husband is the same age and is also a non-member. Six of her seven children still live at home. They are all either skilled workers or students. She is in good health, as is her husband. She has 10 acres (about 40,000 m2) of land, and plants banana and mangoes. She has taken a loan of 100,000 kyat (about US$72) at 1.5 per cent interest rate from the Co-operative Association. She used the loan for her plantation. She knows the OPSHG holds meetings, but she does not know its activities. She says she would like to join the OPSHG when she is older. Shin Taw Kone,[54] Myanmar.

In the Cambodian sample slightly different concerns emerged, such as the cost of the membership.

Woman, aged 53, widowed for 30 years, never re-married. She has two children, both married and living in another place. So she lives on her own. She receives some occasional support from her children, and raises chickens. She has no land, and does not have an ID poor card. "I know that the OPA exists, but I do not have enough cash to pay for the membership fee." Daung Run Kert, Cambodia.

Though here too there were people who claimed to be concerned about the burdens or requirements of membership.

Husband and wife, aged 57 and 56. They have five children, all of them working in Thailand. They take care of several of their grandchildren. They have no land and the husband has to go away to find work. They say that they thought the OPA was for older people and if they joined they would be asked for donations. They are worried that they might have membership duties which would interfere with work plans that require them regularly to take work away from the village. Ream Sena, Cambodia.

The non-members with whom we had one-to-one interviews in Vietnam had rather different stories to tell. They confirm the view that only in Vietnam does the demand for membership exceed the available spaces. This is not to say that *all* clubs are in this position, but there are many that are. Most non-members, therefore, fell into one of two categories. There are those villagers who are unable to participate actively in the club because of age or disability, and some of them are ex-members. They are no longer eligible for membership. The other category is mostly made up of villagers who are standing on the younger edge of membership. They are eligible to join and are waiting for a vacancy.

Here, for example, is a married woman who was actually approached to join when the club was set up (perhaps as a likely volunteer) and refused. She is neither poor nor socially disadvantaged. She is waiting for a vacancy, having already received a loan.

Woman, aged 62, married. "I have three children, and I live with my husband and our youngest son who has a small stall repairing electrical goods. I am a farmer with 1,000 m2 of rice land. I also have a small restaurant providing breakfast villagers like sticky rice and bread for villagers ... My husband has an army pension (for sickness). Life is in general good ... When the club was established, the management board asked me to join, but I refused because I was busy. Also, I didn't know what the main benefits of joining would be and I thought that the club was just for old people. But now I know more about the club, I know better what the benefits of joining would be – like getting loans, doing activities together, and being visited when sick. Even though I am not a member, I have had one loan from the club (VND3,000,000, about US$135) to invest in my restaurant. Recently, I have applied to join the club, and I am waiting for approval. The management board told me that, in the next year, there will be some other people who are above 80 years old and can't belong to the club anymore. And then I will be admitted." Dan Loc 3, Vietnam.

It is part and parcel of this careful management of the size of the club that the oldest-old villagers cannot expect to join as a matter of course.

Woman, aged 88, widowed. "I have three children, and live with my youngest son who is a farmer. I have a survivor's pension, because my husband as well as a son died during the wars. In general, I don't have any difficulty with money, and I have free health insurance ... I would like to join the club, but when I asked the management board they said that I was too old so they refused to admit me. Although I am not a member, I join in the physical exercises and I like it very much because it helps me stay healthy.' Xom 3A Nam Thanh, Vietnam.

54 These are place names – usually villages – for the OPA/OPSHG/ISHC.

Meetings

The composition, function, and frequency of OPA meetings vary across the different study countries. In Myanmar and Vietnam, considerable importance was attached to regular and frequent meetings that involved regular members[55] as well as the management committee. Monthly meetings were the norm (Tables 3.3 – 3.6) in the core sample. Members were expected to attend unless they were ill or had pressing business that kept them away,[56] and attendance rates were relatively high in both countries. The business of the OPA, including the presentation of accounts, was discussed by the committee *and* the membership at these full meetings. Where decisions had to be made, all OPA members were able to participate. Meetings also provided an opportunity for the exchange of information and news.[57] In Myanmar it was standard practice to allow relatives to attend on behalf of OPSHG members who were too ill or weak to attend themselves, which is probably to be explained by the fact that meetings were the occasion for the payment of interest on loans and the collection of any monthly subscription fees.

The picture for China and Cambodia was more mixed. In Cambodia, monthly meetings were the exception rather than the rule. Only a handful of OPAs in the sample (and they were all new) had held three or more general meetings (consisting of committee members and regular members) in the previous year. There were, on the other hand, OPAs that had ceased altogether to hold business meetings when the project support had come to an end (so there were none in the previous year). There were others that met regularly for Buddhist prayers or ceremonies, but held no business meetings as such. Or, they held their business meeting to coincide with a major religious festival, in which case it usually took the form of news announcements or reporting from the committee to members.

In China, business meetings were often attended only by the management committee (other members are not invited). There were examples of active OPAs that had very busy committees, but held full meetings, with regular members as well as committee members, only once or twice a year to coincide with festivals. In Sheshu, for example, there were a few meetings each year, and the committee would usually have a specific purpose in mind each time, either to inform people about government policy or to provide an educational session. The model of organisational governance underlying this approach was clearly different – less participatory – than that in Vietnam or Myanmar. The idea that a meeting was an occasion for members to have their say about the work of the OPA did not really apply in Sheshu. There were, however, other OPAs in the China sample that made a point of holding full meetings much more frequently (usually because the members made it clear how much they enjoyed them), and some of the reasons for this are explored in Chapter 4. It is arguable, as we have seen, that the size of the membership acts as a constraint on meetings, and this condition is particularly relevant to the Chinese context – with relatively large older populations in the villages and inclusive membership.[58] Under these circumstances, it would perhaps be unrealistic to think that the OPA committee could hold full meetings and expect to have a participatory exchange of views with members. We should expect, as a consequence, however, that regular members are less likely to have a sense of ownership for the OPA.

55 The term is used in the rest of the report to describe OPA members who were not also members of the management committee.

56 The comments of some non-members in Myanmar – "too busy" – suggested that they regarded the expectation of regular attendance at monthly meetings as a major reason for not joining.

57 By which we mean not just gossip or chat, but news from the wider world as well as exchange of information on the condition of local people where it is relevant to the activities of the OPA; for example, who might need help.

58 A further constraint on meetings that emerged in discussion with management committees, particularly in China, was the highly dispersed nature of some villages.

Table 3.3 OPA Activities in Last Year: Cambodia (n=20)

	Not at all	Once only	2-5 times	More than 5 times
Meetings	8	6	5	1
Health checks	13	1	2	4
Physical activity sessions	19	0	0	1
Health education sessions	12	1	3	4
Social/cultural activities	6	3	8	3
Fund-raising	8	3	8	1
Information sessions on rights/ entitlements	12	2	2	3
Contact with government agencies	13	3	3	1

Table 3.4 OPA Activities in Last Year: China (n=18)

	Not at all	Once only	2-5 times	More than 5 times
Meetings	0	5	6	7
Health checks	16	0	1	1
Physical activity sessions	7	0	6	5
Health education sessions	7	2	8	1
Social/cultural activities	0	0	9	9
Fund-raising	10	5	3	0
Information sessions on rights/ entitlements	1	8	2	7
Contact with government agencies	0	0	4	14

Table 3.5 OPA Activities in Last Year: Myanmar (n=15)

	Not at all	Once only	2-5 times	More than 5 times
Meetings	0	0	0	15
Health checks	7	3	2	3
Physical activity sessions	11	1	1	2
Health education sessions	9	1	2	2
Social/cultural activities	4	9	2	0
Fund-raising	6	4	4	1
Information sessions on rights/ entitlements	11	1	2	1
Contact with government agencies	10	3	1	1

Table 3.6 OPA Activities in Last Year: Vietnam (n=18)

	Not at all	Once only	2-5 times	More than 5 times
Meetings	0	0	1	17
Health checks	0	0	3	15
Physical activity sessions	0	0	2	16
Health education sessions	0	0	6	12
Social/cultural activities	0	0	2	16
Fund-raising	7	1	7	3
Information sessions on rights/ entitlements	2	3	12	1
Contact with government agencies	0	1	11	6

The transaction of business was, however, only one of the functions of OPA meetings, if, that is, we take all four study countries as a group. The gatherings were social – and sociable[59] – and they could function as such without any special input on the part of the management committee. They also provided an opportunity for various kinds of organised group activities that were intended to be informative or useful or even simply enjoyable for the older people who attended. It usually fell to the management committee to organise these activities, which could provide members with an incentive to attend. In other words, there was an opportunity to add various kinds of non-business content onto the business meetings. It is possible, of course, to divorce the provision of some organised group activities from the business meetings, and this indeed is what seemed to happen in many Chinese OPAs. Drum bands, for example, as well as traditional opera are popular in Shaanxi, and were sometimes supported by the OPAs. There was no imperative, however, to connect such events with OPA meetings. With this proviso, we can say that the data in Tables 3.3 – 3.6, taken together with the OPA profiles, strongly suggests that OPAs/ISHCs in China and Vietnam, especially Vietnam, put more effort into organising group activities for members.

Active and Passive Membership

Although OPAs are in some respects like cooperative societies that provide financial benefits or other services to individuals in return for a membership fee, they are in other important respects different.[60] As we have already noted, OPAs provide public goods, including opportunities for participation in social activities. They also tend to expect something more from their members than the payment of a fee. There are, as some non-members pointed out, non-monetary costs attached to membership. A cooperative society may function effectively with a small conscientious committee that acts as a steward for the funds that it collects and disburses. If members are happy to leave this responsibility to the committee, there is no reason for them not to be in all other respects quite passive. Whether or not OPAs could work in the same way is more of an open question. Would it not be feasible, for example, for an OPA to combine the functions of a cooperative society with those of a social club whose members are relatively passive consumers of leisure activities that are organised by a management committee and paid for out of OPA income – and leave it at that? The question suggests a distinction between the different ways in which members may participate in OPA activities – passively rather in the manner of consumers of services – or more actively as co-producers of services.

59 The evidence in the country reports suggests that more importance is attached to this aspect of OPA activity in China and Vietnam than in Cambodia and Myanmar.

60 Though it has to be emphasised that these are matters of degree.

There are organisational or structural differences that affect the mode of member participation in the study countries. This is partly because of differences in membership models, and partly because the duties that go with membership, its non-monetary costs, are not the same in the different countries. If we suppose that a minimum condition of active participation in the life of an OPA is regular attendance at business meetings *and* a readiness to join in any non-business activities that are organised as part of the meetings (for example exercise sessions), then it is clear that OPAs with a relatively large proportion of older-old people among their members will find it harder to maintain high attendance rates at meetings. Poor health acts as a constraint on the ability of members to attend meetings, and health problems, including limited mobility, become more common with age. Different membership models will affect the ratio of potentially active members to those with limited capacity for active participation. It will be much higher in Vietnam than elsewhere because this is built into the eligibility criteria for membership. It will be lower in China than elsewhere simply because of the inclusiveness of the membership. OPAs with a relatively large proportion of older-old people among their members cannot expect high levels of active participation from this group.

If we assume that OPAs expect something more from their members than the payment of a fee, they have to tailor their expectations to the composition of their membership. With this proviso then, regular attendance at business meetings *and* a readiness to join in any non-business activities is probably the least they can ask of their members. Frequent meetings with high attendance rates are to this extent signs of an active membership. Infrequent meetings make for less active membership. OPAs are set up as *community* organisations that aim to bring older people together for various purposes, and they cannot flourish as such unless a substantial proportion of members are active in this minimal sense. The data on attendance and the frequency of meetings in Table 3.1 show that levels of participation – in this sense – are relatively high in Vietnam and relatively low in Cambodia.

A similar point can be made about the description of OPAs as *participatory* organisations. No doubt we should think of this as matter of degree rather than a binary categorical distinction, but if regular members are given only limited opportunities to have their say about the affairs of the OPA, then we can probably conclude that they participate in decision-making only to a limited extent. This may happen because OPA meetings are infrequent, which is often the case in Cambodia and China, or because regular members are not routinely invited to the business meetings at which decisions are made, which happens sometimes in China.

Notably, OPAs/ISHCs in Vietnam and Myanmar ask for, and obtain, more from their general members than regular attendance at full meetings.[61] The work of the OPA is designed in a way that requires a higher level of commitment. Members are asked to contribute their time to the work of the OPA, over and above the time spent in attending the general meetings. This means that an active membership (in this second sense) becomes a precondition of the ability of the OPA to function effectively (for example, to carry out planned activities). Quite apart from what we can read into data on the frequency of meetings and attendance, there are other important characteristics of OPAs that allow us to distinguish between, 1) OPA structures in China and Cambodia that work with small, but active committees, and a large but relatively passive body of members, and 2) OPA/ISHC structures in Vietnam and Myanmar that require a more active body of members.

In Myanmar this is achieved by having a set of sub-committees covering particular domains of activity as well as a main committee. So, for example, Ah Nauk Su Gyi has six sub-committees in all, overseeing: 1) Livelihood, 2) Income-generation ventures, 3) Fund-raising, 4) Health and home care, 5) Monitoring and evaluation, and 6) Disaster risk reduction. Even if we allow for the fact that main committee members also serve on sub-committees, this means that a relatively high proportion of members are actively involved in running the association. In Koe Kway, one of the smallest OPSHGs, 10 out of a total of 25 members serve on sub-committees and / or the main committee. In Baw, which has 53 members, there are 23 committee members. This high level of member participation in administration is a very striking feature of OPSHGs in Myanmar, and it can only work if there is a correspondingly high level of commitment from members. As far as we can tell, the system works; that is to say that no-one complained about the burden of administrative responsibilities,[62] (which does not mean, of course, that they had none). Regular members who took on this work were generally upbeat and had good morale.

In Vietnam, the active membership makes its presence felt in a different way, through teams of volunteers who

61 Members of management boards or committees have additional responsibilities.

62 We should bear in mind, however, that many of the OPSHGs may be too recently established to have experienced handover problems with key committee members.

provide various kinds of community service. The point to note here is that when members join the ISHCs, they know that they will be asked to volunteer.[63] The ISHCs have organised teams of volunteers (with volunteer team leaders) that undertake different tasks on behalf of the club, either for the benefit the community as a whole (for example, cleaning up the village) or for individuals in the community who need help of some kind or another (for example, home visits or house repairs or help in the fields). The capacity of the club to help people in the community depends quite as much (arguably more) on its ability to mobilise volunteers as on its cash resources.[64] This is important for the membership model found in Vietnam. Without high rates of volunteering, the ISHCs would struggle to reach out, and provide support, to *non*-members. Since the majority of older villagers fall into this category – and nearly all the older-old villagers will be non-members as well as all those who need help with activities of daily living – the provision of support to non-members is what they have to do to sustain claims to inclusiveness.

Loans and Other Sources of Income

There are notable differences in the importance of different sources of income in the study countries. OPAs are usually established or developed with external donor funding. This typically includes, 1) Some form of capital funding to start an income-generation scheme that will allow the OPA to be self-financing as well as 2) Income for the duration of the project (that is, until training is completed and the income-generation scheme is well-established) and helps to pay for other activities. When the project funding comes to an end and project income is no longer available, OPAs have to obtain their income from various sources:

- Membership fees,
- Interest payments from loans to individuals,
- Profits from business ventures,
- Donations from individuals or local enterprises,
- Grants from local government.

The conditions under which most OPAs are established mean that membership fees, even when they include regular subscriptions, have to be set at a level which is insufficient to maintain the range and level of activities (as well as the package of benefits) initiated with the project funding. As for donations and grants, although they are often important, reliance on such sources of income leaves quite a lot to factors outside the control of the OPA (for example, the wealth of community members or the presence of a successful local enterprise).

Most OPAs in the study countries rely heavily on the provision of cash loans to older people as a means of securing a future stream of income once project funding has been withdrawn. These small-scale microcredit facilities are intended to answer the OPA's need for a sustainable source of income as well as the needs of older people, in rural areas especially, for credit. The OPAs gain regular interest payments[65] and older people can borrow to make purchases (fertiliser, livestock, tools of a trade and so on) that can be used to increase their income. The idea is that relatively small loans can make a significant difference to the earning capacity of individuals with low incomes. For the OPA, a healthy loan scheme also helps finance those items in the package of benefits that cost money.

Microcredit facilities can get into serious trouble if borrowers do not repay their loans. This is clearly illustrated in some of the Cambodian OPAs. First, an OPA that had made a success of its loan fund.

> *The OPA's main source of income is from the interest payment on loans. This OPA received start-up capital of 2,200,000 R (about US$530) from HAC in 2003. The capital was returned to HAC in 2006, which left the OPA with 1,200,000R (about US$290, the interest earned in three years) for its loan fund. The current cash loans capital is 12,980,000 riel (about US$3,150). The OPA charges 2 per cent per month interest rate with a six-month loan cycle. There are 74 borrowers at the moment. Non-members can access the loan facility, if there are funds available after the*

63 This applies especially to the younger members and is indeed the main reason for seeking their inclusion.

64 This does not seem to be true in Myanmar.

65 Interest payments are generally quite high (25 to 30 per cent APR).

members have borrowed what they want. The OPA claims to have a 100 per cent repayment rate. Rohal Suong, Cambodia.

But this other OPA had no such success.

This OPA's main source of income comes from the local commune fund. It received a start-up capital for cash loans of 2,100,00 riel (about US$530) in 2012. There are 15 outstanding borrowers who now owe 2,900,000 R (about US$700) between them. However, it is difficult to track loans since there is no written record of who has borrowed what. The committee thinks that two-thirds of the borrowers have paid only interest to date (no repayment of capital), and the rest have repaid neither interest nor capital. This has created a sense of injustice among members who want to borrow but are told they cannot yet do so. Kvet, Cambodia.

In all, three of the OPAs in the Cambodian sample had stopped making loans because of repayment problems with borrowers. In one of these (Sramaoch), committee members claimed that they had to contend with 31 borrowers who had no intention of paying back the loans. When asked to return what they owed, several of them argued, "Why do you ask us to pay back? This money is charity, not yours and we won't pay." The same OPA also had repayment problems with its rice bank: the committee members said that it "caused them a lot of headaches," without adding significantly to their income.

Cash loans are by no means the only source of regular income for OPAs, however. In Cambodia and Myanmar, members in some OPAs are able borrow rice or paddy, and they make their repayments in the same 'currency'. These schemes are sometimes very successful, and occasionally play a more central in OPA finances than cash loans. Some OPAs also, especially in Myanmar, set up and manage small-scale business ventures which have a dual function: they provide extra income for the OPA/OPSHG by putting in place a resource or service which is in demand locally and may give a small boost to the local economy. *All* the OPSHGs in the Myanmar sample operated this kind of venture *as well as* a loan fund (i.e. a microcredit facility for individuals). These small business schemes followed standard models, which included: buying and selling of rice or coconuts; rice bank or paddy (unmilled rice) bank; leasing agricultural machinery such as rice-threshing machines or small hand-tractors (for ploughing paddy fields); electricity generators which enable OPSHGs to sell electricity to local households; breeding farm animals (sheep or goats); hiring out trishaws.[66]

In the China and Cambodia samples, there are several OPAs without active loan funds, but none in Myanmar and Vietnam. This is partly due to the way in which *some* OPAs were established. There are instances in which the involvement of Help Age International or the affiliated national NGO was limited and did not include the wherewithal to start a loan fund. There were also,

Table 3.7 Micro-finance and Other Sources of Income

	Cambodia	China[67]	Myanmar	Vietnam
OPAs with operational loan funds (micro-finance)	13/20	13/18	15/15	18/18
Average number of borrowers in last 12 months (for OPAs with funds)	22	8	27	27
Main source of income				
- Interest on loans	3	10	9	18
- income from small business	8	-	6	-
- local donations	5	2	-	-
- project support	-	3	-	-
- government grants	1	1	-	-
- membership fees	3	-	-	-

66 Although some of these examples of income-generating ventures (rice banks and animal breeding) were also tried in Cambodia, there was no attempt by HelpAge Cambodia to ensure that *all* Cambodian OPAs had some sort of income-generating venture in addition to their microfinance facility.

67 Information on finances provided by 16 OPAs only.

however, a couple of OPAs in Cambodia that had run into problems with their loan funds and closed them down; that is, there were no more new loans.

The data in Table 3.7 shows that the ISHCs in the Vietnam sample are uniform in their dependence on cash loan facilities. The other countries are more varied. Several OPAs/OPSHGs in Myanmar and Cambodia[68] say that their small-business schemes provide them with more income than their loan funds. The average number of borrowers from cash loan facilities is much lower in China than elsewhere, and these are absolute numbers, not percentages. In other words, the borrowing rate is much lower in China than elsewhere (because they have larger memberships as well as fewer borrowers). As the country report shows, there were several OPAs whose loan funds were just about 'ticking over'. Put another way, we can say that the demand for credit is lower in China than elsewhere. In Myanmar and Vietnam, the proportion of members who were reported to have borrowed in the previous 12 months was about 50 per cent.

Contacts with Government and External Agencies

There are many factors that differentiate Vietnam and China, on the one hand, from Cambodia and Myanmar, on the other, and some of these have already been touched on in Chapter 2. As far as the activities of OPAs/ISHCs are concerned, what is striking is the relative lack of contact with local authorities and service providers in Myanmar and Cambodia. In China and Vietnam, by contrast, regular contact with local political authorities or service providers (the Village Committees in China or the Commune Health Centres in Vietnam) seems to be built into the *modus operandi* of the OPAs/ISHCs. It is probably no accident, from this point of view, that these countries have a similar kind of political structure and more effective government (as well as stronger health infrastructure). Both also have long experience with grassroots' social organisations that work closely with government.

In both China and Vietnam, HelpAge projects were in fact building on pre-existing networks of older people's associations at village level. In Vietnam, all these local associations are part of the Vietnamese Association of the Elderly (VAE). Every village has its local group, known as an OPA, and where the ISHCs exist, they are established alongside these other OPAs.[69] The ISHCs are, as it were, 'supercharged' versions of the OPAs, which have a mostly social function. Every ISHC, furthermore, is sponsored by a local partner organisation, which will be one of a handful of mass membership or grassroots' organisations, such as the VAE or the Vietnamese Women's Union (VWU). In China, the HelpAge projects were introduced rather differently, by being grafted onto the pre-existing OPAs, which thereby acquired functions and operational procedures that they did not have before (like loan funds or home-visiting programmes). All Chinese OPAs, not just those which have had HelpAge projects, are linked to county-level Councils on Ageing,[70] which are in turn linked to provincial and national-level Councils on Ageing. Although the links that OPAs/ISHCs have with these various grassroots' organisations are not the same as links with local government or service providers, they do confer a kind of political legitimacy on the OPAs which can be seen in some of the roles or functions that they take on.

In Vietnam, for example, nearly all the clubs in the core sample reported more than one face-to-face meeting with local authorities and / or service providers in the previous year. This was sometimes supplemented with attendance by local authority representatives at the club meetings. There is a relatively high level of engagement between the ISHCs and government agencies and / or providers of services. Although these meetings occasionally focus on queries about government policies that affect older people (for example, when the management boards are seeking clarification about the details of national policies or their rationale), the clubs often ask for things to be done or they make proposals for doing things themselves. The extent to which ISHCs in Vietnam act as advocates on behalf of groups with unmet needs and on behalf of individuals makes them stand out from the OPAs in the other study countries.

It may perhaps be overstating the case to say that China is unique among the study countries for the very active role played by OPAs in promoting values that affirm the importance of the family in society as well as a strong sense of community. There is no question, however, that the China OPAs *are* unique in the degree of importance they attach to what is best described as a political or moral role in the community. Nor can there

68 These are mostly rice banks. They accumulate surplus rice because of the rice they receive as interest and then sell it to earn cash.

69 As in China, all older people are enrolled in the OPAs.

70 The links are sometimes weak and sometimes strong. If the CCA supports what the OPA is doing, this is good for the OPA, and may well give the OPA access to public funds.

be much doubt that this reflects what I have called the political legitimacy conferred on the OPA network. The OPAs we visited see themselves as having a part to play in moral governance and education in their local communities, and this is a top priority for them. This is especially evident in the work they undertake on conflict mediation – mostly within families – and the public distribution of awards for socially meritorious behaviour. OPAs[71] make it their business to know whether or not different generations within families are getting along with each other. This aspect of their activities was stressed not only at local (OPA) level, but also in the county, provincial and national Councils on Ageing.

Quotas and Targets

We have already pointed out that ISHCs in Vietnam cap the size of their membership. They also have quotas (not strict rules) for the proportions of their members who should belong to different socio-demographic groups: they aim for 70 per cent of the members to be women; and they have a similar target (70:30) for people who count as old; and people who are poor or socially disadvantaged.[72] An ideal membership should contain 70 per cent women, 70 per cent older people, and 70 per cent people from poor or socially disadvantaged groups. The rationale for this last quota is that it helps to target the benefits of membership at those most in need. Consider, for example, access to the loan fund. If this is restricted to members only, and the poorest older people in the local community are under-represented in the ISHC, then loans will tend not to go to people who can benefit most from a small increase in their income.

None of the other countries operate this kind of quota system, but they do share the aim of trying to target the more vulnerable members of the older population. The problem of getting loans to those who need them the most is approached, however, in a rather different way: by making the membership as inclusive as possible and prioritising loans to poorer members. In all the study countries, OPAs with loan funds tried to make sure that they knew enough about the financial situation of members to identify those most in need of a boost to their income, and that applications for loans by the most financially hard-pressed individuals were given priority. This means that OPAs have to manage their loan funds so as to balance three objectives: all members should be able to get a loan if they want one; poorer members should have priority; and defaults are to be avoided. In practice, what tends to happen if the demand for loans is high is that applicants who are not poor have to wait a little longer for a loan. If the demand for the loans is low, this is not really an issue.

Gender

In all the study countries except Vietnam, the gender composition of OPA management committee does not reflect the preponderance of women among members (see Table 3.1). Women survive longer than men in all these countries, and they outnumber men in the OPAs. In the management committees, however, men outnumber women – except in Vietnam. The data we collected unfortunately does not allow us to draw any robust conclusions about the relative proportions of men and women who either participate in OPA activities or benefit from them. Although we interviewed a lot of older people and most of the members we interviewed were older women (except in China), these were essentially convenience samples.[73] Even so, it is important to emphasise that these interviews lend no support to the view that the interests and needs of older women are given less weight than those of older men or that women get less out of OPA membership than men. The data shows that most of the borrowers in these samples were women – except in China, where men outnumbered women among the interviewees. In other words, we have no reason to think that the distribution of loans does not reflect the gender composition of the membership. Moreover, the overall impression (and it is no more than an impression) from the field visits and the individual interviews is that women are just as likely to participate in OPA activities as men. Certainly this is the impression given by the case studies and comments we report in Chapter 4. Whether or not women's voices predominate in these accounts, it is clear that they provide us with abundant examples of women who are enthusiastic about their local OPA and appreciative of what it has done for them.

71 Not all of them, of course. This is a role that is characteristic of the Chinese OPAs.

72 For example, living alone/elderly couple with no children/ member of household who is chronically ill or disabled. They are either lacking in 'normal' family support or they have 'extra' caring responsibilities or burdens.

73 Occasionally we were told that it was harder to find men available for interview because they were more likely to be working in the fields.

Heterogeneity: Strong and Weak OPAs

Clearly, OPAs in the four study countries differ from other each other in various ways: not only in their membership structure and standard operating procedures, but also in the nature of the activities that they undertake. OPA activities or services that are commonplace in one country may be entirely absent in others. The extent of member participation in the life of the organisation also varies quite a lot across the different study countries.

There is also, however, considerable heterogeneity among OPAs within countries, especially in China and Cambodia. The evidence in the OPA profiles for these countries defies any attempt to talk about a typical OPA. There is too much variation between local groups to permit the use of such a term. This can be seen most obviously in activities and functions, where different local groups have different strengths and priorities, or where activities in some domains may have dropped off altogether. This is partly due to the absence of a common template (especially for functions and activities), though these countries also have the oldest established OPAs, which means that they have had more time to move away from an original template for activities and operating procedures.

A quite different situation obtains in Vietnam where there is a high degree of standardisation among the ISHCs. They show enough homogeneity in *both* structure *and* function to warrant the identification of a set of features that characterise a typical ISHC. ISHCs conform more closely to a single template than in the other study countries, including Myanmar. Secondly, this homogeneity extends beyond organisational procedures and the range of functions or activities. It applies also to the level or intensity of activity in different functional domains. Most ISHCs in the sample show a high level of activity across all three key domains: income; health; social participation and integration.

A further important contrast between Cambodia and China, on the one hand, and Vietnam and Myanmar, on the other, was found in the willingness of the management committees or board members to acknowledge or talk about problems in their OPA's performance. In Cambodia, in particular, it was not uncommon for committees to express their sense of failure or frustration in matching the reality with the ideal. In China, though to a lesser extent, there were signs of demoralisation in the some of the committees. In Vietnam and Myanmar,[74] this did not happen. In both countries, committee members were generally positive. This is not to say that they were incapable of recognising when they might be falling short in some way. The point is rather that falling short in respect of some targets or objectives is presented as a normal part of an organisation's life – which of course it is. It does not seriously undermine the claim of the OPSHG/ISHC to act effectively in promoting worthwhile social objectives for the community.

The heterogeneity observed in Cambodia or China included some OPAs where all the evidence – the comments of the management committees, the data supplied to us on current activities, and the observations of regular members – pointed to a failure to act effectively. These are OPAs that may have once been quite active, but have now fallen into a state of inactivity. It is important to emphasise, furthermore, that this is not just a difference of degree; it is a qualitative difference. To all intents and purposes, they had ceased to function as community organisations, even in a limited and circumscribed way. If they did anything at all, it was to provide loans.

In both these countries – but not in Myanmar or Vietnam – there were OPAs where a *combination* of factors made for a kind of *systemic* weakness. In Cambodia, for example, the core sample included some OPAs that were struggling with income because of serious problems with their loan funds and/or rice banks.[75] Their record-keeping, moreover, was poor and they had demoralised management committees. The lack of income meant that they were unable to provide cash assistance or in-kind gifts to members in difficult circumstances. They held meetings only on the occasion of major festivals, and did nothing in the way of health promotion. Home visits for sick or disabled members, if they happened at all, were reduced to occasional social visits. In other words, inactivity, or low levels of activity, across multiple domains was combined with income problems and weak management. What marks out these cases is not just relative inactivity, but the perceptions of the regular members. As far as they are concerned, the OPA is no longer active in any meaningful way.

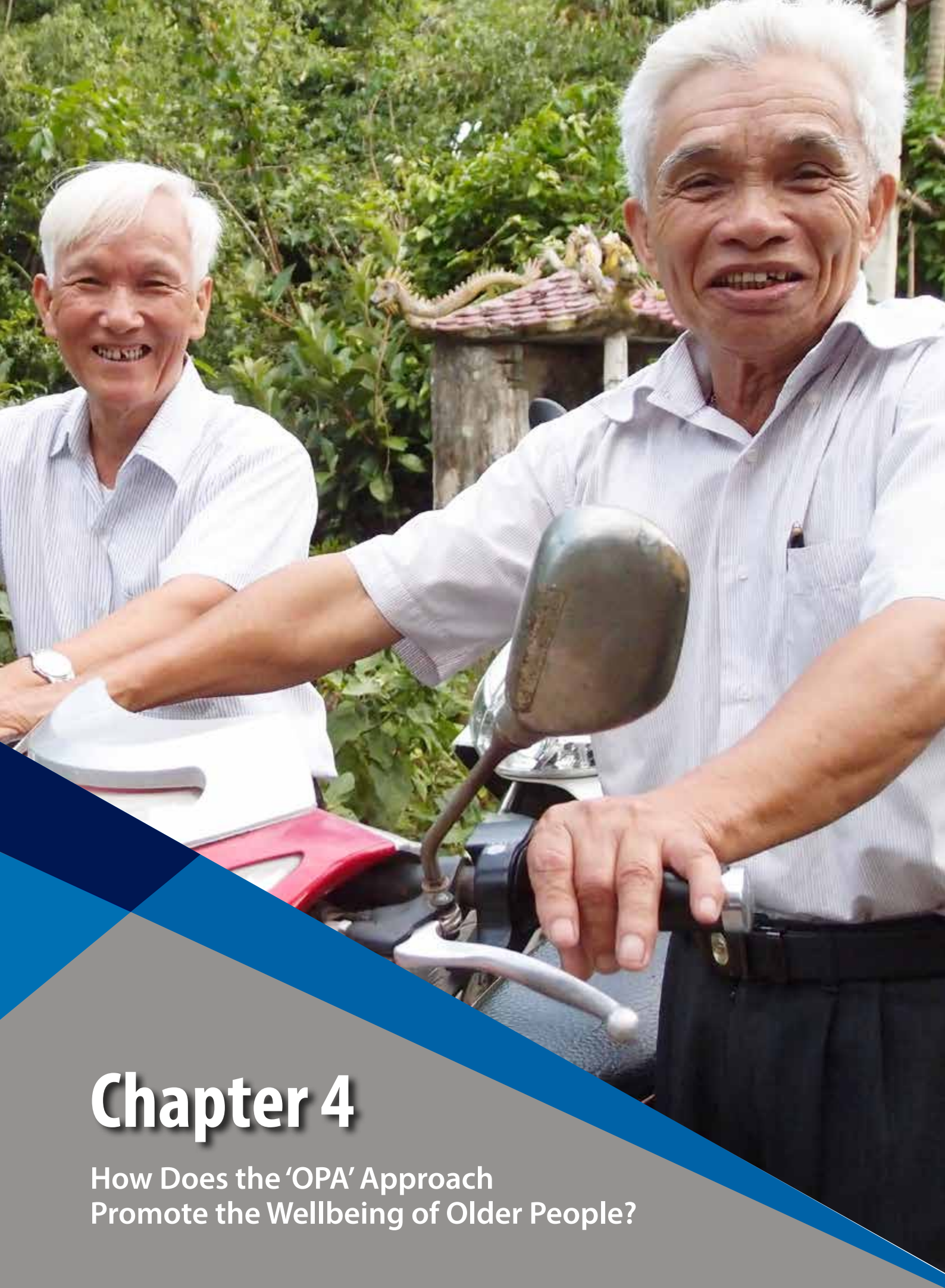
74 In this respect they resemble the committees in Myanmar, though there we have an alternative and more critical view from the Township Network Committees.

75 Usually problems with repayment.

Man, aged 79, widowed with ID 1 poor card. He said that he personally never had any support or help from the OPA. He thought that the OPA was good for his village although it was not really functioning for now. It used to help members once in a while if it could. It was good, however, that it brought religious services close to the village. "These services bring us together as a group, but we never talk about [the] OPA ... I do not understand what they are doing." Poy Sam Rong, Cambodia.

Similar problems were found in a small sub-group of OPAs in China. Like some of the OPAs in Cambodia, they had been very active for the duration of the initial implementation project, and now seemed to be struggling to sustain anything like the same levels of activity. In these cases, even when the management committee insists that the OPA is still formally active, the regular members express surprise to hear about it. In Nansha, for example, a majority of the members who were interviewed had not heard of the loan fund and didn't know they could borrow from the OPA. The members were aware that there was an OPA, but it failed to make its presence felt except as a rather sleepy adjunct of the Village Committee.

Respondent 10 had never heard of the loan fund. Nor was she aware that residents can borrow money from the OPA. She said that the OPA only occasionally holds meetings, and this is usually when the government organises something that they need to all attend. So, earlier this year, the local agricultural department organised a talk on commercial farming and the OPA advertised the talk in the village. Niuboyu, China.



Chapter 4

How Does the 'OPA' Approach Promote the Wellbeing of Older People?

CHAPTER 4

How Does the 'OPA' Approach Promote the Wellbeing of Older People?

Chapter highlights and key points

- This chapter presents material from individual case studies to understand the value that OPA activities have for older people, and to get some sense of the transformative impact of OPAs on their lives.
- The impact of many OPA activities on the wellbeing of older people is assessed from two points of view; from the point of view of individuals with particular needs and problems that the OPA may be able to mitigate; and from the point of view of the community which gains by the work of the OPA in developing new resources and opportunities.
- OPAs provide various kinds of financial assistance that together constitute a social safety net, albeit a limited one, that is available in case of need. They can alleviate hardship experienced in the present, and offer an extra-familial source of protection against the risk of financial hardship in the future. Home visits and home care services are an additional element in the social safety net provided by OPAs.
- In assessing the impact of loans facilities on the wellbeing of older people, it is important to take account of other kinds of benefit besides an increase in regular income. Loans can help reduce the need for physical labour or dependence on relatives. They can provide a source of income to older people who are no longer able to work themselves. Credit is also important for consumption purposes when income from labour may be uncertain or irregular.
- OPAs can mitigate a wide range of problems experienced by people who are more or less housebound and they offer a source of protection against the risk of future need for support in the home. The impact of these services is not limited to the mitigation of particular functional deficits by the provision of practical assistance. Social visits to people with limited mobility are important because they affirm membership of the wider community outside the household for individuals at risk of social isolation.

- OPAs transform the lives of older people and their communities by establishing a social network which provides new opportunities for different kinds of social engagement and participation. OPAs promote interaction between individuals outside the household or the family and help to maintain mutually supportive ties between households. Older people put a high value on this domain of OPA activity because they themselves value the opportunity to 'join in' and because they see how their community gains as a result.
- OPAs facilitate access to health services by organising health checks and helping with the costs of healthcare. They encourage older people to encourage older people to engage in health-promoting activities and provide them with the knowledge that they need to do so.

The previous chapter looked at the functions and activities of OPAs from a perspective informed by the data supplied to us by OPA management committees and their commentary on these data. In this chapter we look at what individual older people, mainly but not exclusively OPA members, say about the value that OPA activities have for them. We use these individual case studies and opinions to get some sense of the transformative impact of OPAs on the lives of older people. The individuals we interviewed told us about the services and benefits that they themselves received from their local OPA and about the difference this made to their *own* lives. They also, though less frequently, offered a broader appreciation of the OPA by commenting on its value not just for them personally, but more generally to the lives of older people in the community, or indeed to the community as a whole. The chapter aims to use these different kinds of evidence to build up a detailed picture of how the activities of OPAs make a positive difference in the lives of individuals and the communities in which they live.

The last chapter referred to the benefits that OPAs provide to members and sometimes also to non-members. The term 'benefits' was used there to highlight the resemblance between, 1) What OPAs provide by way of services or financial assistance or gifts of something other than cash, and 2) The benefits that cooperative societies provide to their members (for example welfare benefits provided by governments). Access to a loan fund is, in this sense, one of the benefits of OPA membership. When we know how many people received loans from an OPA in the previous year, we also know how many people benefited from access to that particular loan fund. This does not tell us, however, whether the borrowers are 'better off' as a result of the loan. It does not tell us what *impact* the loans had on their *quality of life* or *wellbeing*. This study, as we have already explained, was not designed to detect such an effect. We cannot say by *how much* the average borrower benefits from loans if what is required is an estimate of the increase in regular income, but we can give an account of the different ways in which loans can improve lives. The same goes for other OPA activities. Our conclusions about the impact of these activities on the lives of individuals concern the various ways in which these activities can make a positive difference to the way that older people live their lives and alleviate some of the difficulties and hardships that older people face in these countries.

Just as OPAs engage in different kinds of activity, so is there a great variety of circumstances and conditions to be found among the individuals who are members of OPAs. There are differences in age and health status and the capacity for independence;[76] in household circumstances and the kind of help that older people receive from adult children and other relatives; and in economic circumstances and the degree of material hardship in people's lives. The impact that OPA activities have on the lives of individuals depends on their specific circumstances, their problems or needs, and the resources available to them. If OPA activities can make available new resources, and remedy or mitigate these various problems and deficits, they are to that extent better off as a result of the work of the OPA. Most of the evidence we present for the effectiveness of OPAs in improving individual wellbeing takes this form.

Our analysis of the impact of OPA on the communities in which these older people live follows more or less the same lines. We rely on what individual respondents have to say about the value of the OPA, not just what it does for them personally, because also what it does for older people in the community. They identify problems or deficits that in one way or another affect all older people in the community, and they tell us that the community is better off as a result of the OPA's activities because it remedies or mitigates these deficiencies.

76 Though these may be smaller in Vietnam than elsewhere.

A Social Safety Net

Although much of the material presented in this chapter illustrates how OPA activities can be effective in improving individual wellbeing by mitigating specific problems, needs or deficits in their personal circumstances, some of these same activities may also be regarded as contributing to the development of collective resources or assets available for the benefit of the community. There are some benefits, in other words, that can be enjoyed by everyone, irrespective of their present circumstances. One of the most obvious examples of this is the way OPAs act as a kind of social safety net, even if they are quite limited in what they can do. To the extent that OPAs provide various forms of financial assistance in case of need, they also provide a sense of security for the future. OPAs are valued because people know that one of their main functions is to supplement available family support, and they are valued as such by people who do not need their support now, but may do in the future. If the safety net depends on membership, then membership functions rather like social insurance.

> *Man, aged 62, healthy. He has four children and a small business that is doing quite well; well enough to set him apart from the poorest members of the community. His wife has a heart problem, which means that they often have to go to the township clinic to see a doctor. The doctor has advised hospital treatment, but she does not want to do this because of the cost. He attends meetings regularly and so he knows what the OPSHG does to help older people. He expects that he and his wife will get some help from OPSHG if they are unable to work anymore.* Kalatt, Myanmar.

> *Widow, aged 53, who lives with three unmarried children (four are married and live far away). She owns around five acres of land which can yield about four tons of rice, provided there is enough rain. Her children do the farm work. She sells cakes in the local market, which can make up to US$5 per day. HAI gave her the tools to operate the cake business and she appreciates this very much. She takes good care of the tools (unlike some other members, she says). She had borrowed rice (not cash) twice, "but now I am fine, so I stopped borrowing". What is important about the OPA for her is that when she is old, the OPA will help her more. "I am a widow but I am strong now. I can stand alone and raise children. When I need help, the OPA will be here to help."* Prea Srae, Cambodia.

What underpins this sense of security is the knowledge that as well as providing loans, OPAs also provide various forms of cash (and in-kind) assistance for those in need. Although the details of these arrangements vary from place to place, they are all responses to perceived need. The OPA finds out something about the circumstances of an individual or household which prompts a decision to provide financial (or in-kind) assistance. For example, the OPA may find out that household needs help with the cost of a funeral or with medical expenses or that its members are extremely poor.

Our evidence suggests that these are typically one-off payments, but sometimes, as in this example from Cambodia, more long-term financial assistance is required. This particular OPA is able to help.

> *Widow, aged 73, who has seven living children. Three of the children (all married) live in the same village, but they only visit her when she is sick. She gets no money from her children, because (she says) they are too poor themselves. Her neighbours help her with gifts of food and the OPA gives her US$3 each month. The OPA always visits her when she is sick. She attends meetings most of the time.* Rohal Suong, Cambodia.

In Vietnam the ISHCs have funds dedicated to these purposes, and they sometimes raise funds specifically to help individuals with special needs. Payments from the funds are made, moreover, on the basis of need and not membership. As this case shows, the safety net in Vietnam is not limited to the elderly. The man in question is 46 years old and a non-member.

> *I have two sons, aged 20 and 18. I used to work as hired labour, picking coconut for others. Unfortunately, several years ago I fell from a tree and was paralysed [from the waist down]. Now I just stay on the bed and must rely on my wife even for bathing … We had to sell land to pay for treatment, but still my situation did not get better. After coming out of hospital, we no longer had a house. So my brother gave me this land, and we built a thatched hut to live in ... Now my two sons both work as hired labourers, but the work is not stable. My wife is very weak. She has a problem with her eyes as well as pains in her back. We depend completely on the wages of our two sons. We used to be a poor household, but ever since we had help to build a brick house instead of the thatched one, we don't receive any government support at all. The club has helped me and my family a lot: the club mobilised contributions from the local community and business and bought me a wheelchair. They also come to check my health, and bring rice and noodles. There are two men from the club who sometimes come to bathe me, because my wife is not strong enough to do it on her own.* No. 3 village, Phu Son, Vietnam.

In Myanmar, there are OPSHGs that make one-off cash payments for funerals and regular payments to older-old members, and we can understand both kinds of payment as a form of social insurance. They apply to *everyone* above a certain age threshold and everyone who requires a funeral – provided that they have paid their membership fees. In other words, the OPSHGs are using their collective resources to provide all their members with some security about their future, and thus take some weight off the family. The role of these payments in giving members a sense of financial security (reduced anxiety about the future) was mentioned frequently enough to support the conclusion that this is a very important aspect of their work.

The regular payments made by some OPSHGs to their older-old members were described as a kind of social pension, and it seems quite likely that these payments constitute a significant incentive for older people to join the OPSHG. The point to note here is that chronological age alone was the basis for distributing cash assistance to members: *all* members over a certain age would receive the benefit. The amounts paid out, as well as the age threshold, varied (presumably because of the resources at their disposal) between OPSHGs. In most cases, the age threshold for payment was 70 years. So, for example, in Matagone they were giving 500 kyat (about US$0.40) a month to all 21 of their members who had reached the age of 70. In Htin Kwin, as well as giving 1,000 kyat (about US$0.80) a month to people aged between 70 and 80, they gave 3,000 kyat (about US$2.40) to members aged 80 or above. Baw OPSHG (one of the most financially successful groups) was unusual in including non-members among its beneficiaries, with 5,000 kyat (about US$4) a month going to five people thought to be at least 100 years old, and the same amount to 10 of their members aged 70 or above.

Social Engagement and Integration

The promotion of social engagement and integration is one of the main objectives of OPAs. If they fail to bring older people together to participate in activities as a group outside the household, they are to that extent failing as community organisations. The question to be considered in this section is how we should conceptualise or articulate the benefits when OPAs succeed in bringing people together. As with the provision of a social safety net, this is a domain of activity that can be viewed as having a dual aspect. We can focus on the way in which the OPA mitigates certain kinds of deficit or problem in the lives of individuals (this is how it improves their wellbeing), or we can focus on the provision of a resource that enriches the lives of older people in the community and changes the community for the better.

> *Respondent 1 is a 74-year-old man. He is married with four children; three sons and one daughter. He and his wife live with their son and daughter in law who are both farmers. Their other children live and work elsewhere in the province. He told us how OPA meetings focus on legal education, moral education and health education. He said he learnt how to interpret laws related to the elderly, as well as how to avoid or mediate conflict with neighbours and relatives. He felt that these meetings had helped improve relationships in the village and reduce conflict. Neighbours are more willing to help each other now they know each other better and feel more trust towards each other.* Tuqiao, China.

This respondent's comments are of interest because they point to a distinction between benefits for particular individuals and benefits for the community. Clearly he values what the OPA has done for his community. He thinks that it has been changed for the better, and this implies that the individuals who make up the community are better off as a result.[77] How are they better off? It is better to belong to a community whose members are mutually supportive and trusting than to one where they are distrustful and closed in on themselves.

We have evidence that the OPA has transformed the life of the community by creating new and supportive social networks, in accounts of individual respondents who tell us about the ways in which this change makes itself felt in their own lives. They point, moreover, to other improvements in their lives besides the provision of loans or cash assistance or the know-how to keep healthy. Respondents, especially in China and Vietnam, refer repeatedly to their enjoyment of doing things together with other (older) people, and they say that they are pleased to have an opportunity to be part of an association that is looking out for older people. Individuals who participate in the activities of the OPA say that they feel better for doing so. They are telling us about the *personal* benefits of joining, and although these benefits are sometimes represented in terms of health or subjective mood ("it keeps me healthy and happy"), "joining in" is also seen as something worthwhile in its own right.

77 Although none of the respondents draw this conclusion explicitly, it is implicit in what they say.

Doing Things Together

What the management boards in Vietnam said about the popularity of their monthly meetings – especially their non-business activities – is amply corroborated in the one-to-one interviews from the Vietnamese ISHCs. There are many examples of members who say that what they like best about their club is the opportunity it provides for older people to come together and engage in activities as a group. They talk business *and* sing *and* join in physical exercises *and* learn about agriculture or how to stay healthy. Sometimes, of course, there are special circumstances that might explain this emphasis on the club's social activities, as in the case of this 63-year-old widow who lives alone.

> *"I have seven children, but I am now living alone. My husband died 10 years ago. I don't cultivate rice because of poor health. I have low blood pressure, and sometimes faint. I am poor ... I joined the club at the beginning, and attend its meetings regularly ... I love cultural activities and physical exercises most, because they) help me stay happy and healthy."* *Thon 4, Xuan Trach Commune, Vietnam.*

Despite the social deficits that mark out this widowed woman's circumstances, her comments are representative of those made by people of all conditions and household circumstances: by married men and women as well widows and widowers; by people in their 50s and 60s as well as the older-old (as her own case shows); and by people who are poor as well as those who are not (again, as her own case shows). Different members may not always rank the benefits that come with regular attendance at meetings above everything else, and they may emphasise some activities more than others, but there can be no doubt about the high value placed on the meetings by most of members in most of the clubs.

Some members also appreciate the role of the OPA in mobilising the efforts and energies of older people for mutual self-help.

> *Man, volunteer, aged 60. "I also help others in the club and in the community. For example, if someone needs help with cultivating, ploughing and harvesting, I am willing to help. Before, people in the community never asked for and provided such kind of help, but the club is very good in mobilising people to help each other. It is very good."* *Viet Lam, Vietnam.*

They value the OPA because it enables older people to cooperate more effectively in doing things for each other and for the wider community. They value the opportunity for what was described in the previous chapter as active membership.

> *Woman, aged 64, married. "I joined the club at the beginning, and attend its meetings regularly. I joined because I want to help others. My life is stable and I don't have to worry about money; however there are still many people in difficulties in the commune so I want to help them. I have not borrowed from the loan fund, because there are many others who have more money problems than me. Joining the club gives me benefits: I feel healthier and happier thanks to the physical exercises and cultural activities; and because I get to help others. When I help others I feel happy."* *Khu Luu Ha, Vietnam.*

An Opportunity to Come Together

Sometimes, especially in the Vietnam OPAs, it is not possible to dissociate the pleasure that people take in organised activities from the pleasures of sociability. They are fused together because they are part of the same event. In the China data, however, it is possible to separate these different functions. Several respondents in more than one village commented on the role of the OPA in off-setting some of the unwelcome effects of the shift away from a more communal mode of social of life since the 1990s. What they value is the opportunity to come together outside the family, as a community.

> *Respondent 10 is a 70-year-old widow with two adult children. She lives with her son and daughter-in-law who both earn money from agriculture as well as doing odd manual jobs locally. She thought that the OPA had changed the atmosphere in the village quite considerably. She said that after the land was divided up in the 1980s into family plots, people had no reason to meet each other and relationships between villagers had broken down over time. Before the OPA was set up she felt on familiar terms only with her immediate neighbours. She said that as a result of the OPA people know each*

other better and feel much closer. This has reduced the gossiping and backbiting that used to go on in the village before. Sangshuyuan, China.

More or less the same point – about the social impact of changes in farming practice and landholdings – was made in another village, though with a somewhat different emphasis.

For Respondent 6, one of the main benefits of the OPA was to bring everyone together. He said that in the past everyone worked together on the land. However, after opening up in the 1980s land was divided up between families, which meant opportunities to meet with others in the village had been reduced. Not only has bringing people together helped foster a better sense of community in the village and made the place feel more lively, it has also increased understanding of different families' financial and familial situations. Daliushu, China.

Social Deficits and the Opportunity to Come Together

The circumstances of many of the older people who took part in the one-to-one interviews can be conceptualised as putting them at risk of social isolation. They were marked by various kinds of social deficit or social disadvantage (to use the terminology of the Vietnamese ISHCs). There were, for example, widows and widowers who had no family living nearby and lacked the social support that comes from close family. These are all individuals who have special reasons for appreciating the opportunity to 'join in' and for being made to feel part of the community.

Several respondents, mostly from China and Vietnam, highlighted the role of the OPA in reducing their sense of loneliness. It has to be remembered that it is more common in these countries for older people in rural areas to live alone and not have family close at hand.

Widow, aged 70. She said that the monthly meetings were the most important part of the OPA for the village. The meetings brought everyone together and got them all talking and they got to know each other better. She said meetings had made her feel happy and relaxed and had improved her mood. She also said she had been lonely before the OPA was set up, because she is a widow. The OPA monthly meetings have helped reduce her loneliness. Sangshuyuan, China.

Respondent 6 is a 71-year-old widow who lives alone. Her only daughter lives in the county seat as a tour guide and travel agent. She visits the OPA every day (she supervises its mah-jong room and receives a small salary), and really enjoys her job ... She thought the OPA was generally of huge benefit to the village. She thinks the most important activity of the OPA is the canteen. She said there are about 30 to 40 widows like her in the village who live alone. Creating a place for everyone to eat together has reduced the loneliness felt after the death of their spouses. Sheshu, China.

Promoting Social Harmony and Intergenerational Relations: China as a Special Case?

Many of the villagers we interviewed in China thought that recent social and cultural changes had changed intergenerational relations in a way that worked against older people. As they see it, young people no longer respect or value (or obey) them as they previously did. It was a problem for the community as well as a problem for individual older people and the OPA was seen as part of the solution.

Respondent 3 thought the most important part of the OPA's work was the commendations for 'good son' and 'good daughter-in-law'. He said these commendations encourage respect to the elderly. He said in the past there were some instances of young people shouting at, or even hitting, their elderly relatives. But now such instances never occur. He said when there is a conflict in families the OPA heads are asked to mediate and provide impartial advice on the problems. The OPAs role in this area had been really successful and this had improved elderly residents general sense of happiness. Gengxi, China.

Older people, as some members said, are too often seen as a burden.

Respondent 6 is a 66-year-old married man with three children (one son and two daughters). He lives with his wife, their only son, their daughter-in-law and a six-year-old granddaughter. His daughters have both married outside the village ... He said that before the OPA was set up no-one paid any attention to the elderly, and he and others in the village feel grateful that the higher authorities and even foreigners want

to help them. He said the OPA had generally been beneficial for older people's mood and had reduced the view of the elderly as a burden. Lipo, China.

What is particularly interesting about these comments (and others like them) is that strong support for the work of the OPA may, under certain conditions, be independent of more tangible or concrete personal benefits. The point is that so many of the members tend to identify unsettling normative or attitudinal changes – changes in values or in the quality of close social ties – as posing a threat to their wellbeing that is *at least* as important for them as material deprivation or their access to healthcare. It matters to older people who are painfully aware of such changes that OPAs are trying to address the problem directly. An OPA that is effective in this role is helping families – and the wider community – maintain mutually supportive bonds, and by doing so, it benefits its members.

Home Visits and Home Care

Home visits are another aspect of the social safety net provided by OPAs, except that they provide a service rather than a financial benefit. We can think of them as taking on some part of a composite role usually played the family. The operation of the service confers benefits on people who do not need it now (the *potential* users of these services who gain an extra-familial source of security for their future) as well as the people who currently receive it.

There is, however, another side to what home visits can do, and we can highlight this by drawing attention to problems that many older people face in 'joining in'. The benefits of participation are real enough for those who are able to do so, but there are many older people who find it very hard or quite beyond their capabilities to take advantage of the opportunities for social engagement provided by the OPA. Many have health or mobility problems that constitute serious barriers to participating in activities outside the household. One of the functions we can ascribe to OPA home visits is that they mitigate a sense of separation from the wider community. Because the person who is visited knows that he or she is not forgotten, the visits affirm continuing membership of the community outside the household, and when there are family members around to help with some of the activities of everyday living, this may be the main function of the visit.

Widow, aged 90 who lives with her grandson's family. "Fortunately I don't have any big problem with my health and I can still do light work like feeding chickens and shelling corn. The club sometimes comes to visit me to check whether I need help. Actually I don't need help, but visits from the club make me feel happy and secure. I know that whenever I need something, the club is willing to help me. I think the club is a good thing for the community, because it helps old people like me." Phuong Do, Vietnam.

And if it happens, as it occasionally does, that the family is somewhat neglectful, the fact that the OPA is declaring its care and concern can matter more than its capacity to confer more concrete benefits.

Respondent 3 is an 83-year-old widow with six adult children. Despite having two sons still living and working in the village, she lives alone. She said that the main benefit of the OPA was that she felt cared about. She said that she felt this way because of the gifts she'd received and the activities held at festival time. The presence of the OPA made her feel like someone was there to help her or pay attention to the elderly in the village. She said the OPA was better at that than her sons. Lipo, China.

Loneliness is a common problem among people who live alone and find it hard to leave their homes. The provision of practical help with activities of daily living may be much less important than friendly social contact with other people, and sometimes this is clearly identified (by the interviewee) as the main benefit of a home visit.

Respondent 5 is an 87-year-old widower who had been both a volunteer and a beneficiary of the OPA's one-to-one home-help scheme. He had six living children, but lived alone (all six had left the village for work or marriage). When the OPA first organised this scheme in 2009 he said he volunteered to help a 90-year-old man in the village. He said he would go to help him clean his house and to talk with him and keep him company. That man has passed away and he decided he was too old to volunteer for anyone else (but he emphasised that he had no serious mobility problems). Instead, he said, he now receives home help from a man in his late 60s. He said he can do most things for himself, but that it was nice to feel like someone is watching out for him. He said he liked to have visitors and being paired up with a volunteer reduced the loneliness of living by himself. Nansha, China.

Often what is provided is rather like a neighbourly visit, and the difference, if there is one, probably has less to do with content than regularity or predictability.

Respondent 3 is a volunteer for the home-care scheme. She looks after a widow in her building who cannot walk far and whose children do not live nearby. Her main responsibility is to make sure she has enough food, daily necessities or medicines to keep her going. She also calls in to check on her and sit and talk with her to help reduce loneliness and isolation. She thought that the OPA had increased willingness to help one another in the community. At meetings they often talk about the residents who are in poor health or cannot walk, to try to find people to help them. *Shuanglong, China.*

In addition to this purely social or integrative function, OPAs also provide different kinds and levels of practical assistance to people with differing needs. What people can gain from home care varies accordingly. Sometimes what differentiates the visit from a neighbourly social call is the provision of a blood pressure check or an offer to collect medicines.

Widow, aged 90, who lives with one of her married sons (a civil servant). She has high blood pressure, for which she regularly takes medicine prescribed by a doctor. She has borrowed twice to pay for medicine. She uses traditional medicine (though this may be just as a tonic). She gets 1,000 kyat every month (about US$0.80) and regular visits from an OPSHG volunteer. The volunteer takes her blood pressure, but she does not need any other kind of help as her grandchildren take care of her washing (laundry) and bathing. *East Dagon (Ward 12), Myanmar.*

Woman, aged 88, unmarried. She lives with her sister's family. She had a very bad accident seven years ago and broke her back. She cannot walk. As well as getting clothes and soaps from the OPSHG, she receives a volunteer visit twice a month. The volunteer measures her blood pressure and goes to buy her medicine. *Kan Gyi, Myanmar.*

Sometimes, however, the level of practical help provided is quite considerable, even if, as in this example from China, it does not involve personal care. The problem in this case is that there is no-one around to do the kind of heavy manual jobs that are often required in many rural households.

Respondent 12 is a 73-year-old man with a disability.[78] He has a volunteer come to visit him and his wife. Their volunteer lives in the same area and pops around every day or every other day to see how they are. He told us that their volunteer mainly performs manual jobs that they are not able to do like milling the wheat, chopping firewood and making bread. Occasionally their volunteer has cooked for them but that's usually only if they are unwell. He said he had been very moved by the help because their volunteer is poor and busy with his own work at home but still makes a great effort to help them. *Sangshuyuan, China.*

This particular volunteer was helping out on an almost daily basis. It was common practice in Vietnam for volunteers to provide a variant of the same kind of help, in this case to assist with heavy work in the fields (as well as round the house), especially sowing and harvesting. This of course would be much less frequent, but the volunteers are making up for the same kind of deficiency in domestic labour – someone to do manual tasks that are essential for the household economy and involve quite heavy labour.

Woman, aged 49. "I am a member of the volunteering groups. However in the community there is no-one who needs home care, so I only help with cultivating and harvesting for others." *Viet Lam, Vietnam.*

Often when personal care *is* being provided, the volunteer is supplementing the care provided by the family.

Widower, aged 87 who has two surviving children. He lives with his daughter and her husband. He stopped attending meetings regularly a few years as he found it hard to walk. Now he doesn't attend at all, but his daughter attends on his behalf. He receives weekly visits from a midwife (attached to a rural health centre) and a volunteer. They check his blood pressure and give him vitamin pills. His daughter does all the household work, and the volunteer helps with grooming and bathing. *Ka Nyin Kwin, Myanmar.*

If, however, there is no family to provide personal care and support, there will be occasions when the OPA is the only source of regular support. Even when neighbours offer to help, the circumstances may require more intensive support than they are able to give. What OPAs/ISHCs may be able to do is organise a response that coordinates the activities of several volunteers.

Divorced woman, aged 82. "I have three children, but they are all living far away. So I am living alone. I have a pension for old people of VND180,000/ month (about US$8). Before, when I was fine, I did some gardening and had extra income from selling bananas, lemons, and vegetables. However, now I can't do that. Two years ago, I fell and broke my hip. I

78 He is entitled to disability allowance but does not claim it because he does not want to be "a burden to his country".

couldn't move and had to stay in bed. During that time, fortunately, members of the club came to help me with buying food, cooking and bathing. Sometimes neighbours also helped, but they are busy with their work, so it was not frequent. The club has many members, so someone came to help me every day. I also have high blood pressure, so have to take medicine every day. Members of the club got my medicine from the commune health centre ... When I was in this situation, my children only came to visit me two to three times, but they occasionally sent money for medicine. Therefore, without the help from the club, I don't know how I would have survived. Now my situation is better, I can move around the house and cook. Members of the club still come to help me with buying food." No.1 Thon Dong Xa, Vietnam.

Health Promotion and Access to Formal Care Services

Although OPAs are not providers of healthcare, they engage in a range of health-related activities besides home visits for people who are sick or disabled. These include health checks, health education, exercise sessions, and cash assistance for some of the expenses associated with healthcare or illness. They connect people with healthcare services or facilitate access to them. They encourage older people to engage in health-promoting activities and provide them with the knowledge they need to do so. Sometimes these activities are tied to membership, sometimes not, and we should bear in mind that not all OPAs engage in all these activities. The aim here, however, is not to compare different countries, but rather to see how OPA activities can have an impact in the health domain.

Health Checks

In both China and Vietnam, OPAs/ISHCs facilitated health checks by linking with formal health services. Usually in China this means no more than helping to publicise something that would happen anyway. All the Chinese OPAs confirmed that the local authorities took the lead in organising and publicising the annual health checks for people aged 60 and above, which are provided by the county government at no cost – sometimes by the village doctor (not a qualified physician), and sometimes by a physician from a nearby medical centre who would visit the village. In Vietnam, on the other hand, the ISHC was more of an active partner, not least because the free annual health checks provided by the commune health centres to older people were routinely held in the health centres (not the villages). Anyone wanting to take advantage of the free health check has to make his or her own way to the health centres, and this is not always easy. The ISHCs have responded to this by arranging for more regular checks in the village (with either a nurse from the health centre or a village health worker). The health centre visits, and this is important, depend on the club being willing and able to cover the costs of their staff travelling expenses – which they do. All members (and in most cases *only* members) are invited to have a basic check-up (blood pressure, blood glucose, eyesight). The benefits of membership are therefore quite clear. Members who are 60 years old or above do not have to travel for their annual free health check and they receive an additional check-up each year (not just one per year). Older villagers in their 50s will only receive *free* health checks if they are members of the ISHC. For some members, the convenience of having the checks done locally, rather than having to travel, has made the difference between no checks and regular checks.

Woman, aged 57. "I like health checks most, because before I never went to hospital even when I had a problem with my joints. Now I have my health checked regularly. I know my blood pressure and my weight, and know therefore there are some adjustments [to blood pressure and weight] in order to have better health." No. 2 Ap Than Phong Ngoai, Vietnam.

Facilitating Access to Healthcare

Healthcare costs are a problem in all the countries in the study, and the individual interviews provided us with numerous examples of how people are affected by the difficulty of meeting these costs. Although OPAs are no more providers of healthcare insurance than they are providers of health-care services, there is considerable pressure on them to help if they can. This often takes the form of small one-off cash payments that are intended to cover some portion of the costs of transport or medication.

In Myanmar, for example, most of the OPSHGs in the sample had provided cash support for some people who had fallen ill and needed medical treatment – if not always in the previous year, then certainly in last couple of years.[79]

> *Man, aged 73. He has two children and lives with them as well as his wife. He has two acres of land (about 8,000 m2) ... Although he has no serious health problems, his wife, who is also a member, cannot walk. She suffers from diabetes, and needs to take medicine regularly. If she needs to go to the township hospital, the transport costs make it difficult for them. The OPSHG provided cash support to her three times for her illness.* Bo San Gyi, Myanmar.

> *Widow, aged 76. She lives with one of her daughters, who is a farm worker. She says she is not very well, and often suffers from dizzy spells. She only takes traditional medicine and has rarely visited the clinic as she doesn't want to spend money on expensive medicines. When she felt very bad, OPSHG gave her 5,000 kyat (about US$4).* Ah Su Gyi, Myanmar.

The numbers of people (members only) receiving this support are generally quite small, as are the amounts they receive. The cash payments do not cover the costs of medical treatment, but they do help with a part of it. They make it less of a hardship. In Chaung Hnic Khwa, for example, we were told by the committee that they had given 5,000 kyat (about US$4) to seven members with health problems in the previous three years. In Thar Yar Kone, two villagers had received 10,000 kyat (about US$8) each to help with the costs of cataract operations.[80] Sometimes the payments were tied to certain categories of activity around healthcare. In Shwe San Yan, for example, they said that if the member was too ill to make the trip to the nearest doctor (at the township hospital), the OPSHG would help cover the cost of a doctor's visit to the village, and in Kalatt, the OPSHG preferred to limit its support to help with the member's transport costs to the township hospital.

Occasionally, the OPAs respond to the need for financial assistance by making a loan. In Thar Yar Kone, for example, the committee tried to extend the reach of its support by offering special interest-free loans in case of urgent need for cash to cover healthcare expenses. Standard loans – with normal interest rates – might also be available, as these examples from different countries show.

> *Widow, aged 72. "My husband died one year ago. I have five children, but I now live with only the youngest son. Although I am old, I still have to do farming for a living, because I don't have a pension. My son's salary is not enough for two people, and the other children do not earn enough to support me. I have many health problems, which all require money to buy medicine (for diabetes and high blood pressure), even though I bought voluntary health insurance. I have go to the district hospital once per month for a check-up and to buy medicine. I can't go there by myself; sometimes my son accompanies me, sometimes volunteers from the club accompany me ... I have borrowed once from the loan fund (VND3,000,000, about US$135). The loan fund of the club is mainly for production, however, when my husband was seriously ill and I needed money to buy medicine [for him], the club gave priority to me to get a loan. The management board and members of the club are very good."* Nam Tien, Vietnam.

> *Respondent 6 (a 69-year-old man with Parkinson's Disease) borrowed Y2,000 (about US$320) from the OPA to see the doctor two years ago. Without the OPA he would not have been able to see the doctor and have treatment. He said it is better to borrow money from the OPA than from individuals because you just borrow from one place. If you borrow from family and friends you end up spending a lot of time rushing around trying to get people to lend small amounts here and there. He said having the loan fund at the OPA has given him peace of mind, because if he*

79 These claims were generally supported by what we were told in the one-to-one interviews, but see Ah Nauk Su Gyi. In one of the OPSHGs that did not make these one-off payments, the committee told us that lack of funds was not a major barrier to healthcare for anyone in the village (Htin Kwin).

80 Many respondents mentioned that these operations were often provided free of charge. OPSHG financial support would depend on whether or not free treatment was available.

has financial problems in the future he knows who to turn to. Zhangjiadian, China.

Widower, aged 47. He works as a driver and has four children. Two of them are students and live in town. The other two live in the same village, but not with him. So he stays alone. He joined the OPSHG as soon as it started. Last year he had problems with his liver and had to go to hospital. The OPSHG gave some support (about 10,000 kyat, or US$8), although most of the cost was covered by his children. He now needs to take medicine regularly for which the children also pay. But he needed to take a loan for other healthcare expenses as well, and borrowed 50,000 kyat (about US$40). He thinks the organisation provides health benefits to the village. Shwe San Yan, Myanmar.

Another way in which OPAs may be able to facilitate access to healthcare for older people is by contacting service providers or local authorities on their behalf; by acting as advocates, in other words. This could be seen, for example, in Vietnam, and although we have no individual case studies to illustrate the point, there were ISHCs that had made representations on behalf of various groups of people. So the ISHC at Ap Son Phung had tried to ensure that older people in the village all had the health insurance cover to which they were entitled. They were promoting the uptake of public benefits.

Health Education

Health education sessions, as we have noted in the previous chapter, are not organised in all OPAs. Where they are provided, however, they seem to be much appreciated. The comments we have sometimes come from individuals who know that they have health problems and want to do what they can by way of secondary prevention. There are quite a few examples of such individuals who claim, as this man does, to have changed their behaviour as a result of what they have learnt.

Respondent 1 is a 65-year-old with heart disease, angina, arthritis and anxiety problems. He says that there is no problem with access to a doctor because there is a doctor in the village and [moreover] the village is also located very close to the county seat. The OPA had not directly helped him with healthcare or health costs. However he felt that the OPA had showed him how to prevent illnesses through exercise and diet. In particular he had reduced his salt intake. Without the OPA he said he would not have known how salt affects blood pressure. He said he found the health education sessions to be the most useful aspect of the OPA. Chengguan, China.

There are also (mainly from Vietnam) quite a few examples of people who are healthy (as far as they know), and want to stay that way. As they say, they have not just learnt something new, they have changed their behaviour (often diet).

Man, aged 50. "I learnt that for people who have high blood pressure, alcohol will be very dangerous. Therefore, now I don't drink anymore." Xom 3A Nam Thanh, Vietnam.

Woman, aged 57. "I learnt how to live more healthily, thanks to health education sessions. Actually, I eat less fat, salt and sugar." Ap Tan Phong Ngoai, Vietnam.

Man, aged 58. "Health education sessions are very useful. As a result I now eat more vegetables, less meats, and do physical exercises every day." Thon 5, Ha Lai Commune Vietnam.

In Cambodia, the content of the health education sessions was sometimes quite different from this – with more of an emphasis on hygiene and parasite-borne diseases. It was interesting that sometimes the message could stick, even though the OPA had stopped health education sessions, for quite a long time before the interview.

Husband aged 82 and his wife aged 74. When asked about health education, the husband said that there had been nothing since an NGO stopped coming several years earlier, "but we practice what we learnt in the past, such as drinking boiled water and keeping our house clean to prevent mosquito-borne diseases". Boeng Pring, Cambodia.

Loans and Income Security

How are we to demonstrate the impact of microcredit facilities on the (economic) wellbeing of older people? The first point to make is that if credit is otherwise scarce, access to credit through the OPA is a benefit in itself. Many older people living in rural areas may struggle to obtain loans at rates of interest that are not punitive.[81] In Myanmar, for example, although there are rural development banks that lend money at relatively low interest rates, the basic condition for access to

81 Not least because they are old.

these loans is some form of legal title to land. Older people without land are therefore excluded, as are smallholders who are unable to prove their title. There are, moreover, disincentives to taking loans from the government's rural development bank, the Myanmar Agricultural Development Bank (MADB). In particular, the collection of the debt is rigorously enforced, and as a rule re-scheduling is not allowed. The risk for the borrower is that he or she will be forced to turn to private moneylenders to avoid default. As a result, not everyone who is eligible to borrow from the MADB is willing to do so, which is what we found in our sample. There is, moreover, a cap on how much can be borrowed (dependent on the size of the holding), and some farmers want more credit than the MADB alone can give them. As the Myanmar case studies show, the demand for credit among older people – smallholders as well as people without land – may be high *even when* there are other sources of credit. We were told repeatedly,[82] by management committees as well as individual villagers, that access to credit at a lower rate of interest than would be charged by private moneylenders is one of the main attractions of membership. As one of the respondents said, the OPSHG is a good thing "because I can borrow money when I need it" (Htwin Kwin). The mere fact that credit facilities are heavily used (as they are in both Myanmar and Vietnam) is evidence of benefit.

Although the study was not designed to test for income effects, meaning changes in income from pre-loan levels that could be attributed to the loan, and not background trends or other factors, the interviews with individuals do enable us to identify the various roles that credit plays in household economies, and these variations are important in helping to pin down the different ways in which borrowers benefit from loans. We can say quite a lot about these differences *both* because the circumstances of borrowers vary in important ways *and* because they use the money in different ways.

Aiding the Transition to Commercial Crops (China)

Sometimes, of course, loans do enable OPA borrowers to increase their income, and we can say how this was done even if we cannot say by how much their income increased or how much the OPA loan contributed to the increase (compared to other contributory factors). The importance of loans in helping older villagers switch to more profitable commercial crops was mentioned in some of the older China OPAs. These projects had started in 2003 with a specific focus on poverty alleviation. Gengxi, one of the early OPA project villages, seems to have made the transition from poverty to relative prosperity,[83] and the building of a new main road was almost certainly instrumental in this. The government gave the area an extra push about five years ago when it was designated as a special tourism zone (which attracted investment). The OPA committee described how things had changed.

> *In 2003, when the HAI project began, two-thirds of all families in the village were classified as living below the poverty line, and all the houses in the village were old-style mud houses. In the mid-2000s the local government began encouraging people to shift into commercial crops. The OPA committee told us that this shift was made easier with the help of the OPA loan fund because some initial capital was needed to make the change. Now the village is relatively prosperous, with families making reasonable incomes from commercial crops like kiwis and walnuts which are famously well-suited to the climate and soil conditions in the area. Almost all houses have now been rebuilt with modern materials, and again, some families used the OPA loan fund to help them do this.* Gengxi, China.

Similar changes in farming practices were reported in some of the newer OPAs, and here one of the interviewees could put a figure on the difference the loan had made to farm income.

> *Respondent 4 is a 69-year-old married man with two sons and two daughters. He and his wife live with their oldest son, daughter-in-law and grandchild*

82 In Myanmar.

83 Unlike Xishan or Gari.

in the village. His family has 20 mu of land (13,300 m2) which he jointly manages with his son. He receives Y90 (about US$14.50) per month in old-age subsidies and Y130 (US$21) a month in low-income allowance for him and his wife. He had borrowed Y5,000 (US$800) to change part of his crop to fruit trees which are a commercial crop and generate more income than wheat and corn per mu (666 m2). He told us that his income had increased by Y5,000 a year as a result of the change.[84] Without the loan, he said he would not have had the money to buy all the equipment needed to change the crop. This is why he felt that the loan fund was the most useful aspect of the OPA. *Chenguan, China.*

When income increases as a result of a switch to more commercial farming, it becomes possible to engage in precautionary saving, which contributes to a sense of security.

Man, aged 74. He is married with four children – three sons and one daughter. He and his wife live with their son and daughter-in-law who are both farmers. Their other children live and work elsewhere in the province. He has 3 mu of land (2,000 m2) on which he grows maize and wheat for subsistence purposes. He had borrowed Y3,000 (US$480) to buy seven baby goats, then sold the adult animals for Y20,000 (US$3,200), making a sizable profit. He said borrowing money to raise the goats had been really worthwhile because in the past he had no savings and now he has enough to make him feel he has a safety net. He told us he used to worry about getting sick but now he has some money saved up he knows he has some security. For him the loan fund is the biggest benefit of the OPA for the village. "Because no one will employ the elderly for manual jobs outside, they have to rely on agriculture for their income. There is a big difference in income generated from crops like wheat and maize and commercial crops like fruit. Shifting to commercial crops and raising animals is the only way to increase older people's income but this requires some initial investment which can only be afforded with use of the loan fund." *Tuqiao, China.*

Other Kinds of Impact on Agricultural Productivity

For small farmers who sell rice on the market,[85] loans enable them to buy the inputs they need to increase their yield.

Husband aged 52 and his wife, aged 48. They have four children, all of them married and living elsewhere. They are currently looking after some of the grandchildren. As well as cash support from two of the children who work in Thailand (about US$200 a month), they have between 2.4 and 4.8 acres of land (10,000 to 20,000 m2). The husband also does casual construction work. They do not have an ID poor card, and have never been seriously ill (though they do take traditional medicine every day). They have borrowed once from the OPA (800,000 riel, or US$200), which they used to buy fertiliser and insecticide and to pay for ploughing. They reckon that this enabled them to double their rice yield, and now earn about US$1,500 a year from the farm. *Ream Sena, Cambodia.*

In Vietnam, many of the borrowers had only enough land to grow rice for their own consumption. They use the loan to buy livestock that can be kept by the house or on their parcel of land. In this following case, the borrower was able to supplement her existing agricultural income (from chickens) with income from raising and selling a calf.

Widow, aged 75. "My husband died 13 years ago. I have five children, but none of them live with me now. One of my granddaughters lives with me. She is 14 years old. I have two acres of rice land (about 8,000 m2). I also breed 20 chickens and the income from chickens is about VND300,000/month (US$150). My household is poor. I have no pension, and get nothing from my children, not even from the parents of the grand-daughter who is now living with me. All my children are very poor ... I joined the club in 2010 and attend its meetings regularly ... I borrowed once in 2014 (VND2,500,000 or US$125), and I bought a calf. After three months, I sold it and got VND12,000,000 (US$600). I used the money to buy two other calves and also to spend on everyday things. I haven't repaid

84 Approximately US$690.

85 Many respondents in the interviews grew rice only for their personal/household consumption.

the loan yet, because the club know that I am poor and don't ask. However, I will pay it at the end of this year when the two calves become big and I can sell them." Nam Tien, Vietnam.

Starting and Running a Small Business

Loans can help people to transform the basis of their household economy, either by making a significant change in what they do for a living or by adding a new source of income to the household. If they start a small business, and things go well, they have a less precarious source of income. Moreover, as in the case below, access to repeated loans may help them expand the business.

Man, aged 62, who lives with his wife and one of his sons. He has four children. He and his wife buy eggs which they sell at a small profit. He has borrowed 11 times from the OPSHG, and uses the loans for his trading business. Before he started borrowing, he used to do odd-job work/farm-labouring. He now has a 70,000 kyat (about US$60) loan from the OPSHG. He has to repay it after six months with interest, and as soon as he has done this, he will borrow again. He uses everything he borrows for his trading. He does not get other cash support from the OPSHG. Kalatt, Myanmar.

By adding a new source of income to the household, loans can help lift a family above the official poverty line, as in this case from Cambodia.

Woman, aged 54. She has been a member for 10 years. Her husband says he is too busy to join. He works as a fisherman and labourer. She raises chickens around the house, but they have no land for cultivation. Three of their seven children still live at home. They used to have an ID poor card, but are no longer eligible [because of their increase in income]. She has borrowed five or six times to help with her chicken business. The loans were used for chicken feed when she started, but more recently she has used them for her children's school fees. Outside agencies (NGO and government) provided technical support and training for the business, but the OPA gave her the loan. Rohal Suong, Cambodia.

Loans are often needed not only to start a small business but also to sustain it. The borrowers want a continuing line of credit. In this case from Myanmar, the loans are used to re-stock a small grocery shop.

Woman, aged 74, unmarried. She lives with her sister who is aged 65. She used to have eight acres of land for farming (about 32,000 m2), but sold it 10 years ago. After this she earned a living for several years dealing in paddy and doing odd jobs. Now she runs a small grocery (opened last year) from her own home. She and her sister have each borrowed 100,000 kyat (US$85) from the OPSHG (the second loan was taken out immediately after the first was repaid). Both loans were used for the grocery and also to raise a pig. She has borrowed 20 baskets of paddy which are partly used for consumption and partly for sale. Thar Yar Kone, Myanmar.

Loans Transferred to Children (Myanmar)

The primary beneficiaries of the activities of OPAs are the members who receive benefits as participants in these activities. The core objective of the organisation is that people should benefit personally as a result of their membership, and this happens through various channels; by their attendance at meetings, for example, or by taking out loans, or receiving cash assistance and home visits. For the most part, however, they also belong to households or families that may be considered as potential indirect beneficiaries of the same activities. This applies, of course, to all of the study countries. If a loan to one individual in a household raises household income, it will usually benefit other members of the household. In Myanmar, however, loans were often used in a way which involved family members more closely than this. People who were too old (or too disabled) to work themselves took loans which they then passed on to someone else who could be trusted to return some of the income to the borrower, usually an adult child or a grandchild. Such loans are generally seen as beneficial to both parties. Moreover, the fact that the loan benefited both parties – the borrower and (usually) a younger relative – was itself seen as a positive aspect of the scheme.

Poor widow, aged 76, a member of the Disaster Risk Reduction sub-committee. Her husband passed away 10 years ago. She has five children and now lives with one of her daughters (who is a farm worker). She has borrowed 100,000 kyat (US$85) for livestock twice from the OPSHG and both times gave the money to her grandchild who supports her. She attends meetings regularly, and she likes the OPSHG because she can get loans for her children. Matagone, Myanmar.

Although sometimes the loan stays in the same household, it may be transferred to a family member in another household.

Widow, aged 84. Although she has six children, she lives alone and still cooks her own meals. Her children (in the village) provide her with income. She says she has no serious health problems, but is still too weak to attend OPSHG meetings. The OPSHG arranged for her to take her a 70,000 kyat (US$60) loan with 2 per cent interest rate for pig breeding, and her son raised the pig for her. Chaung Hnic Khwa, Myanmar.

Loans Help People Reduce the Physical Demands of Labour

The transfer of loans to children is by no means the only way in which access to credit helps older people to maintain income when physical labour becomes increasingly difficult. This particular strategy was in fact mentioned very rarely by respondents outside Myanmar. More common perhaps was the use of loans to find less physically demanding sources of income. Both strategies are especially relevant to older people without land – or older people with no children to work on their land.

Woman, aged 66, married. Her husband is 76. She has seven children. Three of them still live with the parents and three more are still in the same village. Only one of the at-home children works. The other two are students. She gets support regularly from her children. They used to have 10 acres of land (around 42,000 m2), but sold it a long time ago. Both she and her husband did odd jobs, but this become more difficult as they got older. She currently has 100,000 kyat (US$85) of livelihood loans (this is her fourth loan), which she uses to raise pigs and chickens. She has also taken several shorter-term loans from the IGV loan fund for consumption. Her opinion is that the OPSHG supports the ability of older people to make a living. Ah Su Gyi, Myanmar.

In Vietnam, where it was common for people to grow rice for their own consumption rather than the market, loans could help make a switch from rice cultivation to small-scale and less tiring forms of husbandry. They could then buy the rice they needed.

Woman, aged 71, married. "I have six children, but none of them live with me. My husband is a veteran and has a monthly pension, but it is not much, only VND2,500,000/month (US$125). Until two years ago, we cultivated rice, but this year we have stopped rice because both of us are weak. We let other people use our land, and do not require anything from them. Our main income comes from my husband's pension, and chicken breeding. The income from the chickens is about VND600,000 per month (US$30) ... I really appreciate the loan fund of the club, it helps the old people a lot. Before the loan, my husband and I had to produce rice. It is very hard work and was only enough for family consumption. We wanted to invest more in chicken breeding, but had no funds. We are both over 70 years old, so cannot get a loan from banks. Since the club has been here, I have borrowed three times (VND3,000,000, US$150) to invest in chicken breeding. Now we don't have to cultivate rice anymore." Nghi Phuong, Vietnam.

Where a small loan helps the borrower do something besides grow rice, it can make the difference between having barely enough to survive and having enough to feel secure.

Widow, aged 63. "I have seven children, but I now live alone. My husband died 10 years ago. I don't cultivate rice because of poor health, I just keep chickens and cows. I don't receive support from my children because they are all poor. I am poor. I joined the club at the beginning and attend its meetings regularly ... I got a loan just once for VND3,000,000 (US$150). I bought a cow. After one year, she gave birth to three calves. I sold them and got VND12,000,000 (US$600). I paid back my loan to the club and still had nearly VND9,000,000 left (US$450). With this money I bought more calves and now I have three cows. Thanks to the club loan my life is getting better. Before, to be honest, I was in very difficult situation. I did not have enough rice to eat, because I couldn't cultivate any and had to buy it. My income before depended on chickens, so it was not much. With the loan from the club, I invested in raising cows and now my income is higher. I don't worry so much now about my life." Thon 4 Xuan Trach Commune, Vietnam.

Reduced Dependence on a Relative as a Benefit

For some people, the main benefit of loans (that is, what they identify as the main benefit) is that they reduce dependence on relatives.

Woman, aged 61, widowed for 40 years, who has never re-married. She has been a member of the OPA since it started about a year ago. She lives with

her one surviving daughter who is married. She herself does not own any farmland, but her son-in-law is a farmer. She has lots of nephews and nieces who work in Thailand. They all regularly send her a small amount of money. When the OPA started, she borrowed 1,000,000 riel (US$250) to raise pigs. The business is very new (first loan cycle), but she is confident that it will go well and she will not have any problems in repaying the loan fully. She has eight pigs and expects to sell them at a profit within five or six months. She is able to pay the monthly interest on the loan from the money she receives from nephews and nieces. She says she is very pleased that she will no longer have to depend entirely on other people. Paoy Svay, Cambodia.

We do not know whether this woman is any better off financially than she was before – quite possibly not. What has happened is that she has substituted one source of income for another, and in doing so she has materially changed the nature of her relationship with her relatives, and for her this is an improvement in her situation.

Borrowing Rice for Consumption (Cambodia)

The practice of borrowing rice for consumption in between harvests was often mentioned in the Cambodia interviews,[86] and in a few of the OPAs it seemed to be their main activity. People who made this sort of loan seemed to do so regularly, so the rice loans had been integrated into their normal household planning. Sometimes the borrowers owned very small plots of land, and their problem is they do not grow enough rice for their needs across the entire year. The case below is given in full to make it clear that people with land may be very poor indeed.

Wife and husband (62 and 65 years old respectively) have been members of the OPA since the beginning. They paid 14,000 riel (US$3.50) and about 40 kilograms of rice as their membership fees. They have four surviving children, all living in the same village. Two unmarried children are still living with them. They own one-fifth of an acre (2,000 m^2) of land, which produces enough rice for about four months in each year. Her husband goes regularly to Thailand for casual farm work and returns home every two weeks. The income from this work is about US3.5 per day. The family have an ID poor card type 1. Every year they borrow rice from the OPA since their own crop is very small. In this OPA the committee lends 200 kilograms of rice to poor families who are known to have the ability to repay the loan. Each loan cycle lasts four to six months and they pay 20 per cent interest rate on the loan. They pay back the loan from their earnings as farm labourers,[87] some of which is taken in rice (not cash). The OPA loan is always carried over to the next cycle, and they do not have to repay the capital unless they fail to pay the full interest on time. The family has also borrowed a cow for breeding, but it has not yet calved. Bantaotbaoh, Cambodia.

In another of the Cambodian villages, the OPA would lend 120 kilograms of rice each year to *all* members provided that they could pay it back (that is, whether or not they were classified as poor). Some borrowers had relatively little land and were clearly subsistence farmers – what they grew was for consumption only. One couple, for example, had 2.4 acres (10,000 m^2) which yielded about two tons of rice per year, and they also worked locally as farm labourers. Other borrowers in the same OPA had considerably more land, however, with larger yields (for example, seven tons), and were definitely not subsistence farmers. They too regularly borrowed 120 kilograms of rice. *Their* problem was not that they produced too small a crop to feed themselves. It was rather that they needed rice for consumption between harvests. Quite of lot of the money earned by selling their crop was used to pay for fertiliser and insecticide, and this left them short of rice for consumption between harvests.

86 It was also generally appreciated, though there were a few OPAs where there seemed to no demand for the facility.

87 This includes the unmarried children.

Borrowing Cash for Consumption and Immediate Expenses

In both Cambodia and Myanmar, we spoke to many poor villagers who borrowed cash from the OPAs / OPSHGs for their immediate consumption needs.[88] Loans help them cope with times when they are short of cash. Their income is not only very small, it is precarious in a way that makes it difficult to plan for spending on their everyday needs.

> *Widow, aged 63, who lives with her son. Both of her other surviving children are married and live in the same village. She has no land and her co-residing son supports both of them from his earnings as labourer. She has an ID poor card (type 1), which covers all healthcare costs provided she uses public facilities. She has borrowed cash many times, always for food and other daily expenses. The OPA has also helped out occasionally with small gifts of cash and rice. She has been a member for more than 10 years, and attends meetings regularly even though now she cannot hear most of what is said because of her hearing problem. "The OPA enables her to feel secure about food."* Rohal Suong, Cambodia.

People who own only a very small parcel of land may still be poor by any reasonable standard. They will often have to do casual work to make ends meet. Even that, however, may be not enough for their needs.

> *Man, aged 69, married, but his wife is not member of the OPSHG. He has three children, and two of them still live with him and his wife. Also living with him are two grandchildren who are students. This is because his two sons work on local fishery ships and are often away from home. So he and his wife have to take care of his grandchildren. He has only 0.4 acres of land (1,600 m2), and has to do odd jobs as well. He currently has a 200,000 kyat (US$170) loan from the OPSHG, which he is using just for consumption.* Htwin Kwin, Myanmar.

Who Borrows?

The data we have do not really support firm generalisations about the distribution of loans and their benefits. What we can say is that not all members are borrowers. Sometimes this is because they have no need to borrow cash. Or perhaps there is no obvious way of using a loan.

> *Wife aged 65 and husband aged 58. They became members in 1999 (when the OPA was established). Their joining fee was 12,000 riel (US$3) cash and 120 kilograms of rice. They have six children, all married and living in the same village. They live with one of the daughters. They own 2.4 acres (10,000 m2) of farm land, which yields about two tons of rice per year. They also work locally as farm labourers. Their children, who are all poor, give them small amounts of cash (maybe US$20) on special occasions. They do not have n ID poor card and do not bother to use the public healthcare service since it often lacks the medicines they need. Recently they have had three home visits from a doctor, and this cost them US$35 each time. They borrow 120 kilograms of rice every year, and use it for consumption only. The OPA charged them 30 per cent interest per season. They have never borrowed cash, as they had no business that required cash.* Tbaeng, Cambodia.

In this case, even though the family have a small amount of land, the size of the holding and the yield strongly suggest that they are growing for themselves and not for the market. What would they gain by borrowing in order to invest in their land?

In all four of the study countries, however, there are combinations of circumstances that will have the effect of excluding some members from access to credit. Sometimes the members themselves come to this conclusion.

> *Husband aged 57 and wife aged 56. They have been OPA members since 2012. They have five children, all now married, and are currently living with one of them. The others all work in Thailand. Her husband earns about US$5 a day for construction work. They also get support from the children in Thailand. They have no ID poor card. Her husband has high blood pressure and spends up to US$10 for medications each month. They both said that they dare not borrow because they have no business and cannot earn enough to repay a loan in full.* Daungrun Kert, Cambodia.

88 It is not only poor people who borrow for consumption. The reason for highlighting their use of credit is that it has more to do with meeting basic needs than an unwillingness to postpone the gratification of a desire.

In this case, the household did not see any way of making monthly interest payments on the loan (let alone the repayment of the capital), because their income, from all sources, just about covered their necessary everyday expenses. The decision not to borrow can be complicated by other family considerations, as in the following examples from China.

> *Respondent 10 is a 75-year-old widow who lives with a one-year-old granddaughter. She has six children; two sons and four daughters who live and work in different places across Shaanxi province. She has no formal income apart from the old age subsidies (Y100 a month plus Y50 a month for being over the age of 70 (US$16 and US$8 respectively)). She also receives a low-income allowance – she didn't know how much she receives because it's paid into a bank account and her son collects it for her every few months. She keeps chickens to feed her granddaughter. She said she had not borrowed any money from the OPA because she doesn't think she could pay it back. She said if she borrowed money it would end up becoming her son's responsibility and she doesn't want to create more of a burden for him.* Tuqiao, China.

Sometimes, however, it is the OPA that decides that the member's income is too small or too precarious to warrant making a loan. A widow with no land, who is unable to work and has no relatives who are willing and able to take on the debt, is unlikely to be able to repay her loan.

> *Widow, aged 85. She had three children, but two died. The remaining daughter is of unsound mind. So she lives near her brother. His grandchildren help to provide for her. However, they are also poor. So the village community (not just the OPSHG) helps her as much as they can. She receives intensive support from the OPSHG, which gives her rice and oil every month. She does not have good health, and often feels tired. She takes vitamins provided by the village community. The OPSHG used to do this before, but not now. When she had good health, she attended meetings regularly. Now she cannot attend. As she is not a home care beneficiary, volunteers do not come regularly. The OPSHG does not give her any loans as she cannot work anymore and would not be able to repay a loan.* Shwe San Yan, Myanmar.

When we ask whether loans go to the people who need them most, we have to take account of their ability to use or repay a loan. As this example shows, there are some very poor people who clearly need assistance with everyday consumption, but a loan is probably not the best way of providing it. With this proviso, there are plenty of examples from all the study countries of borrowers who are poor. And there are examples of members whose income increased substantially following a loan, enough, they reckon, to lift the household above the poverty line.

> *Woman, aged 62, who never married. "I am now living with my younger brother's family. He and his wife are farmers with three acres (12,140 m^2) of rice land. I don't have my own rice land, so I help my brother with the farming. Apart from rice cultivation, we also breed pigs and chickens. Two years ago, we were a poor household, but now we have escaped from poverty thanks to a loan from the club ... I got a loan of VND3,000,000 (US$150) from the club and bought 300 small chickens. The income from the chickens is about VND2,500,000 month (US$125). Before, I did not have funds for breeding, but thanks to the loan fund, the income of my household is getting more stable."* Xom 3A Nam Thanh, Vietnam.

Not everyone who is financially hard-pressed is officially poor, however. Non-poor households may have unavoidable expenditures – especially for the education of their children or for medicines – that can make life very difficult.[89] Loans can alleviate serious financial hardship and stress in such situations.

> *Man, married, aged 50. "I have three children; 20, 18 and 5 years old. The oldest son is a university student in Hanoi. The two smaller ones still live with us. My wife and I are farmers. We have 3,500 m2 of rice land. We also raise chicken, pigs and [now] goats. Two years ago, I started investing in goat breeding with the loan from the club. I got a loan of VND8,500,000 (US$420) and bought five nanny-goats and some animal feed for them. After four months, these five goats gave birth to 14 kids. After six months, I sold them and made got more than VND7,000,000 profit (US$350). I have already repaid the loan. To be honest, before I bought the goats, my family financial situation was very difficult. With three children still at school, we shoulder a lot of costs relating to their studies. We have no income apart from agriculture. Thanks to the loan from the club, our financial situation is getting better."* Xom 3A Nam Thanh, Vietnam.

There seem therefore to be two broad classes of non-borrower, and they lie probably lie at the extremes of the local income distribution. At one extreme, there are people whose financial circumstances are so difficult that they are excluded from borrowing. At the

89 Escaping from poverty may entail additional household costs such as the loss of government support for education.

other extreme, there are people who do not need to borrow. We have no data on the ratio of poor to non-poor borrowers. Sometimes perhaps they will have quite similar reasons for taking a loan. There are non-poor households that are financially hard-pressed and want to increase their income. Sometimes, and this should not come as a surprise, they want to increase their income even though they are not – by local standards at least – financially hard-pressed. This was especially apparent in Myanmar, where it was not uncommon for farmers with enough land to set them well apart from the poorest people in the community to seek OPA loans. Their problem is that the rural agricultural bank does not offer them enough credit for their needs. They are already – relatively speaking – quite well off. The loans make it easier for them to get the most out of their land.

> *Man, 60 years old and married for a second time. His first wife lives in the same village and he continues to provide for her since she is ill and cannot work. He has no children. He has five acres (20,000m2) of land on which he grows rice in the rainy season and beans in the summer. He gets 500,000 kyat (100,000 kyat, or US$85, per acre) of agricultural loans each season from the government. Despite this, he has taken several 100,000 kyat (US$85) loans from the OPSHG since he joined in 2011. These loans are mainly for farming. He does not have cattle for ploughing (they were killed by Cyclone Nargis in 2008), so he has to hire machinery for which he also needs fuel. He reckons that, on average, the farming cost per acre for two seasons is 300,000 kyat (US$155) from seeding to harvesting. This means that the government loan is not enough to cover his costs. He has also taken an NGO loan for 30,000 kyat (US$25.50) to help with farm inputs. For the first time this year, he borrowed 20 baskets of paddy from the paddy bank.* Thar Yar Kone, Myanmar.

And even the largest landowners want loans from the OPA as well as the rural agricultural bank.

> *Woman, aged 69, unmarried. She lives with her sister (a non-member), and is a member of the main committee. She has 19 acres (about 75,000 m2) of farm land and takes regular agricultural loans from the government. She currently has a 100,000 kyat (US$85) loan from the OPSHG, which she is using for pig-raising. This is her fifth loan from the OPSHG. Although she does not borrow from the local Women's Association, she does have savings with them.* Ah Su Gyi, Myanmar.

Multiple Benefits

This chapter has so far highlighted the different kinds of benefit that individuals receive from OPA activities. It is also important to recognise that there are some individuals who benefit from OPA activities in many different ways. In Myanmar, for example, this is quite common in those OPSHGs that provide older individuals with a small social pension. They receive the pension *and* gifts of food *and* home care support *and* have borrowed money.

> *Widow, aged 81, poor. Although she has two children, neither of them lives in the village, and she lives alone. She gets some income by renting one part of her house to another family. Her children and some nearby relatives also regularly give cash help. She attends meetings when she feels well enough. She has borrowed 100,000 kyat (US$85) from the OPSHG twice. The first time, she used it for selling dried fish. Recently, however, she has not been able to work. So she took the loan for her relatives who provided for her. She also gets 1,000 kyat (US$0.85) and some food monthly.[90] Occasionally she gets vitamins, and is a home care beneficiary. A volunteer visits regularly to check her blood pressure, clean the house, and help with washing and cutting her toenails. She was given the opportunity to go an Older People's ceremony in Naypyitaw as an OPSHG member. As part of the ceremony, she received 50,000 kyats (about US$43), a mattress, a blanket, some medicine and some food. She thinks the OPSHG is very important for her because she lives alone.* East Dagon (Ward 12), Myanmar.

There are many examples of the same phenomenon in most of the Vietnamese ISHCs, though the package of benefits is rather different. This particular club had a queue of non-members waiting for vacancies to occur so that they could join. As this example shows, it is not only the most vulnerable individuals who receive multiple benefits.

> *Married woman, aged 69. "I have five children and live with my husband and oldest son. The main benefits of joining the club for me have been; keeping in good spirits and feeling good physically thanks to physical exercises and cultural activities; I've had loans; I attend the health checks, and members have visited me when I have been sick. I like physical exercises and cultural activities, mostly because they help me keep healthy and they are fun. I find the health education sessions very useful, and I now know*

90 Some of the Myanmar OPSHGs provide members with regular cash assistance rather like a social pension; that is, it is paid to everyone above a certain age threshold.

more about older people's health problems, and how to eat in a healthy way. I now eat less meat than I used to and do physical exercises every morning. I've borrowed twice from the club. The first time I bought a calf which I raised and sold. The second time I borrowed to pay for intensive medical treatment. After the treatment the club came to visit me and encourage me." Dan Loc 3, Vietnam.

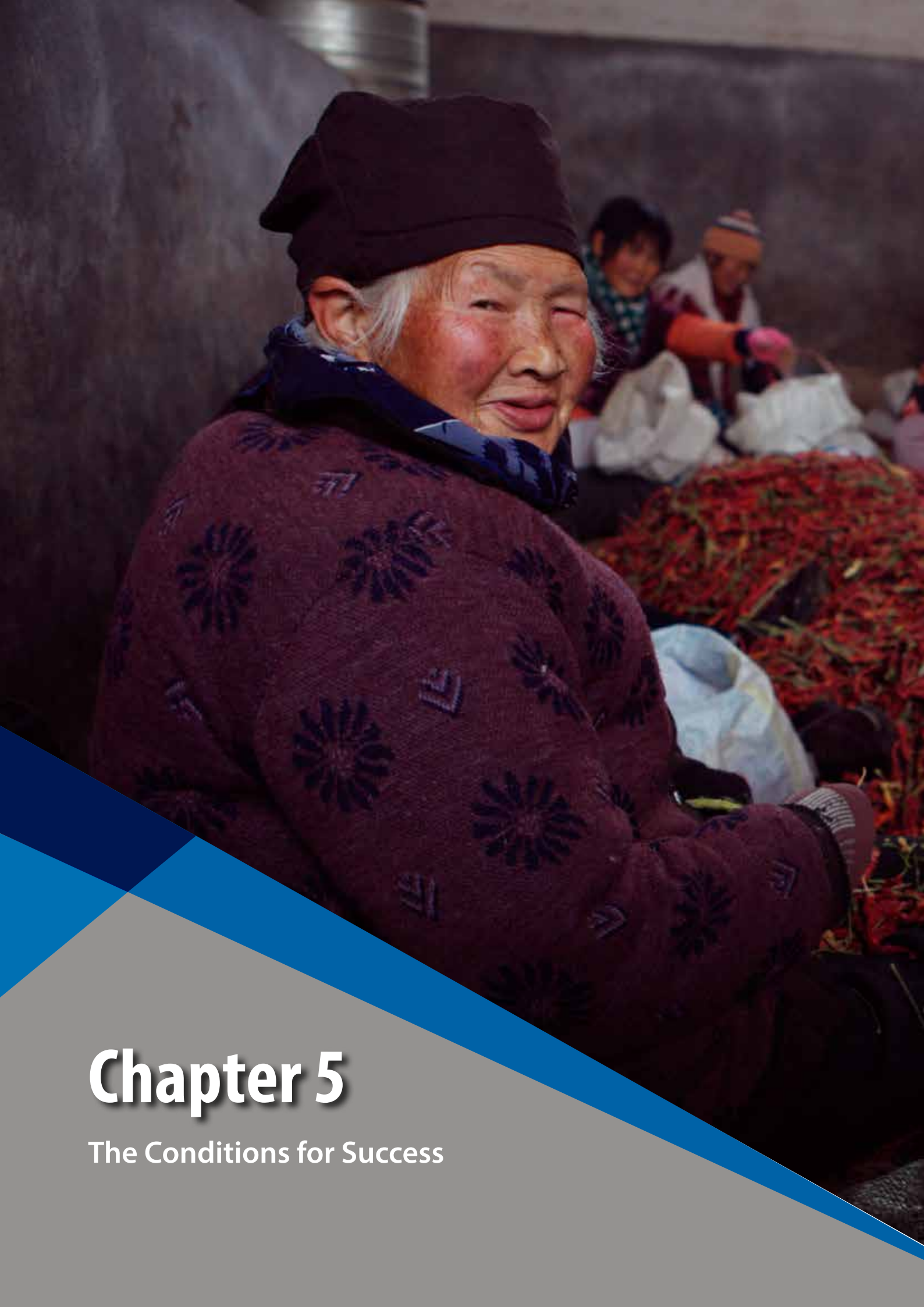
This couple in one of the long-established Cambodia OPAs had received loans of money and rice, as well as cash assistance for healthcare, and they had found the health education useful.

Wife aged 74 and husband aged 72. They have been members of the OPA since 2006. They have six children, and currently live with two unmarried daughters. They own a small piece of farm land and get support from all the married children. The family does not have an ID poor card. Lack of funds to go to the health facility is the biggest problem for them. A few years back she had an operation (for joint issues) and spent 18 days in hospital, which cost them more than US$500. The OPA helped her with cash:-100,000 riel (US$25) plus travel costs of 50,000 riel (about US$13). Although the health education sessions stopped a long time ago, she remembers them, because they were given advice about good hygiene, good sanitation and nutrition. She has recently taken a cash loan from the OPA to buy seed, fertiliser and insecticide for the land as well as medicine for her husband. They have also borrowed rice and received some gifts of cash and rice. She says she is thankful to the OPA. "This OPA is good, they have helped to build the school, the road, and they help the poor." Rohal Suong, Cambodia.[91]

And last of all, China. In this particular case, what the individuals see as benefits is strongly coloured by an appreciation of the social function of the OPA.

Respondent 6 is a 73-year-old married man. He had worked as a teacher and had a good pension. He takes daily medications which are expensive, but not prohibitively so. He says the OPA has helped him with health understanding and awareness by organising health education classes. He has learnt about disease prevention in the classes and has changed his diet as a result (less salt), and also now takes more exercise. He says that he tries to worry less and enjoy life more because of what he has been told about the importance of positive mentality for good health. He has borrowed once from the OPA, Y3000 (US$480) to help his son buy a house. He always attends the OPA meetings, which usually have an educational component (not just health). For him, one of the main benefits of the OPA is to bring everyone together ... He also thinks that the OPA has helped make the elderly more active, which has had a positive impact on their mood. By sharing the responsibility for elderly affairs, the OPA has reduced the burden on the village government. It also helps the community by organising funerals for those who have died ... He tries to contribute to the OPA by helping to set up and clean up before and after meetings. Daliushu, China.

91 Other respondents in the interviews for the same OPA highlighted a range of personal benefits, including help with transport costs to the nearest hospital, small cash gifts during hospital stays, repeated loans, occasional help with daily expenses and gifts of rice (poor family with ID poor card type 1), cash assistance for the costs of a funeral, and the value of information-sharing at meetings.



Chapter 5

The Conditions for Success

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The Conditions for Success

Chapter highlights and key points

- This chapter asks what is needed for the OPA model (and its country variants) to work and realise its potential to improve the lives of older people.
- Because OPAs are membership organisations, the main condition of success is a wide base of popular support. This can only be gained by providing *something* for older people in different circumstances and with different needs, including people who are reasonably healthy and active and able to contribute either time or money to the work of the OPA.
- Regular and frequent meetings are the primary means for the delivery of many of the social benefits associated with OPA activity.
- A sense of collective responsibility for the work and continued success of the OPA is one of the best guarantees of its success.
- Capable and conscientious management teams are essential to the effectiveness of OPAs. The availability of individuals with previous administrative experience cannot be taken for granted, and it certainly varies across the different countries. Without proper training and robust procedures for ensuring replacement of retiring committee members, OPAs are likely to run into difficulties.
- OPAs require resources, and this means volunteers as well as funds. The capacity of an OPA to provide a range of activities catering for people in different circumstances and with different needs varies with the resources that they are able to mobilise, and most OPAs depend heavily on the voluntary engagement of their local individuals and households for these resources. Under these circumstances, we should expect to find considerable variation in the capacity of OPAs to provide a social safety net or home care in case of need.
- The capacity of OPAs to engage in effective health promotion is enhanced by cooperation with effective health services.
- Activities should be appropriate to local conditions and needs. What works in one setting may not work in another.

In the previous chapter we considered the impact of OPAs on the wellbeing of older people in respect of their income security or health or social integration. We are able to say how OPAs can improve wellbeing, because we have examples of OPAs that are effective in transforming the lives of older people, and these examples enable us to see how lives are changed for the better. We have a good picture therefore of the *potential* impact of OPAs across these three domains of wellbeing. In this chapter we consider some of the main requirements for success or effectiveness in OPAs. What is needed for the OPA model (and its country variants) to work and realise its potential to improve the lives of older people? What are the main factors that enhance (or undermine) the capacity of the OPA to be effective in transforming the lives of older people?

A simplified and somewhat stylised account of the conditions of success is implicit in the model that underlies the OPA approach. OPAs are membership organisations, and they win the support of their members by demonstrating the value of their activities to members. This is the fundamental condition of success. It must be clear to members *either* that they gain personally from membership *or* that their community (and its more vulnerable members) gains from its activities, that is, that the OPA deserves their support. What individual members (and perhaps also the community) gain is access to resources and forms of support that they would otherwise find it difficult to secure. They depend on the resources available to the OPA, the income it has to spend and the volunteers who offer to help. If OPAs are expected to draw most of their resources from the local community, then they have to rely heavily on the willingness and ability of the members to lend them practical (time and money), as well as moral, support. As we shall see, however, what the OPA is able to do for older people in the community, both non-members and members, does not depend only on resources that are contributed locally. The ability to draw on resources and connect with services outside the community can extend their capacity for effective action.

The evidence from the interviews amplifies and deepens this account by highlighting the importance of the various mutually supporting factors that contribute to success. Sometimes it is the emergence of serious operational problems that sheds the best light on these matters. In other words, it may be easier to see what is needed to avoid problems that undermine the capacity for effective action than to see what is needed to achieve that degree of success that differentiates a very strong OPA from an 'average' OPA[92]. Some of the factors that we can highlight are internal to the operations of the OPA and others are external. We can also understand them as quantities, resources or assets that will enhance or reduce the effectiveness of OPAs as they have more or less of them.

The Support and Loyalty of Local People

It is not difficult to find examples in all the study countries of OPAs where the majority of respondents[93] can say how they have personally benefited from the OPA. Sometimes also they affirm the value of the OPA because they can see what it is doing for other people as well as for themselves.

> *Widow, aged 90. I know that whenever I need something, the club is willing to help me. I think the club is a good thing for the community, because it helps old people like me.* Phuong Do, Vietnam.

> *"I think the club is a good thing for the community, because it helps people in difficult situations and connects them to the community."* Nghi Phuong, Vietnam.

> *"This OPA is good, they have helped to build the school and the road, and they help the poor."* Rohal Suong, Cambodia.

These examples show us OPAs where the members are able to *see* how the OPA helps older people in different ways. In all four of the study countries, moreover, as we saw in the previous chapter, there are OPAs where some members benefit in multiple ways, and we are generally left in no doubt about their enthusiasm for the work of the OPA. The fact that some members benefit in many ways is important, as it makes it very likely that the OPA can offer or provide *something* for people in different circumstances and with different needs. This should include potential members who are reasonably healthy and active and able to contribute (either time or money) to the work of the OPA. Otherwise the OPA will have difficulty in providing for older people who are housebound or frail or poor. OPAs gain popular support by providing different kinds of incentive for membership – such as opportunities to engage socially with other people outside the household, or to participate in activities that help maintain good health,

92 This is partly because of the nature of the evidence we collected. We did not set out to measure quality of performance in a systematic fashion that would allow us to distinguish between 'degrees of success'.

93 With the exception of Vietnam, these are nearly all members.

and last but not least, a reasonable expectation of personal benefit (for example, access to services that are otherwise difficult to obtain or the provision of an extra-familial safety net in case of future need).

If OPA activities peter out, and the OPA slides into a general condition of inactivity, this can lead to disappointment and frustration among members. We should expect people in the more inactive OPAs to find it hard to say how they have benefited personally from their membership, and this is indeed what we find.

> *Widow, aged 76, who lives with her nieces. She became a member of the OPA more than 10 years ago. She has no income of her own (ID poor card 1) and depends entirely on her nieces. When I asked if the OPA did anything to help her, she said no. The OPA, she said, stopped all activities a long time ago. She had never borrowed either cash or rice, because she was afraid that she would not be able to pay them back. For her the only good thing about the OPA was that "we all could come at the meeting place once a week to offer food to the monks and have a [religious] merit ceremony".* Reang Kraol, Cambodia.

This last respondent is important because she represents a category of members who do not borrow, and as a non-borrower, she is unable to point to any personal benefits from membership. The local OPA seems to have become irrelevant for her and she does not see it doing much good for anyone else. Even if it had provided assistance with cash or food and conducted home visits in the past, it no longer does so. From her point of view, the only people who would have a reasonable expectation of benefit from the OPA are potential borrowers. It is easy, moreover, to see how a situation like this might emerge in an OPA that ends up doing very little apart from lending and then sees the number of borrowers dwindling over time.

Collective Responsibility and a Sense of Ownership

A sense of collective responsibility for the work and the continued success of an OPA is one of the best guarantees of its success. Although evidence for this cannot be found directly in the comments and opinions of OPA members, it can reasonably be inferred from what members say about the value of the OPA to the community and what we know about the organisational model of OPAs. They are conceived as community organisations that rely on the willingness of members to share in the effort required to maintain a new social network that operates as a form of mutual aid society.

It has already been suggested that OPAs in Vietnam and Myanmar operate in ways that promote active membership, and it is in these countries that OPAs seem to be more consistently successful. We can perhaps discern in this distinction between active and passive membership two ways in which members conceive of their relation to the organisation. OPAs that succeed in promoting active membership will approximate more closely to the ideal of a mutually supportive social network than OPAs whose members tend to see themselves more as passive consumers than as co-producers of services. For obvious reasons, such an attitude sits rather uneasily with the kind of support OPAs need. They are community organisations and they probably thrive best in a setting where a substantial proportion of the members value them as such rather than simply as providers of services which are paid for by the cost of the membership fee. They recognise that the OPA is a good thing for the community even if they have no immediate need for its support. It is important not only that members gain from membership, but also that they understand and accept that some people will gain more than they contribute, possibly a great deal more, while others will contribute more than they gain. OPAs are weakened if they are unable to maintain a balance between different incentives for membership, and this is likely to require an ongoing effort on the part of the management committee. They have to be able to offer people a reasonable expectation of personal benefit in order to secure a sufficiently wide base of support, but they cannot really survive – at least in their original form – without appealing to a sense of social solidarity – a willingness to pool personal resources and accept some degree of redistribution towards the most disadvantaged members of the community. Members and potential members should be able to see that the OPA works for the community and for them.

Capable and Hard-working OPA Management Teams

It almost goes without saying that capable and conscientious management teams are essential to the successful delivery of benefits by an OPA. It is their responsibility to ensure that the necessary resources continue to flow into the OPA and that these resources are properly managed and used well. Most of the work of organising and coordinating activities falls to them. It so happens, however, that when they fulfil these responsibilities conscientiously and competently, their efforts can be almost invisible – certainly to the outsider. If they have the trust and the respect of the members, then we can assume that their efforts are appreciated where it matters.

What we find, therefore, is that the work of the committees tends to come to our attention (as researchers) when it is somehow exceptional, when the members are *very* hard-working or when they take on difficult tasks or indeed when things go wrong. For example, among the Chinese OPAs, Daliushu OPA stands out not because it has a hard-working and dedicated committee (many of the China OPAs are in this position), but rather because of the direction it has been given by its chair, a retired teacher, who is also a very capable administrator and an energetic leader. Largely as a result of this man's leadership, the OPA has built up quite a reputation for its efforts to improve the 'social, cultural and educational wellbeing of the elderly'.[94] The determination of the OPA head in this respect was apparent.

> *The OPA head has particularly focused his attention on educating and raising the quality and values of the OPA committee so members can also perform their job well. He said it is important that the committee acts as a moral model in the community for others to follow. As a result there are classes every Monday morning at the VC for the committee members run by the OPA head. The classes include the study of newspapers, Chinese traditional values, policies, as well as more practical tasks to raise the 'quality' of their behaviour like cleaning communal areas and visiting sick residents. They discuss and critique government policies together and talk with the Village Committee about how local policies should be implemented in the community.*

The result is that Daliushu had been awarded 'model' OPA status for the Baoji region, and received frequent visits from officials who wanted to see how it works.

Cambodia, on the other hand, provides several examples of OPA with committees that doubt their capacity to resolve problems without outside assistance. In other words, our attention is drawn to the capacity and commitment of committee members because they clearly have low morale and openly say that they do not know what to do. Although the evidence does not allow us to say that the OPA's problems are due entirely to a lack of organisational skills – or even perhaps commitment – in the management committees, it seems nonetheless reasonable to suppose that problems with lack of skills or commitment can contribute to a spiral of decline. That Cambodia may have particular challenges in this respect is suggested by the relative paucity of administrative experience or organisational skills in rural areas. The contrast with China and Vietnam is marked and is likely explained by the general conditions and recent history in the two countries (see Chapter 3). The Cambodian sample contains several OPAs where no-one on the committee had any kind of previous organisational or administrative or political experience. They were farmers. Levels of literacy and numeracy are, moreover, quite low in this cohort and it may be very difficult to get hold of older people who are willing to serve as committee members and have the minimum skills necessary to do the work.

94 The OPA had taken a 'positive' decision to end its homecare programme largely because of the chairperson had very firm views on the matter.

It is necessary to point out that HelpAge OPA projects do not take for granted the availability of organisational skills in the older rural population. They help with the selection of committee members and provide training for duration of the project implementation phase. The fact that these problems occurred mostly in older established OPAs suggests, moreover, that they may have more to do with procedures for the handover of responsibility to new committee members than with the abilities and commitment of the original committee. The prevalence of issues related to the turnover or replacement of committee members is, indeed, striking, in some of the older OPAs. For example, there are OPAs that were established in 2007 and had seen no change in the membership of the committee. There were a few committees that had seen most of their officers resign or die without replacements being made. One of the Cambodia OPAs had only two committee members at the time of the visit, a chair and vice-chair. Everyone except the chair had resigned (or possibly died). The new vice-chair was a Buddhist monk who had been 'appointed' (not elected) to the position mainly because of his association with the meeting space used by the OPA. The two men did not get on, and indeed argued with each other about the stewardship of the OPA resources during the interview. In cases such as this, which illustrate in a rather extreme form the problems that a few OPAs have in finding older people who are willing to take on the responsibilities associated with managing the OPA, it is probably unreasonable to expect the OPA to be active or effective.

Cambodia is not the only country to experience handover problems, and as this example from China shows, they can be disabling. Although the management committee is in theory a team, there is always a leader or chairperson, and often this individual has a pivotal role and importance. If it proves difficult to find a replacement, this can have a large impact on the ability of the OPA to function as an effective social organisation.

> *The former head of the OPA had died two years previously and it seemed as if the OPA had been on hold for a period while they found a replacement. The new head said he was just beginning his role and didn't yet appear to be very knowledgeable about the OPA. The committee were generally quite disorganised and not sure about membership information or details of who had borrowed money from the loan fund.*
> *Xishan, China.*

Meetings and Their Benefits

Regular and frequent meetings are the primary means for the delivery of many of the social benefits associated with OPA activity. If we accept what OPA members say, which is that they do benefit from having the opportunity to participate in organised sociable activities outside the household, and OPA meetings – meetings where all the members are invited to attend – are the main occasion for such activities, then such meetings are one of the conditions for OPA effectiveness. They bring people from different households together by giving them a reason to come together.

That full OPA meetings are an occasion for sociability, and that this sociability is highly valued by older people, was repeatedly stressed in the one-to-one interviews in China and Vietnam. This is not to say, however, that without full meetings, OPAs are unable to provide the benefits that come from organised group activities. We can this see very clearly in some of the OPAs in China. The OPA in Sheshu, for example, "is famed across the region for its incredibly active OPA". As well as running a drum band and a dance troupe, there is square dancing outside the OPA building most days. The OPA is also able to offer access to a library and a canteen where members can meet for (a cheap) lunch. None of this requires regular and frequent meetings of OPA members together with the management committee. What it requires is a lot of organisational effort on the part of the management and funds to make sure that members have other opportunities to get together besides the occasion provided by a meeting of the OPA as a community organisation. Sheshu, however, is unusual, and that is the point of the example.

Although full OPA meetings may not be strictly necessary for all the social benefits associated with OPA activity, business meetings have important functions (for members) that cannot easily be fulfilled in any other way, and these functions are associated with certain kinds of benefit. Firstly, they provide members with an opportunity to come together to, first, exchange information (for example on members who are sick or have some other kind of problem that the OPA could help with), and second, discuss matters of mutual concern. The sociability of the meeting can be directed, in other words, towards the collective recognition of common issues and concerns, and a collective agreement on practical responses. Secondly, without business meetings which involve the members of the OPA as well as the management, there is no

participatory governance. Active engagement with the decision-making of the OPA promotes a sense of collective responsibility for its success – and continued existence – as an organisation, and from this there flows a sense of community empowerment.[95] It is arguable, moreover, that individuals as well as the community gain personally from a sense of enhanced capacity to effect improvements in the lives of other people besides themselves (they are not doing it for just themselves) by means of cooperative activity. They are to that extent justified in taking a positive view of their own place in the community.

Finally, we should bear in mind that meetings are essential for some of the non-social benefits associated with OPA activities. In particular, members' engagement with health promotion activities is generally tied very closely to attendance at meetings, and if there are no OPA meetings, it becomes much harder to reach large numbers of people.

> *Widow, aged 53. She said that the OPA in her village had not called members for a meeting for a long time. She explained how when the OPA was still getting support from HAC, she attended all the meetings, had regular health checks and learnt how to do some exercises. She really enjoyed all of this and thinks it was useful. But, she said, there have been no meetings since 2013, so she has had no opportunity to join in with these activities since that time. Preah Srae, Cambodia.*

OPA Income

Some kinds of OPA activities – along with the associated benefits – can be provided at no cost to the OPA. Home visits by unpaid volunteers do not cost anything (unless the OPA decides to make small payments to volunteers). A loan facility can be entirely self-financing. There are many activities, however, which are costly for the OPA and valued by members: the provision of snacks at meetings; cash support to members in need; gifts at festivals; equipment for cultural or sporting activities; materials for educational activities etc. The more income the OPAs have, the more they can do, and this includes, of course, providing financial assistance to more people. We can see this very clearly in various aspects of OPA activity, such as, for example, the constraints that apply to one-off payments to provide cash support for people who had fallen ill and needed medical treatment in Myanmar, where several OPSHGs explained how they kept the level of payments within the budget they had set aside for this purpose (see Chapter 4). They capped the number of beneficiaries or restricted their payments to certain categories of cost, such as transport. The point to note here is that because they have limited budgets, they may not be able to help everyone who needs medical treatment. How much they can do for their members depends on their income.

As we have already noted, when project funding for an OPA comes to an end, OPAs have to be able to obtain income from other sources (see Chapter 3). Most OPAs have to rely very heavily on their own ability to generate income locally in order to finance their activities, including the provision of financial assistance to their members or other older people in need. In other words, their income comes from the voluntary engagement of the community in which they are based. It is made up by some combination of membership fees, funds raised locally in voluntary donations, and income generated by engaging in some form of business, most often a microcredit facility. We do find a few examples of OPAs, however, that receive substantial revenue from an external source, either government or donations from outside the community.

95 As distinct from, for example, individual empowerment for health.

Despite having no loan fund, Shuanglong, one of four 'replica' OPAs in the China sample,[96] is clearly a very active OPA and makes a point of concentrating its efforts on social activities, health education and home care. We should probably think of Shuanglong as a pilot project for an urban OPA, which may help to explain why it receives a *large* annual grant from government; large enough to obviate the need to engage in fundraising, and large enough moreover to cover the cost of providing home care volunteers a small annual payment as a token of thanks for their contribution as well as a range of social and health promotion activities. Without the government grant, it could not maintain its high levels of activity. In this respect it is similar to a third-sector provider of community support for older people in a country such as the United Kingdom.

Although Shuanglong is an exception among Chinese OPAs, there are other examples of OPAs which receive regular grants from government. In Cambodia, OPAs are able to apply for grants from Commune Investment Funds (CIF). The grants are disbursed by the Commune Councils (to villages, not individuals) and are intended to act as a social safety net for anyone in extreme need. The amount of money available for each village is relatively small, but it can provide OPAs with an extra source of funds[97] to spend on the most vulnerable ('indigent') elderly people in their villages. In other words, the OPAs act as a channel for public social assistance.

It is also possible, though probably very unusual, for an OPA to raise donations from an external source. The OPA in Rohal Suong, one of the most active OPAs we visited in Cambodia, had among its members a handful of older people with relatives in the United States of America (all in one city in the USA), and this provided the OPA with an external source of income for communal projects, that is, donations from the USA. The relatives would engage in fund-raising in the Cambodian migrant community on behalf of the OPA. In this case, the additional source of income clearly enhanced the capacity of the OPA to provide its members with certain kinds of benefit, and they could even plan to fund-raise for specific purposes, such as a motor-bike taxi (*tuk-tuk*) to provide transport to the nearest medical care.

Sheshu is like Shuanglong in having healthy finances despite the absence of any loan fund. It also resembles Rohal Suong in Cambodia in being able to tap into resources that may be unavailable to others. The village scores highly on various government measures of wellbeing and communal success, and is well known and admired throughout the province for its very active OPA. The OPA runs a drum band and a dance troupe, with square dancing outside the OPA building most days; there is an OPA library and a newspaper reading group; the OPA runs the village patrol team on behalf of the village government.[98] It also provides frequent health education sessions (four times a year), and manages what seems to be a very active home care scheme. In addition to all this, the OPA works with the village committee in a number of policy areas, including public sanitation and waste disposal, and has been delegated additional responsibilities such as delivering benefits and disseminating information on behalf of the village government. What makes Sheshu stand out from other OPAs (not only those in China) is that it manages very well on local donations and support from the Village Committee. The village was relatively affluent and it was not difficult for the OPA to treble its annual income from membership by regular donations (from both members and non-members). Compare this with another Chinese OPA, which could not possibly rely so heavily on donations.

> *The village of Xishan (registered pop. 1,600) is remote, with weak infrastructure, poor sanitation and high levels of poverty. According to the village committee, 70 households still live below the poverty line, and more than half of these do not receive low income support because of the quota system … The main source of income in the village comes from remittances sent by family members living away from home.* Xishan, China.

Sheshu and Shuanglong are atypical, even in China, let alone in the study countries as a whole. OPAs without active loan funds more often find themselves unable to do much for their members, let alone non-members. And if they have no other regular stream of income, their ability to have a positive impact on their communities is greatly diminished. We visited two other OPAs in China that were established without loan funds, and had no other source of income. The OPA in Shuangqaio does not attempt to collect membership fees and has only engaged in fundraising once – as a

96 These are government OPAs which enlisted HelpAge support to adopt some features of the 'standard model', especially the provision of home care. None of them have microcredit facilities, however.

97 That is, on top of whatever it raises itself through loan funds and other means.

98 Most villages have these patrol teams. Where the OPA is strong, it will be able to run it on behalf of the Village Committee.

charitable activity for a local man who was poor and bed-ridden. It has no money to spend on gifts or social activities, and the committee has come to the conclusion that any serious efforts in this direction would be wasted anyway, because the village already has social and cultural events and activities for older people, and the OPA's intervention is not needed to make them happen. The situation in Youweiing is similar. Here also the committee said that the OPA had "absolutely no income", and it explained how lack of funds constrained its activity as an organiser of social and cultural activities.

The typical OPA depends heavily on interest payments on personal loans for the bulk of its income. When loan funds fail therefore, usually triggered by repayment problems, the consequences for the effectiveness of the OPA are far-reaching. Failure seriously undermines the trust of members as well as the capacity of the OPA to provide even the most limited kind of social safety net. This was apparent in the small handful of Cambodian OPAs which had had to close down their loan facilities – sometimes cash and sometimes rice. These were the OPAs whose committees acknowledged that failure to manage problems with one or more of their income-raising schemes had deprived them of resources. They were aware that elderly members were dying off and no new members were joining. The OPAs were largely inactive and the committees felt that they were struggling and said so.

Volunteers and Volunteering

Although home visits are sometimes made by members of OPA management committees (usually when the visit is intended as a gesture of respect or goodwill and when gifts are presented to someone who is sick), they more often rely on volunteers. The ability of the OPA to provide companionship as well as various kinds of practical assistance for people with moderate or severe functional limitations depends on the willingness of local people to give up some of their time and the size of the pool from which they can draw volunteers, that is, local people who are in a position to give up some of their time.

Even though our research did not collect data on either the rates of volunteering or the match between the supply of volunteers and local need, it seems sensible to assume that the recruitment and retention of volunteers is a challenge for most OPAs. The challenge takes different forms and seems to be met with varying degrees of success in each community. That said, it is common ground that the extent to which people are time-constrained affects their willingness to give some of their time to the work of the OPA. When an extra few hours of work make a real difference to the ability of a household to put food on the table, a decision to volunteer is likely to impose a significant cost on an individual or family. It is not only the pressure exerted by poverty, moreover, that cuts into the time available for volunteering. The effect of caring responsibilities in the family is similar. Women who have to look after dependent children (or grandchildren)[99] usually have less time to give than those without such responsibilities.

In China and Vietnam the demand by older people for practical help around the house (rather than personal care) is relatively high,[100] and it is quite common for them to live alone. Because the potential pool of young adult volunteers is small, the OPAs/ISHCs have to look to older age groups for their volunteers, and the obvious place to look is among the members. In Vietnam, for example, the management boards are well aware that women in their thirties or forties are an important pool for potential volunteers. The

99 Women usually provide most of the childcare.

100 The provision of unpaid personal care by non-family members is not entirely acceptable in China.

assumption is that as many of them will no longer have caring responsibilities for dependent (quite young) children, they are more likely to be available for volunteering. We can get some sense of the demand for volunteers from this case where the ISHC approached a woman with childcare responsibilities to join the club because it needed more volunteers.

> *Woman, aged 34, married. I have two daughters; they are still small and living with us. My husband is doing business. He buys and sells agricultural machines and fertilisers. I now have a job at the commune post office, and also cultivate rice on our parcel of land (500 m2). I joined the club because the management board explained to me that the club needs young people to help the older people. Although I am quite busy, I agreed to join because I know that I can get out many things if I am member of the club.* No.1 Thon Dong Xa, Vietnam.

Younger-old OPA members (people in their late fifties or sixties) are in some ways the ideal age group from which to recruit volunteers because they are more likely to have good health than their older peers. The problem is that they may also be engaged in earning a living or looking after grandchildren (and increasingly, perhaps, looking after elderly parents).

> *Woman, aged 65. As a member of the club, I am a volunteer to provide help to other people in the community. However, up to now I haven't helped anybody because I am quite busy. Apart from agricultural production, I have to look after three grandchildren who live nearby. 65-year-old woman,* Nghi Phuong, Vietnam.

Sometimes it is apparent to members themselves, despite the best efforts of the ISHC, that the demand for volunteers exceeds the supply.

> *The club is not only good for members, but also for the community as whole because it provides helps for those in need both economically and spiritually, although the number receiving help is not many, due to limited human and economic resources.* Dong Tan, Vietnam.

Occasionally (this was mentioned several times in China) the OPAs have little choice but to rely on the willingness of older members who are themselves in poor health to provide help to others.

> *Respondent 8 is a 65-year-old man with arthritis and high blood pressure. He has also had a stroke. He is a volunteer in the OPA's home care scheme and visits an elderly neighbour regularly. He said he usually brings firewood to her house, carries water for her, and picks up food and medication for her on a regular basis. He occasionally helps her clean the house but she doesn't usually want him to help with this aspect. In addition, when he has time he sits and talks with her to keep her company. He said he doesn't need to help her with washing because her son and daughter-in-law come back to the village on a regular basis to see her.* Sangshuyuan, China.

As these comments from Chinese OPAs suggests, the challenge of securing the services of volunteers may sometimes seem insurmountable.

> *They [the members of the OPA committee] said in wealthier villages there is no problem recruiting volunteers but in places that are poor like this village, people are very busy trying to earn enough money to survive and most able-bodied people must find additional work where they can outside the village. [Local community members] are therefore not willing to commit to regular visits. This, they said, was a major problem in trying to maintain the scheme.* Zhangjidian, China.

> *They found it hard to recruit volunteers for the home care scheme. There was a small pool of people to choose from anyway and most of them work and have families of their own. Many people also think it is a lot of work to do indefinitely for no payment.* Tuqiao, China.

If we compare the situation in Vietnam and China, the evidence strongly suggests that the Vietnamese ISHCs manage the challenge of volunteering much better than the OPAs in China. Most of the ISHCs seem to have organised corps of volunteers, and we can see that the management boards work hard to maximise the number of volunteers. Moreover, there are plenty of ISHCs in the Vietnam sample that give different kinds of practical help to substantial numbers of non-members as well as members. We can only speculate as to the reasons for the relative success of the Vietnamese ISHCs in mobilising volunteers. The obvious explanation is in line with the stylised account of the OPA approach outlined at the beginning of this chapter. Because the ISHCs are seen to work and deliver benefits, they attract members who are willing to contribute time to the organisations. Members are confident not only that they will gain from membership and that the ISHC will help when they are require support, but also that the ISHC is good for the community. It is possible also that there are elements in the political culture that fosters the kind of values that help to support the ISHC – a sense of the importance of local civil society institutions.

In Myanmar and Cambodia, the situation with regard to volunteers is quite different from China and Vietnam. OPAs in both countries give the impression (they did not say so explicitly) that they regard the local pool of young adults as the most likely source of volunteers.[101] In other words, they often look beyond the members (or age groups normally eligible for membership) to make up a pool of volunteers. In rural Myanmar, young people are still relatively plentiful, even though they are often studying or on the verge of starting their own households. In Cambodia, however, it is now very common for young adults to migrate to look for work (often seasonal), and their absence from the villages was repeatedly highlighted by the management committees as a problem. It seems likely therefore that the supply of volunteers presents more of a challenge in Cambodia than Myanmar. As far as we can tell, the demand for volunteers to provide practical help in people's homes is still relatively low in both countries. Most elderly people who need practical help round the house or personal care have family caregivers at home or close by, and the typical case is one in which volunteers supplement (and perhaps complement) care by family members.

Health Checks and Access to Formal Health Services

OPAs have an impact on health in one of two ways: they encourage and enable older people to look after their own health independently of health care services or screening services; and they facilitate access to health care as well as screening services. Their effectiveness in the latter role depends heavily on the health services themselves. For example, blood pressure checks are either facilitated or performed by OPAs in all four study countries. The checks are intended to identify likely cases of uncontrolled (and often untreated) high blood pressure. Whether or not they have a direct impact on individual health depends on individual access to health services which are able to deliver appropriate treatment over the long term, and individual compliance with appropriate treatment over the long term.

We drew attention in the last chapter to the role of health checks in the package of benefits offered to ISHC members in Vietnam. It is quite clear that the active involvement of the ISHCs is instrumental in bringing health checks to the villages (unlike in China), and as a result it is highly likely that more people in at-risk age groups have their blood pressure checked regularly than would otherwise be the case. The system works, however – and it *does* work – not only because the clubs liaise effectively with commune health centres, but also because the commune health centres have the capacity to provide an effective service. There is, moreover, a relatively high level of health literacy in the rural older population.

Older people living in rural areas face significant barriers to effective medical care in all four study countries. Our evidence does, however, suggest that in Cambodia and Myanmar the barriers are considerably higher than in Vietnam and China, which is consistent with background information on the state of their respective health care systems. Not only are there weaknesses in the primary care services that have responsibility for providing and monitoring treatment,[102] but the idea of seeking expert help for health problems in old age may also be alien to many older people in rural areas.

In Cambodia, for example, several OPAs were covered by a single commune health centre that appeared to unable to ensure appropriate use of anti-hypertensives.

101 Perhaps because it seems unreasonable to expect most older adults to volunteer. It is understood that they have other very pressing demands on their time – or their health is too poor.

102 These include *inter alia* shortages of medicines as well as difficulties in getting to the clinics or pharmacies that are expected to have them in stock.

Anti-hypertensives (so we were told by the professional staff) were being prescribed in short courses without procedures for follow-up or any attempt to make sure that patients with high blood pressure (who had been given a couple of weeks' medication before returning to their village) understood the importance of continuing with treatment after this initial supply was exhausted.

The weaknesses in local primary care services may sometimes be mirrored in the attitudes and behaviours of older people themselves. Some of the Myanmar case studies reveal a lack of patient understanding of the requirement to comply with long term medication regimes if they are to be effective.

> *Husband aged 69 and wife aged 64, non-member. They have seven children, who all live in the same village, but are no longer at home with them. The children sometimes provide financial support. The man, who had a stroke two years ago, said that he had recently been suffering from high blood pressure, and that he used modern medicine "whenever he gets high blood pressure". At the time, it was difficult for him to get medical treatment because of lack of money. But his children borrowed the money from private money lenders for his medical expenses.* Koe Kway, Myanmar.

When the failure of primary health services to *educate* people with high blood pressure about the management of their condition is combined with a fatalistic attitude towards poor health in old age, it is hard for a screening intervention to have a large impact.

The cost of treatment to individuals or households is the second main barrier that works to erode some of the benefits of health checks, and it operates to different degrees in all the study countries. In China, for example, individuals who expressed concern about healthcare costs were thinking mostly of in-patient care, and not the costs of medicines for chronic conditions. There were, however, a couple of exceptions.

> *Respondent 1 is a 70-year-old widower who is the main carer for two of his grandchildren.[103] His son used to work in Shenzhen in the south of China but had a very serious accident at work six months ago, and is now unable to work and lives with his father. The daughter-in-law is the main breadwinner for the family. He has high blood pressure and poor eyesight, but says he rarely sees the doctor now because he worried about the cost. He is afraid of hospitals because he is scared that they will find something wrong with him. Occasionally he goes to a doctor in the nearby village when he buys medication for blood pressure. He told us he had wanted to stop taking his blood pressure medicines which were costing the family Y40 per month. But when he tried to stop them he felt so unwell that it affected his ability to take care of his grandchildren and so he had to start them again.* Zhangjiadian, China.

In all the other countries, however, the cost of medicines came up repeatedly as an issue in the one-to-one interviews, even for people who had subsidised health insurance.

> *Woman, aged 57. Before, my family was poor, but now we are 'near poor'.[104] I have heart disease and should use medicine regularly. I have free health insurance for near poor, but it covers only 80 per cent of medicine costs, so I have to buy medicine. It is quite difficult for me, so I don't use medicine regularly.* No.1 Thon Dong Xa, Vietnam.

In Cambodia and Myanmar, the issue is somewhat complicated by the widespread use of traditional medicines. Sometimes, though, there is good reason to think that traditional medicine is being used mainly because it is cheaper than western medicine.

> *Woman, aged 74, unmarried. She lives with her sister and together they manage a very small grocery store (which gives them about US$60 per month between them). She says she suffers from a weak heart, which is what a doctor who visited the village last year told her after a medical check-up. The doctor gave her medicine and a prescription so she could get more. When she used up the medicines given to her by the doctor, however, she did not use the prescription to buy any more. Instead she now uses traditional medicine.* Thar Yar Kone, Myanmar.

> *Woman, aged 78, divorced. She has two surviving children in the same village, and although she lives on her own, her house is very close to one of her daughters and one of her grandsons stays with her every night. Her son, who works in Thailand, sends her a small amount of money every month. She still works a little herself, growing vegetables in a kitchen garden which she exchanges for rice. She has a bad eye problem, but says she cannot afford to go to the hospital. She was diagnosed with diabetes at one of*

103 He says he used to be one of the more affluent men in the village, but when his late wife (who died two years ago) developed cancer he spent all of his life savings and earnings trying different treatments including several rounds of chemotherapy save her.

104 The household's increase in income has increased the level of co-payments required for medical treatment.

the health checks arranged by the OPA,[105] but only takes traditional herbal medicine. Rohal Suong, Cambodia.

This is not to say that health checks are of no benefit. The point is rather that the benefits are limited by other factors, and some of these – like cost or the quality of health infrastructure – are outside the control of the OPA. The full benefits of OPA-assisted health checks can only be realised when these wider problems with the health system are resolved. To a large extent this is what seems to have happened in China, and perhaps also Vietnam. In Cambodia and Myanmar, the situation is more problematic because the chances of receiving appropriate care after screening are lower.

Activities and Interventions Should be Appropriate to Local Conditions and Needs

Most OPA activities depend, in one way or another, on the engagement of older people if they are to produce any benefits. One important condition of engagement with OPA activities is that they should be appropriate to local conditions and needs, which vary between places and over time. An activity that engages older people in one setting may fail to do so in another

In China, we can illustrate the effects of social change on the ways in which members benefit from OPA activities by considering the use of loan funds. The China sample contained several OPAs that had seen the demand for OPA loans decline to a point where the fund was barely ticking over. Although the committees in some of these OPAs still insisted that the provision of microcredit was their core activity, there were at least two villages where the OPA had come round to different view. In both cases, they attributed the decline in demand for loans to the growing prosperity of their villages, and in both cases, a considerable shortfall in funding was being made up by the Village Committee and/or local donors. In Gengxi, a first phase project, the committee emphasised how important the fund had been in helping older people make the transition to more commercial farming, and they were quite clear in their own minds that the early success of the loan fund[106] had been essential to their success as an OPA.

For several years, however, as incomes have increased, the numbers of applications for loans had been trailing off (with no-one asking to borrow money in the previous 12 months). In Daliushu also, and for similar reasons, the demand for loans had dropped off quite radically in recent years.

Members are no longer very interested … in using the loans for the purposes originally envisaged in the model (animals, seeds, and similar). The switch to commercial crops had combined with high levels of remittances from children to raise their standard of living to a level where they wanted to borrow for other purposes, like doctor's bills or university fees for grandchildren or rebuilding their house. Even though the borrowing rules were relaxed to accommodate this change in demand, interest in the loan fund remains weak.

What is interesting and significant about both Gengxi and Daliushu is, firstly, that the committees recognised that their continuing success as grassroots' organisations required a change in direction and priorities (meaning that they should put more effort into activities other than the loan fund), and secondly, that they had the support of their Village Committees in this.

The relatively heavy use of rice banks[107] in Cambodia and paddy banks in Myanmar shows how enthusiastically local people can engage with activities that are appropriate to their needs. They engage, moreover, because they see the benefits of doing so quite clearly. So, for example, in one of the OPSHG villages in Myanmar, Tharyar Kone, we were told that all the members (and some non-members) borrowed from the paddy bank in order to make some extra cash. The fact that everyone benefited from the paddy bank was regarded by the committee as the most important reason for the OPSHG's popularity.

Lastly, we might consider the suitability of the content of health education sessions to local circumstances. It has already been mentioned in the previous chapter that health education sessions in Cambodia often focused on health issues that were immediately relevant to people of all ages, for example hygiene and parasitic diseases. This is not to say that they ignored the primary prevention of chronic age-related diseases. Sometimes, however, as this example shows, they hit a cultural barrier.

105 Visiting nurse from commune health centre.

106 Meaning, high levels of borrowing *plus* perceived usefulness of the loans in increasing income from farming.

107 This is not to say that rice banks do not sometimes get into difficulties. They do. Poor harvests affect the ability of borrowers to repay, and as we were told in OPA#2, when this happens the rice bank can run into problems.

Wife aged 67 and husband aged 66. When asked about health education, they explained how there had been no sessions since the NGO (HelpAge Cambodia) had ended its project almost a year earlier. "They talked about hygiene, drinking clean water, they checked blood pressure and gave medication for 2 to 3 days ... they also told us to do regular exercise, but I have never done that at home. It is not our habit to do such things here." Kvav, Cambodia.

Note that the problem is exercise. It would of course be a mistake to read too much into the comments of one individual in one village. The comment does, however, serve to draw our attention to the fact that some social settings are more congenial to the uptake of recommendations on physical exercise than others. Cambodia is in this respect a world away from China or Vietnam, where collective participation by older people in physical activity for its own is quite normal. We might here guess that the resistance to physical exercise in Cambodia is not just a matter of cultural acceptability. The fact that many older people live in conditions which require them to engage regularly in hard physical labour to earn a living is probably also relevant.

Chapter 6

Sustainability and Replicability

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Chapter highlights and key points

- This chapter looks at i) the ability of OPAs to sustain their activities after their start-up project support and funding has come to an end, and ii) the potential of the OPA model for scaling-up or replication beyond a relatively small number of project sites.
- The evidence for the sustainability of OPAs as community-based organisations is strong in Vietnam and Myanmar. The variants of the OPA model that have been developed in these two countries clearly meet two basic conditions for sustainability: they are able to finance their own activities once project funding comes to an end; and they are effective as community organisations once they become self-managing organisations. The evidence is more mixed in China and Cambodia.
- Some types of OPA activity seem harder to sustain than others, and may therefore need more external support. It is easier to maintain a working loan fund (in cash or rice) than to organise a home care programme or regular health promotion activities.
- It is important to be able to identify potential sustainability problems and provide appropriate support to local OPAs that need advice or technical assistance. This requires some form of higher-tier organisation to monitor and support the work of local OPAs.
- The best evidence for the replicability of the OPA model is to be found in Vietnam. The model has been more thoroughly tested here than elsewhere – with multiple stakeholders involved in replication across a wide variety of settings. All this is helped by a greater degree of standardization and strong support from the Vietnamese government including policy support, funding for replication and integration into other government plans.

How Sustainable is the OPA Approach?

There is a considerable degree of overlap between the conditions for OPA success in improving the wellbeing of older people and the sustainability and replicability of the OPA model (and its specific country variants). The ability to organise activities that provide benefits to people locally is an essential condition of both sustainability and replicability.

That said, effectiveness is not the same thing as sustainability. In looking for evidence to support positive or negative conclusions about the sustainability of the OPA model (and its variants in different countries), we are concerned about the ability of OPAs to sustain their activities after their start-up project support and funding has come to an end,[108] and a local management team has taken on full responsibility for managing the OPA's activities and raising their own revenue.

The ability to be self-financing: Although there are a few exceptions in China, as a general rule the OPA model requires that the local organisation will develop the capacity to be self-financing. If we suppose that this capability is required for the model to be sustainable, what matters is that the model really works on the ground. The test, therefore, is whether local management teams show themselves capable of raising the revenue they need once they become responsible for doing so.

Judgements about the ability to be self-financing are somewhat complicated by the fact that OPAs may receive external (i.e. NGO-provided) funding after initial project support has ended. There are, however, some kinds of external support that should not compromise judgements about the sustainability of the OPA model. In Cambodia, for example, several old-established OPAs had received a second round of project support from HelpAge Cambodia quite a few years after their initial project support. As a rule, however, the purpose of this second round of funding was to set up new activities – usually to do with home care or health promotion. OPAs are similar in this respect to local agencies forming a network of services for a national or regional provider. Just as, in this latter case, we would expect to see occasional top-down initiatives to develop the local service, so we might expect to see top-down initiatives, with additional funding being provided, to develop OPAs. A different kind of externally-provided funding support is available to most of the OPSHGs in Myanmar by virtue of their membership of local federations (known as Township Network Committees). These federations disburse funds from external donors to individual OPSHGs, as well as exercise an oversight/ monitoring function. In other words, OPSHGs that have already become responsible for managing their own affairs have access to a second tranche of donor funds after the initial project funding. Since, however, individual OPSHGs can only obtain money from the federation funds by borrowing from them, they are still responsible for raising revenue locally to repay the loan (with interest) to the federation, yet this should not compromise an assessment of the sustainability of the model.

The lesson to draw from these examples is that it would be wrong to look only at those OPAs that manage to operate effectively for extended periods entirely on their own and without any kind of external support. We have to make a determination therefore about the kinds of external support that should be considered as compatible with evidence for sustainability. As regards funding, the minimum requirement, presumably, is that once OPAs have received their initial start-up funding, they should be able to function effectively (that is, meet key original objectives) without relying on international donors to provide them with regular income. Should they also be able to function effectively without drawing on public (national or local government) funds as a source of regular income? If the capability to be entirely self-financing is taken to be an essential part of the model, then the answer has to be that they should.

A similar determination has to be made about the extent to which the provision of external management support is compatible with the local exercise of responsibility for OPA affairs. Are we to look only at those OPAs that operate effectively for extended periods without any kind of external technical advice or support on management issues? It is a common practice for local OPA management teams to continue to receive outside advice and support from a national office (usually HelpAge) after they have become responsible for organising their own activities. The level of this kind of monitoring and management support appears, however, to vary considerably between

108 If the project team has done its job well, the initial cohort of members has been recruited and have a good idea what expect, a range of standard' activities is up and running, the local management team has been trained and is judged to be ready to take over, the revenue schemes that have to make up the loss of project funding are in place, etc.

countries. In addition to national-level support, both Myanmar and Cambodia have federations of OPAs which at least have the potential to take on an analogous role. An individual OPA is in this respect like a local agency of a national or regional provider of services that is able to turn to some higher-level tier of management for certain kinds of advice and support. To require that each individual OPA should be able to deal with its own affairs entirely without recourse to an external source of advice and support sets the bar for sustainability too high.[109]

The ability to function effectively: To assess whether the OPA model is sustainable, we have to take account of the quality of their performance as local community organisations once they become responsible for managing their own affairs. The model is sustainable only if OPAs continue to be active in a way that satisfies some kind of minimum standard for operational or functional effectiveness. It is not enough to be able to point to the continued existence of recognisable organisational structures such as a group of identifiable committee members and a reasonably up-to-date list of ordinary members. Nor is it enough to show the OPAs can raise enough income to cover its costs. We want to know whether they are able to organise activities that provide benefits to people locally.

The observation has already been made that there are variations in the quality of OPA performance. That point may be repeated here with a qualification appropriate to the context. We are looking for evidence that OPAs are capable of sustaining a range of activities which provide benefits to older people in their communities for some time after the transition to self-management has been made, and they are able to do this without having to rely on external donors or public funds for income.[110] They will have reasonably healthy finances and support from local older people. This description is deliberately couched in terms that are broad enough to cover different degrees of success. Some OPAs, for example, have more income or more volunteers than others and will generally be able to more for their members. Although these others may not do as much as the 'highest-performing' OPAs, they could still be effective as community organisations. The basic requirement therefore may be stated as follows: OPA projects should be able to create new and supportive social networks that can maintain themselves in existence and continue to provide benefits locally after project funding has been withdrawn. We have to recognise that, as far as individual OPAs are concerned, the level and range of benefits compatible with such an assessment is quite wide. We also have to recognise, however, that there may be OPAs that would fail to meet any reasonable minimum standard for operational effectiveness. The mere fact an OPA still exists in some particular village is insufficient evidence for its continued effectiveness as a community organisation.

Longevity: Finally, longevity matters. Evidence of longevity provides a solid basis for claims about sustainability. Most people would probably agree that if OPAs struggled to maintain a reasonable degree of activity for much more than a year after project support came to an end, this would constitute evidence of a serious problem with sustainability. Eventually, of course, a point is reached when evidence of emergent organisational problems, even serious ones, suggests a quite different conclusion, namely that the model has worked well up to now, but requires some changes.

Table 6.1 Age of the OPAs

	OPAs est. 2012 or later (still receiving project support or < 1 year after end of project support)	OPAs est. 2010-11 (>1 year after end of project support)	OPAs est. pre-2010 (>3 years after end of project support)
Cambodia	5	1	14[111]
China	4	0	12
Myanmar	7	3	6
Vietnam	9	7	2

109 A similar argument can be made about financial sustainability, namely, that the requirement that each local community should be able to fund the activities of its own OPA from its own resources (i.e. the community can afford it) without any redistribution from richer to poorer areas is too stringent.

110 The main exception is Shuanglong in China, where the OPA is financed almost entirely by public funds.

111 11/14 of these older (pre-2010) OPAs had received a second round of project support (lasting two or three years), and in 6/14 this had come to an end in 2014, i.e. only one year before the research was undertaken.

That there is a link between the age or vintage of an OPA and the likelihood of failure is, however, to be expected, partly because it takes time for organisational and/or financial problems to undermine the operational effectiveness of an organisation, and partly because most organisations have to face challenges if they are to survive (and the passage of time continually throws up new challenges).

Evidence for Sustainability in the Four Study Countries

How then does the evidence on the performance of individual OPAs in different countries bear on the question of the sustainability of the OPA model? It is not easy, and possibly not even very useful, to try to answer this question for all four countries together, mainly because all the evidence of problems with sustainability is concentrated in two countries, China and Cambodia.

Evidence from OPAs in Myanmar and Vietnam strongly supports the conclusion that the variants of the OPA model that have been developed in these two countries clearly meet the first two conditions specified above: they are able to finance their own activities once project funding comes to an end; and they are effective as community organisations once they become self-managing organisations. Although the study did not set out to measure the quality of OPA performance in a robust and systematic fashion, it was apparent that some OPAs were not only more active than others, but also more successful in distributing the benefits of their activities widely through the older population.[112] Notwithstanding these variations, however, the general conclusion stands. All the evidence was positive. The OPA model can be made to work.

For the third condition, longevity, the Myanmar and Vietnam samples contain fewer older OPAs than the samples from Cambodia and China. A relatively high proportion of OPAs from Myanmar and Vietnam were either still receiving project support or had only recently taken over full responsibility for managing their own affairs (Table 6.1). This largely reflects the history of project development in the different countries. Even if we accept that the evidence for longevity could perhaps be stronger in Myanmar and Vietnam (for instance if there had been more older OPAs in the sample), we can nevertheless see that more than half the sample had been operating effectively for at least one year after project support had come to an end. This tells us that the OPA model enables local groups to mobilise local resources to sustain active and supportive social networks which deliver benefits to the local population.

The situation is somewhat different in China and Cambodia. The degree of variation in performance that was observed in these countries was wider than that observed in Myanmar and Vietnam – insofar as the sample contained examples of OPAs that are so chronically weak that they should probably be judged as failing OPAs. Both countries, as the previous chapters have shown, have OPAs that are not only very busy, but have a solid base of popular support that reflects what they are currently doing for older people in their community. But they also have OPAs that are struggling with their finances, do very little part from the occasional token meeting, and appear to be leaching local support. Because the benefits of OPA activity are seen by members to lie in the past rather than the present, it seems likely that they would fail to meet any reasonable minimum standard for operational effectiveness.

How does the fact that some of the OPAs in Cambodia and China are very successful and some are barely functional bear on the question of the sustainability of the OPA model in these countries? What are we to make of the presence of negative as well as positive evidence from the individual OPAs? Are the weak OPAs to be treated as isolated cases or as exceptions to a general rule? Or do they tell us something about the difficulties of implementing the OPA model in these two countries? Our evidence, unfortunately, does not really allow us to provide more than tentative answers to these questions. The capacity of the OPA model to sustain local networks that continue to deliver benefits to the local population is attested by the existence of relatively long-lived and successful OPAs in both countries. The fact that some OPAs fail tells us, however, that local conditions may sometimes pose organisational challenges that the OPA is unable to resolve. The obvious question to ask, therefore, is why we see this only in Cambodia and China. Is it perhaps something to do with the presence of a larger number of older vintage OPAs in their samples? It is true that older OPAs, simply by virtue of their age, are exposed to more

112 It would be a mistake to suppose that these variations reflect in any way on management competence. It may be a question of resources. A good OPA will do what it can with the resources as its disposal. See comment from Dong Tan ISHC in previous chapter.

challenges, but this in itself tells us very little. There may be various country-specific factors at work that are largely outside the control of the OPAs themselves – such as declining demand for microcredit (China), or an inability to repay loans as a result of a local economic shocks like a drought (Cambodia), or lower levels of literacy (Cambodia), or the difficulty of sustaining activities and engagement in villages with highly dispersed populations (China) etc. The most we can say is that there do seem to be difficulties in sustaining active and supportive social networks in these two countries, and although some OPAs are either unaffected by them or overcome them, there are others who have entered into a process of decline from which they are unable to extricate themselves.

Evidence of Potential Sustainability Problems

The existence of OPAs that have fallen into a state of inactivity is not the only kind of evidence to consider when asking about the sustainability of the OPA model in particular countries. OPAs that are still working or functionally effective may encounter problems or challenges that could pose a potential threat to their ability to sustain a supportive social network. These are not so much signs of failure as warning signs that some OPAs might be running into these kinds of problems or challenges.

The significance of popular support and member engagement: OPAs have to be able to secure and retain a high level of engagement and support from the local older population. The ability to distribute benefits widely among members (or the community), to provide older people with something that answers their needs and that they value, is the best guarantee of an engaged and supportive membership. OPAs should be able to offer something to people in different conditions and with different kinds of need (for instance those who cannot work and pay off a loan as well as those who can). If the OPA seems irrelevant to people's lives, then it is very likely to become so. An engaged and supportive membership may not guarantee sustainability in all circumstances (local social or economic conditions can change), but it surely helps, and there is reason to think that it is a useful indicator of the ability of OPAs to sustain their activities as self-managing and self-financing community organisations. The converse is also true. OPAs that struggle to recruit and/or engage new members have a serious problem with sustainability – which can be seen most clearly in some of the Cambodian and Chinese OPAs.

Activities dropping off after withdrawal of project support: The simplest and most direct evidence of potential sustainability problems is to be found in the fact that some OPAs stopped various kinds of activity when project support came to an end. It was very striking how often this came up, especially in the talks with the Cambodia OPA committees, as an explanation for the absence of particular activities. Whether the transition from activity to inactivity was abrupt (as soon as the project support had ended) or gradual, we cannot say for sure. What the committees said, however, certainly suggests that it was fairly abrupt. For example, 6/20 OPAs said that they had ceased to hold business meetings when the HelpAge Cambodia project support had come to an end (which was why they had held none in the previous year). Similarly, there were several OPAs that had stopped engaging in health-related activities once NGO project support came to an end.[113] A total of six OPAs – enough surely to make a definite and recognisable pattern – said that health checks and health education sessions which had previously been provided through the OPA had stopped along with project support from HelpAge or one of the other partners. Although the committee themselves did not explain matters in this way, we can guess that the OPA had depended entirely on outside time-limited project support for the provision of this service and that whatever steps had been taken to maintain the service once the project support came to an end were ineffective. It seems likely also that if a Village Health Support Group had been set up as part of the project, this had folded when the project ended. It is important to note, however, that the field researcher rated two of the OPAs in which this had happened as strong. In other words, the fact that the health sessions had failed to take root did not reflect an underlying or systemic weakness. In most other respects these OPAs were doing well, which is another way of saying that the loss of certain kinds of activity is not invariably an indicator or symptom of emergent systemic problems.

Money worries and the sustainability of OPA activities; The connection between income and the ability to fund activities is obvious enough. In China, this connection seemed to be especially apparent in the domain of social and cultural activities, and as we have noted, activity in this domain may be an essential ingredient in securing popular support for the OPA. A handful of the OPAs (n=3) made an explicit link between the withdrawal of project support and their

113 All second-round funded projects.

relative inactivity in organising social and cultural events. They call into question their ability to fund such activities without project income.

> *The reduction in social activities and festival events in Nansha village in recent years was attributed [by the committee] to a lack of funds. They complained that during the HelpAge International project they had more money for activities than afterwards, when they were expected to run the same activities on less money from interest payments.* Nanhsa, China.

And in Sangshuyuan, the committee members were very pessimistic about the effect of the withdrawal of project funds on their ability to continue with a wide range of social activities. In Zhangjiadian, individual OPA members reported in the one-to-one interviews that "there used to be more social activities during the HelpAge International project but these have tapered off since the end of the three year project period;" and the committee members acknowledged that they no longer had enough funds to pay for the original range of activities (mainly a teacher to give regular Tai Chi lessons).

The cost of maintaining a wide range of social activities was also a matter of concern for the committee at Daliushi, a strong OPA with a dedicated committee. Although interest payments from the loan fund helped with these costs, there remained a permanent and substantial shortfall between income and expenditure. Unlike the committee in Sangshuyuan, however, committee members took a rather more 'can-do' approach to their problem, and engaged very actively in fund-raising, i.e. donations from individuals and the Village Committee. They knew they had a problem and were doing their best to deal with it.

The work of committee members and their problems: OPAs rely for their success on the commitment of individuals who are willing to contribute quite a lot of their time (more than ordinary members) as part of the management team for an OPA. For OPAs to be able to succeed, and plenty do, they have to be able to draw on values of public spiritedness or civic-mindedness in those members of the community who are capable of managing the affairs of the OPA. We have seen that the recruitment of such individuals was in some instances a problem in Cambodia. It was only in China, however, that some committees openly expressed unhappiness about the burdens of their position. They had reservations about the nature of their commitment to the OPA. For the most part, it should be said, OPA committee members, including those in China, say how pleased they are to be able to serve the community. The long service of the committee members in Gengxi may not be typical, but several OPA shared their positive evaluation of their work.

> *The OPA committee members said they enjoy their work on the OPA committee because it makes them feel proud to work for an organisation that serves the village. They said they feel happy to be able to help others and think it's their moral duty to fulfil the role responsibly. They also told us that participating in the OPA's work has helped their health and wellbeing in old age by keeping them active. The OPA committee has remained largely the same since the HelpAge International project began in 2003, with just two replacements due to deaths.* Gengxi, China.

The comments of committee members in a small number of OPAs, however, express the view that the workload is considerable enough to impose serious strains. They feel entitled to some kind of reward or recognition which they do not receive.

> *The committee members complained about the fact that their roles are unpaid. They said they have worked continuously on the committee with no prospect of rotation since 2009. They are hard-working and help organise numerous activities for older people in the village as well as taking sole responsibility for the loan fund and its bank accounts and records. They are 'on call' to help both the village doctor and the VC with their work. The committee members believe there is too much work to be entirely voluntary and they suggested that a percentage of the interest from the loan fund be used to pay the OPA committee. They noted that even the homecare volunteers are rewarded at the end of the year with a new bed cover, but there is nothing provided to the committee themselves. They stressed that it is not financial gain that they want, because they are just suggesting a token amount for payment. A small income or some gifts would help give them the spiritual and material encouragement to continue to do the job well over the years.* Zhangjiadian, China.

Rather stronger complaints were voiced in two of the OPAs where project support had only just ended. In both cases, the OPAs were very active in all the expected domains and met the project objectives. If we relied solely on activity measures to see how they were doing therefore, they would be rated as strong. The problems the committees were experiencing, however, seemed serious enough to constitute a threat to their sustainability (certainly in the eyes of the committee members themselves). In Sangshuyuan, the committee members were "very dissatisfied" about the lack of compensation for their efforts and they complained of fatigue. In Tuqiao there were similar problems and

committee members were threatening to quit, and in Chengguan, another new OPA, three committee members had already retired because they thought the work too burdensome (though they did also cite old age as a reason).

Are some activities harder to sustain than others? The fact that there are OPAs that continue to provide their local populations with significant benefits, even though they have contracted their range of activities, raises a general question about the ability to sustain different kinds of activity. Are some kinds of activity harder to sustain than others? The evidence from the sample OPAs *suggests* that it is easier to maintain a working loan fund (in cash or rice) than to organise a home care programme or regular health promotion activities. OPAs can continue to function effectively – albeit with a more limited range of benefits – provided that they can manage their loan funds. Microcredit and rice banks do not take care of themselves, and they can be mismanaged. Even so, it seems likely that they require less intensive input from the management committee than some other kinds of activity. Social activities and regular health promotion sessions may require quite a lot of planning, and a homecare programme requires not only organisational effort, but also volunteers from outside the management committee.

How Replicable is the OPA Approach?

What counts as evidence for replicability? This research provides various kinds of evidence that are relevant to an assessment of the potential of the OPA model for scaling-up or replication beyond a relatively small number of project sites.

One very important condition for replicability is affordability. If we assume that the only agency capable of replicating the OPA model beyond a relatively small number of demonstration sites is government, then government will have to be persuaded that the costs of whatever activities are engaged in by OPAs are affordable in the context of relatively low levels of public spending on services and support for older people. This, after all, is the policy environment within which OPAs operate in all the study countries (with the possible exception of China). If OPAs can show themselves to be capable of functioning effectively without financial support either from international donors or national government (that is, be self-financing), they are clearly affordable. This is, however, a very stringent requirement, and it should be enough if OPAs can show themselves to be capable of functioning effectively with only limited financial support from government or donors (after the initial start-up costs). Our data suggest that most OPAs are to a very large extent self-financing.

The second important condition for replicability is that it should be possible to specify a fairly detailed organisational blueprint or template – with all the key elements in place – which can work in a variety of settings. The best evidence for replicability would show that the model has been tested in a variety of settings that corresponds (more or less) to the variety of settings that would be expected across the country. This is more of a problem than the affordability condition, partly because – with the possible exception of Vietnam – there is no single blueprint for an OPA, even within a given country. What are the key elements that should form part of the blueprint for OPAs in Cambodia or China or Myanmar? The question can be answered only on a country-by-country basis, and even then there may be some uncertainty about how to answer it. Should home visiting schemes that provide intensive support to the frail elderly in their own homes form part of the blueprint for OPAs in Cambodia? And should small business ventures form part of the blueprint for OPSHGs in Myanmar? There is an analogous problem with the variety of settings in which OPAs operate within a given country. Is the blueprint for an urban OPA the same as the blueprint for a rural OPA? Is the blueprint for an OPA in a relatively poor community the same as the blueprint for an OPA in a relatively affluent community? Is the blueprint for an OPA in a remote highland area the same as the blueprint for an OPA in a more accessible lowland area? Once again, the question can only be answered on a country-by-country basis, and there may be some uncertainty about the range of the settings in which the model has been shown to work. It is not unreasonable to suppose that evidence for the replicability of a given blueprint will be stronger for some settings than for others.

It follows that the strength of the evidence for replicability increases with the number of OPAs and the diversity of the settings in which they have been established. It helps also if it can be shown that different agencies are able to take the lead in establishing new OPAs. This tells us that there is an organisational template that can be passed from one agency to another and implemented successfully by both. It confirms that the know-how required to establish a functioning OPA can be readily transferred from one agency to another.

On both these counts we would have to conclude that the best evidence for the replicability of the OPA model is to be found in Vietnam. It is important for the future of ISHCs in Vietnam that the Vietnamese Association of the Elderly (VAE) has enough confidence in the model to replicate ISHCs (including loan funds as a funding base) across an entire province. In other words, there are new clubs being established by VAE, rather than by HelpAge Vietnam with VAE as a local partner, even though HelpAge Vietnam may provide some assistance and advice. The distinction matters because it means that the government – acting through one of the major grassroots' organisations – wants to see a community project model that has been implemented in a small number of villages scaled-up across the province. In this way the government is acknowledging that it has an interest in seeing that replication is make to work.[114] Without the sort of political will that this implies it is hard to see how widescale replication could work. As for VAE themselves, not only do they believe that the model has been shown to be effective, but they think the demand for ISHCs amongst older exceeds their capacity to provide them.[115]

If we look to China, on the other hand, where a number of so-called replica OPAs were included in the sample, we see that the local authorities wanted to set up OPA-like organisations that could provide home care services using volunteers, but without loan funds. In this case, even though one of the replica OPAs was doing very well and meeting expectations of the local authorities, the fact that the rest of the replicas were clearly struggling strongly suggests that the model is only replicable if the OPAs have an adequate funding base. Almost certainly this has less to do with covering the costs of providing home care than the need to provide ordinary members with benefits now. Support for the OPA cannot be entirely conditional on the hope of a future benefit – the prospect of receiving home care in case of need – that may only be required 20 years hence.

114 The 2012 – 2020 National Action Plan on Ageing included a target of 50 per cent coverage of communes by 2020. In Thanh Hoa province in 2013, the government approved a plan to fund the replication of 200 ISHCs and other provinces are now following suit, with encouragement from the national government.

115 They need foreign donors to provide the new clubs with start-up funds.

Chapter 7

Conclusions and Lessons for Future Practice

CHAPTER 7

Conclusions and Lessons for Future Practice

Chapter highlights and key points

- This chapter provides conclusions and lessons for future practice regarding the potential of the OPA model to improving wellbeing of older people in the region.
- Families and governments are limited in the services they can provide to older people.
- Successful OPAs contribute toward meeting of a wide range age-related needs of older people in the community. Often they will also benefit the benefit the community as a whole.
- The positive impact of OPAs on the social capital of older people is one of the most important outcomes of their success, though it is difficult to measure.
- Multi-functionality enables the OPA to have a wide range of impacts, and also engages active participation of members, which is one of the key ingredient for success. Active membership is also fostered through regular meetings, procedures for collective decision-making or delegation of responsibility to those outside the management committee.
- Although OPAs are capable of being self-financing and self-managing, their effectiveness depends on their ability to cooperate with public services and local government.
- There are broadly three kinds of function that we can ascribe to cooperation between OPAs and external (non-local) agencies, and that extend or underpin the effectiveness and sustainability of OPAs: funding support, joint working, and monitoring and organisational advice. Although the first two functions rely heavily on cooperation with government and public services, non-governmental organisations have a key role to play in the provision of monitoring support and organisational advice.
- The benefits offered by the OPA should be adapted to the social and economic context. For example, what attaches people most securely to their local OPAs in Cambodia and Myanmar are the ability to obtain credit and the provision of cash benefits (or material benefits such as food) in special circumstances. In China, social activities are much more likely to provide the basis for local support. In Vietnam, the model is more equally effective in delivering substantive benefits across all three domains of wellbeing.
- The role of holding a monthly meeting may differ between countries, but it should not be overlooked as a key feature for a successful OPA model.
- The two main conditions for replicability of OPAs are affordability and standardisation with all key elements in place.
- Effective action on health is often a challenge for OPAs, in part due to weak health systems in rural areas and poor access to health services. OPAs can, however, play an important role in

promoting healthy behaviours and in facilitating access to health services. For OPAs to realise their potential public health impact, it is essential to develop a sustainable model for providing health screening and education, and then to ensure that appropriate treatment is available when necessary.

- The sustainability and sufficiency of a model of home care support that relies exclusively on unpaid volunteers for providing help with ADLs/ personal care is questionable. It may be necessary in some circumstances to augment unpaid assistance with a small number of paid carers in the village.
- In order to decide what should be done to strengthen weak OPAs, it is important to be able to determine whether there are problems with the variant of the OPA model that is used in that country (for example, financial sustainability), or whether more localised difficulties are undermining the OPA (for example, weak leadership).
- The main conclusion of this study is that the OPA model offers a useful template for developing local structures and mechanisms to help fill the gap between support provided by families and services provided by governments. OPAs can be made to work, and when they do, they make a real difference to lives of older people.

The Potential Contribution of the OPA Model

Although this study has a strong evaluative component, it was not designed strictly as an evaluation of the work of existing OPAs across the region. In particular, we did not collect the kind of data that would allow us to make a quantitative assessment of their impact on the lives of older people in the villages where they operate. The focus of the study was different: what is the potential contribution of the OPA model to improving the wellbeing of older people in the region against a background of poverty, rapid demographic change and relatively weak publicly-funded support and services? There are, of course, important distinctions between the four study countries. Notwithstanding these distinctions, however, the countries have enough in common to make the question relevant to all of them. Not only do they all have rapidly growing older populations with needs that governments and families can meet only partially, but these needs are compounded and complicated by large-scale internal migration, with mainly younger people leaving the countryside to live in urban areas.

There is only so much that governments can do, though government can do much more in China, including rural China, than in the other study countries; and on the other side, there is only so much that families can do, even though the constraints on their capacity for supportive responses are different in the various countries. The limitations on the respective capacities of public services and individual households are what shape the space in which OPAs work, and they do so by mobilising the resources of local communities, either people or money or both. Although OPAs may have very close links with local government and public services, they are civil society organisations in the sense that they are self-governing and dependent on the voluntary participation of local people for their effectiveness and survival. As a rule, however, they do not establish themselves. They require external support and guidance (partly a matter of resources and partly a matter of know-how) to get off the ground. After this initial start-up phase (which typically requires an external source of start-up funds), the aim is that they should be able to maintain themselves with a minimum of external support. They are run by local older people for local older people. The questions that this study set out to answer are questions about the potential value of this model to governments that want to improve the lives of older people in their country. Does it offer a useful template for developing local structures and mechanisms that can help fill the gap between the support provided by hard-pressed families and the services and benefits provided by hard-pressed governments? Does the evidence we have collected provide any support for decisions to promote the development and extension of existing country networks of OPAs?

There are two complementary sides to this evidence. On the one hand, we have examples of the achievements of OPAs that are clearly well-run and effective, and on the other hand, we have evidence of the challenges faced by OPAs and their limitations as agents of local change. We have to be able to inject a

dose of realism into a picture that is inevitably biased towards best-case examples, and we have to be able to do this, moreover, without the kind of data that would allow us to, first, assess the impact of the average OPA and, second, estimate of the proportion of OPAs that fall well below the average. The aim is to offer evidence-based conclusions on what can realistically or reasonably be expected of OPAs in the region, and the realism is supplied by inferences about challenges and limitations. We have evidence, for example, of clear differences in the quality of OPA performance, even though we cannot rank all OPAs on a single scale (or indeed a country-specific scale). We are able to identify at least some of the factors that enhance or undermine both the effectiveness and the sustainability of OPAs, and we can point to cases where success may depend on circumstances that cannot be easily replicated, such as an unusually dedicated or energetic leader or access to resources unavailable to the typical OPA. We have enough evidence on the conditions under which OPAs operate in different countries to support conclusions about the way in which context shapes and constrains the opportunities for effective action.

Impact

That OPAs can improve the lives of older people and enrich their communities is evident from the material presented in Chapter 4. Moreover, in all the study countries there are many OPAs that live up to the idea of multi-functionality, which is to say that they succeed in combining quite different roles and in so doing extend the reach of their activities to different groups of older people in the community: poor and not so poor, frail and housebound as well as healthy and active, younger-old and older-old. We can be reasonably confident, therefore, even if we cannot say exactly what proportion of the older population benefit in some way or another from their activities, that their impact is widely distributed across the older population. They help to meet some major age-related needs and mitigate some deficits that cause considerable hardship for many older people in the community, especially the older-old – an inability to work, a precarious income barely adequate for meeting basic needs, no close family to help with personal care or household tasks, chronic poor health; and for people who do not (yet) have these problems, they offer a promise of future support in case of need. They also provide a mix of collective assets and access to resources and services that are valued by people in a wide range of circumstances, including those who are relatively healthy and still able to earn a living and have supportive family in the community. In every study country, there are clear instances of OPA activities that should be understood as providing public goods, or at least they are locally recognised as having a value to the community that extends beyond their impact on the deficits or problems experienced by especially disadvantaged individuals. We have no reason, moreover, to think that the ability to combine these different roles is exceptional. Quite the contrary, the evidence we have points firmly in the direction.

Secondly, it is important to have an appropriately nuanced and realistic view of what OPAs are able to achieve. Access to microcredit can be transformative for many older people even if relatively few poor older people are lifted out of poverty as a result of loans[116] or if it turns out that some of the poorest older people in the community are unable to benefit from loans.[117] A loans' facility enables a lot of older people to share in growing prosperity and facilitates their continuing participation in the local economy. Small amounts of cash assistance can be an important source of help with healthcare costs even if they fall a long way short of what is required to cover the cost of out-of-pocket payments. Home visits can have substantial (but hard to measure) benefits even in the cases where they provide no practical assistance to the recipients, and a moderate level of practical assistance can make an important

116 This is not to say that OPA loans do not help people to escape from poverty. The point is rather that there are other conditions that affect this outcome besides the availability of microcredit.

117 Because they are not in a position to make effective use of microcredit and are unlikely to be able to repay the loan. Loans are not the best way of helping everyone with a precarious and inadequate income.

difference to quality of life for many older people, even if the OPA would struggle to provide intensive personal care to an elderly person who is severely disabled and lives alone. More generally, we should recognise both that it is possible to alleviate a difficult situation by providing what may appear to the outside evaluator as only a modest amount of help (given the depth of need), and that it may not be possible for the OPA to provide even this modest level of help to everyone who needs it at any given time. Consider, for example, Myanmar, where it is much easier to provide supportive home visits to all frail older people without family nearby (because there are so few) than it is to provide financial assistance to all older people who cannot afford the costs of regular medication or transport to a clinic where they can see a doctor (because there are too many). An extra-familial safety net is worth having even if the prevalence and depth of some kinds of deficit or need means that its impact is relatively limited. OPAs may be able to mitigate a difficult situation without being able to a complete remedy for a deficit in resources or capabilities.

Thirdly, there are domains of activity in which it may be very difficult to demonstrate the positive impact of the OPA on the lives of older people by means of outcome measures that are readily amenable to quantification and measurement. This problem is most apparent if we consider how to evaluate the benefits derived from the opportunities for social interaction that many OPAs provide. Older people are given the opportunity to do things together, and some of these activities are recognised by the participants themselves as productive of benefits for the community. In other words, they are often engaged in the co-production of public goods or types of social capital such as intergenerational solidarity or community cohesion, which indicates an enhancement of social capital. Where OPAs succeed in enabling older people to do things together, this is one of the most important (and visible) outcomes of their success. We can be sure that it effects a transformation in the conditions of collective life that is important to individuals because they say they attach importance to it, and yet it is something that is intrinsically hard to measure. It is in this respect different from, for example, the impact of ISHCs in Vietnam on the uptake of health screening among older adults. This also should be understood as the provision of a kind of public good, and there is little doubt that it is highly valued as such by local people. In this case, however, there is a relatively objective measure of benefit – provided that the improved uptake of health screening leads to better detection and management of chronic disease.

Multi-functionality and an Active Membership as Conditions of Success

The ability of OPAs to improve the wellbeing of older people in the communities where they operate obviously varies with the resources they are able to raise locally and with the quality of their leadership. These are, after all, generic conditions of organisational success. They are also, given the way that OPAs are established, with time-limited project support and external funding, key determinants of the ability of OPAs to sustain their effectiveness after the initial start-up phase has come to an end. All OPAs, therefore, share some basic organisational challenges: they have to be able to mobilise resources and then use them effectively to meet a common objective; and they have to be able to continue to do this after any initial start-up funding and support has ended. To meet these challenges OPAs have to gain and retain the support and participation of the local community, and in particular the older people who live in it. This is how the OPA model works.

One of the main conclusions of this report is that multi-functionality enables OPAs to ensure that the impact of their activities is widely distributed across the local older population. Without the capacity to provide different kinds of benefit and meet different kinds of need, it is much harder for the OPA to extend its reach to include, at least potentially, all older people in the community. Does this mean that it is not possible for an OPA to reduce its activities to one core function – such as the provision of micro-finance – and still deliver substantive benefits? The situation in some of the older Chinese OPAs, though they are admittedly exceptional, suggests that that this might indeed be possible.

> *Woman, aged 70. She had borrowed several years earlier in order to buy a cow (now sold because she and her husband felt that they were getting too old to look after it) ... She said that the most important aspect of the OPA's work in the village is the loan fund. "If you borrow from it, the OPA is of help to you. If you don't borrow from it, the OPA doesn't really affect your life."* Gari, China.

A similar situation is found in Cambodia, where the failure to maintain activities other than the administration of loan funds (meetings, health-related activities and home care) once HelpAge had ended project support seems to be a recurrent problem. Sometimes this is symptomatic of a more systemic problem – what looks like a loss of motivation and

commitment. There are, however, other OPAs that give every appearance of doing well even though specific project-related activities have tailed off. They can be strong and self-confident local organisations if they make a success of their loan activities, even though they may do not much else.

The problem with OPAs such as these is the tendency towards a lack of inclusiveness or breadth in their impact on the local older population. If they have contracted their range of activities to a point where they do very little except lend money, then their claim to inclusiveness depends largely on the size and composition of the pool of potential borrowers. A fairly strict line on eligibility for loans will shrink this pool and make it harder for many poor older people to borrow. It is easy to see, moreover, how declining income from loan funds and trouble with repayments might push some OPAs ever closer to this position. Eventually these OPAs will lose the kind of popular support that is based on a widely shared sense of their value to the community.

OPAs are membership organisations, and for the OPA model to work well it requires the participation of the members in its activities, not simply as consumers of whatever benefits it provides, but as co-producers of these benefits. OPAs work by fostering a sense of collective responsibility for success. It is this that enables them to obtain donations as well as membership payments, and the time of local people as well as their cash contributions. It is what distinguishes the OPA model from a cooperative society or mutual fund, that is to say, a not-for-profit business that provides financial benefits in return for a membership fee. The evidence we have suggests that OPAs flourish when they are able to obtain some degree of membership participation in their work. This means that a substantial proportion of the membership is involved either in the governance of the OPA or in some kind of voluntary work. What the evidence in this report makes very clear is that if opportunities to engage in joint activities that produce benefits for the community as well as themselves are provided to local people in a structured way, they take advantage of them. Furthermore, this is not an exceptional or atypical outcome.

The evidence also suggests, however, that OPAs in Vietnam and Myanmar are better able to foster and sustain an active membership than those in Cambodia and China, and that their particular variants of the OPA model contribute to this outcome. The combination of regular meetings and procedures for collective decision-making or the delegation of responsibilities of various to members outside the management committee helps to promote a sense of collective responsibility for the continuing success of the OPA. The evidence from Cambodia, on the other hand, shows how the lack of regular business meetings – a forum for all members to ask questions and express their views – undermines the bonds of trust between the management committees and the rest of the membership in some of the weakest and least active OPAs.

What is striking about China is the presence of OPAs in the sample that are successful and popular in spite of the fact that they have a less 'participatory' approach to governance and decision-making than we find in Vietnam or Myanmar. It is quite possible, therefore, for a hard-working and administratively competent management committee to provide members with highly valued social benefits without regular open business meetings. So, for example, OPAs like those in Sheshu and Daliushu provide their members with plenty of other opportunities for getting together and doing things together. More interestingly, however, there is little doubt that these OPAs have an active membership in spite of very limited participatory governance. Their members see the value of coming together to promote community cohesion. They share an interest in developing (or maintaining) a particular type of communal asset, one that we can distinguish from a social safety net or a loans facility or recreational facilities. By providing members with an opportunity to engage cooperatively in something that can be thought as community-building, they manage to avoid

the risks inherent in a structural division within the OPA between a highly active committee (whose members ensure that benefits are provided) and a passive membership (who receive benefits).

The Role of External Agencies in Extending and Underpinning the Effectiveness and Sustainability of OPAs

The potential contribution of the OPA model to filling the gap between the support provided by hard-pressed families and the services and benefits provided by hard-pressed governments depends heavily on the proven ability of OPAs to be self-financing and self-managing once project funding has come to an end. The OPA model is not very useful if OPAs are not sustainable.

The evidence that OPAs are capable of being self-financing and self-managing is unambiguous and robust for the variants of the OPA model in Myanmar and Vietnam. Notwithstanding the apparent variation in the level of performance that can be observed in these two countries, all the evidence is positive. It supports the conclusion that the positive impact of the OPA model on local older populations can be sustained after intensive project support is ended, even though the evidence on the longevity of independently functioning OPAs in these countries is quite limited. The picture for Cambodia and China, however, is more mixed. Alongside the examples of OPAs which have proved their ability to sustain their effectiveness as community-based organisations after they have become self-financing and self-managing, there are other OPAs whose condition is evidence of the downside risks of heavy dependence on local finance and/or local management. Lack of external support exposes OPAs to the risk of problems that flow from the inadequacy of local resources (both human and financial), and the combination of poor management and lack of funds can lead to systemic weakness.

Although it is one of the central features of the OPA model that OPAs should be able to mobilise resources from the local community within which they operate, and that this should be done on a voluntary basis (for example, by means of donations, membership fees, earnings from local income-generating initiatives, and the voluntary commitment of time), it does not follow that OPAs can or should aim for local self-sufficiency in the provision of services or the development of community resources and assets. To expect this of the OPA model is to ask too much of it. Quite apart from the fact that there are some kinds of provision that require more than local resources to be effective,[118] a requirement of local self-sufficiency ignores the coincidence between the aims of many OPA activities and the policy objectives of governments and public services. It makes sense for OPAs to enlist the support of public services and local government; and it makes sense for public services and local government to enlist the cooperation of OPAs.

There are broadly three kinds of function that we can ascribe to cooperation between OPAs and external (non-local) agencies, and that extend or underpin the effectiveness and sustainability of OPAs: funding support, joint working, and monitoring and organisational advice. Although the first two functions relies heavily on cooperation with government and public services, non-governmental organisations have a key role to play in the provision of monitoring support and organisational advice.

The transfer of funds from non-local sources to local initiatives is the most obvious example of external support, and if public funds are already available for purposes that coincide with OPA activities, it makes good sense for OPAs to be able to use them. Transfers like these are not intended to replace local income generation schemes, but to supplement them, and so enable OPAs to boost what can be done with relatively limited local resources. Public funds are used in this way to help with the distribution of social assistance (Cambodia) or to make small payments to volunteers who provide personal care (China and Vietnam) or to provide one-off grants to for development of amenities that should facilitate the social activities of the OPA (China and Vietnam). It is essential therefore that OPA networks are able to liaise with the appropriate tier of government to identify funding sources that could be used by OPAs locally.

OPAs are able to facilitate the uptake of public services in circumstances where the services themselves have a limited capacity to reach the people who need them. There is an existing service infrastructure, but it does not yet reach down to village level. The way in which ISHCs work with primary health care services in

118 OPAs are not in the business of providing primary health care services or health care insurance or adequate replacement income for all older people who are unable to work and whose family lack the means to support them.

Vietnam in providing the same service – health screening for older people – illustrates a mode of cooperation that advances the shared aims of both organisations. The ISHCs pool the resources of their members to bring the expertise that is necessary for screening closer to the people who can benefit from it. To determine the modes of cooperation with local government and/or public services with OPAs that are likely to be most effective, it is necessary, of course, to take account of the particularities of the policy environment in different countries.[119] If networks of OPAs are unable to secure agreement on the development of modes of cooperation at the appropriate level of government, they are seriously limiting their ability to have an impact on local conditions, and they risk eventual irrelevance in those policy domains where public services are most active. In other words, support from policy makers in central and local government is important for the effectiveness and the sustainability of OPAs.

The monitoring of local performance and the provision of technical advice and management support to local services when needed is an important function in any large-scale public service organisation. It helps to identify and remedy organisational problems at a local level before they undermine operational effectiveness. In the case of OPAs, there is a good reason for keeping government involvement in this function to a minimum. The alternatives are: keeping government involvement at arms' length or integrating OPAs into the public service infrastructure. The organisational problem then is to find a way of performing the monitoring and advisory while keeping government involvement at arms' length. In Vietnam this done by a combination of institutionalised links with various mass membership organisations (such as the Vietnamese Association of the Elderly), and a well-developed monitoring programme run through the HelpAge national office. The fact that the ISHCs work to a fairly detailed organisational and procedural template clearly helps with this. In Cambodia and Myanmar, small groups of OPAs in the same area join together to form second-tier organisations ('Federations' or 'Township Network Committees') that have a role in monitoring and supporting local OPAs, though it is probably too early to tell how effective they are in this role. Even so, the principle is sound: local OPAs should be able to turn to some higher-level institution that has the capacity to monitor their performance and provide them with technical advice and management support.

What Works in One Setting May not Work in Another

The household circumstances and standards of living enjoyed by villagers with local OPAs vary a great deal not only within countries, but also between them. Older Chinese villagers are much less likely to have adult children living at home or nearby than older villagers in Myanmar. It is more likely that pensions will make up a significant part of their income. They have better access to health care. Different kinds of benefits are appropriate to different social and economic conditions. Behind the truism that benefits should be appropriate to local (including national) context is a web of social conditions and cultural norms that lead villagers to value some kinds of benefit more highly than others. It has been suggested several times in this report that what attaches people most securely to their local OPAs in Cambodia and Myanmar are the ability to obtain credit and the provision of cash benefits (or material benefits such as food) in special circumstances. In China, social activities are much more likely to provide the basis for local support.

The evaluation of OPA performance as multi-functional community organisations has to take account of the fact that different domains of activity and different activities within these domains are valued quite differently in different countries. It is not necessary to achieve the same balance of activities across different domains of wellbeing that is found in Vietnam in order to be effective as a multi-functional community organisation. It is quite possible, for example, for OPAs to struggle to organise health checks or regular health promotion sessions for their members without ongoing project assistance, and yet still be effective in supporting health needs by their provision of cash assistance for health-related costs. OPAs that organise courtesy visits to older people who cannot leave their homes may be taking effective action to overcome the risk of social exclusion despite their non-provision of more intensive home care visits. Needs and priorities are different in different countries.

The OPAs included in this research study operate in four different countries with different policy contexts and social conditions. These differences have implications for how the conditions for success play out in different countries. It is apparent, firstly, that although OPA members in different countries have broadly the same needs, they do not all have the same priorities. OPA

119 It is possible, as in Cambodia, that cooperation with other NGOs is the best way of delivering a health screening service (see further).

activities are meant to benefit their members, and the evidence strongly suggests that the relative valuation of different kinds of benefit is not the same everywhere. Secondly, activities that are feasible in one country may not be feasible in another. The possibilities for effective OPA action depend to a large extent on the presence and strength of government agencies and other civil society institutions, and on their reach into the local community. Although OPAs face a common challenge – how to develop and sustain a mutually supportive social network – the challenge takes different forms in different countries.

We can see this very clearly by specifying some of the core components of the models that enable OPAs in different countries to achieve the wide distribution of benefits that seems to be so important for success.

- In Myanmar the combination of high rates of lending with a wide distribution of different kinds of cash benefit seems to work well in securing local support. A relatively high level of demand for microcredit enables OPSHGs to earn the income they need to provide a wide range of cash benefits to their members. A successful OPSHG has a healthy income from its loan facilities and it works hard to ensure that the money it earns is redistributed in ways that answer to people's needs and maximise inclusion.
- Cambodia is similar to Myanmar in many respects. The model that works well is one that combines successful lending facilities (rice and cows as well as cash) with the distribution of cash and in-kind benefits (food).
- In China, where the demand for microcredit appears to be in decline (in some rural areas anyway), we can see that OPA members place a very high value on a combination of different kinds of social benefit. OPAs that are effective in this respect are seen as having a transformative impact of the lives of older people and their local community.
- Vietnam's ISHCs seem to approximate more closely than those in other countries to a model of a multi-functional organisation that is equally effective in delivering substantive benefits across all three domains of wellbeing. There are fairly high rates of borrowing, though not perhaps so high as in Myanmar. Members participate actively in the business of the OPA and enjoy the non-business content of meetings. They are enthusiastic about keeping healthy. Nearly all the OPAs do a lot for local people with serious health or disability problems, and it is a distinctive feature of the Vietnamese ISHCs that the provision of practical help to people who need it is at least as important as the provision of cash assistance, probably more so. It is not really possible (on the basis of the evidence we have collected) to say that they are more active or effective in one domain rather in any other.

A central message that emerges from the study visits in Vietnam is that the ISHC variant of the OPA model works well there.[120] Most ISHCs are very active, and they also have an active and engaged membership; their work is much appreciated and valued locally; the management committees have good morale; there is a detailed and standardised blueprint for ISHC procedures and activities; and the sheer extent of the ISHC network together with the involvement of partner organisations in establishing new clubs provides strong evidence of replicability. Why should not the same model work equally well in China, or even perhaps Cambodia? Part of the answer is to be found in the combination of local conditions that seem to contribute to the success of Vietnam's ISHCs.

- The ISHCs have good relations with local government and are able to act as advocates for local people.
- The partnerships with the mass membership organisations help confer legitimacy on the ISHCs and provide with them with an important source of experience and expertise at a local level.
- They work closely with local primary care services in ensuring that members get regular health checks.
- They are able to tap into a strong demand among older individuals for self-empowerment in health and opportunities to engage in communal cultural activities.
- They seem to be able to recruit volunteers for home visits (and odd-jobs) more easily than OPAs in the other countries.

There are various questions we should ask about the content of this list. For example, what is it about Vietnam that enables ISHCs to mobilise local people to give their time to help other people in the community? Part of the answer, presumably, is that the ISHCs do such a good job at providing benefits that they are able to encourage and sustain an ethos of reciprocity. But we

120 There are, no doubt, gaps in the evidence. The sample includes a relatively small number of older ISHCs which weakens the ability of the study to produce what is generally agreed to be the best evidence for sustainability – longevity. There is also some evidence of variations in performance between ISHCs in remote areas and ISHCs in more populated areas with better transport links. But they are only hints, and do not really undermine the central message.

might suspect that the prevailing political culture – which strongly encourages active citizen participation in various kinds of civil society organisations – also has something to do with it. The Vietnam variant of the OPA relies on a high level of volunteering among the membership, and all the other study countries seem to struggle with this.

The importance of the ISHC role in facilitating access to primary care services depends partly on the demand among older individuals for self-empowerment in health, and partly on the role they have negotiated for themselves as intermediaries between local older populations and formal services. It seems unlikely that the Chinese older population differs significantly from Vietnamese in the desire for self-empowerment in health. The challenge for the Chinese OPAs seems to be that in most places (there are exceptions), primary care services connect directly with local populations without OPA intermediation or support. In Vietnam, however, the ISHCs are able to play a role which facilitates access, and this is an important part of the explanation of their popularity. In Cambodia and Myanmar, on the other hand, the problems are somewhat different. Not only do primary care services in rural areas have very limited capacity when it comes to providing health checks for older people, but the idea of self-empowerment for health is only just beginning to take root among the older population. There are demand-side problems as well as supply-side problems.

China is similar to Vietnam in other respects besides attitudes towards health. Chinese OPAs find it relatively easy to recruit local people with administrative experience onto their management committees. Some OPAs work hard at organising regular and frequent social and cultural activities, and, as in Vietnam, there is a strong demand for such activities in the villages. As we have seen, however, some Chinese OPAs complain that they lack the resources needed for the kinds of activity that their members want. Why should this be a problem in China, and not Vietnam? The answer seems to be that the Chinese OPAs – or some of them anyway–find it harder to raise income. A model that relies on microcredit for income generation may be increasingly hard to sustain in China.

The relative success of the ISHCs in Vietnam, the consistently high level of functional effectiveness across the network, the closeness of their approximation to an ideal of multi-functionality, the strong evidence of replicability, might tempt us into drawing overhasty conclusions about what other OPA networks should be doing in order to emulate them. The idea that there is a one-size-fits-all model for OPAs is, however, a mistake. There may well be lessons to learn from the Vietnamese experience, but the wholesale importation of the ISHC model to other settings is not one of them.

Replicability

There are two main conditions for the replicability of OPA networks beyond a relatively small number of demonstration projects: they should be affordable in the context of relatively low levels of public spending on services and support for older people; and there should be a fairly detailed organisational blueprint or template – with all the key elements in place – which can be shown to work in a variety of settings.

Although very little been said about the start-up costs of OPAs in this report, they are not negligible. The OPA model requires considerable investment in training as well as some form of start-up capital to act as a basis for local income generation. This initial investment can be seen as a necessary condition of the sustainability of the OPA. It also helps to ensure that OPAs constitute a relatively low-cost means of mitigating various forms of hardship that undermine the wellbeing of large numbers of older people: income insecurity, poor access to health services, lack of support or care in the home in case of chronic ill-health or disability. OPAs are attractive because they enable governments to achieve some of their own policy objectives with regard to older people by means of an organisational model that combines local income generation (the capacity to be at least partially self-financing) with the use of local volunteers.

The requirement of an organisational blueprint or template raises a number of questions that this report cannot readily answer. Although the content of this blueprint has been worked out in considerable detail for Vietnam, there are still some uncertainties about the key elements that *should* form part of the blueprint for OPAs in Cambodia or China or Myanmar. To resolve these uncertainties it is necessary, firstly, to pool the results of local pilots with different elements to form a settled view on what is essential for *all* OPAs in the network and what can be left to local discretion, and secondly, to collate information from OPAs in a variety of settings – for example urban vs rural; poor vs not-so-poor – to determine whether and how the blueprint should be adapted to fit the range of social conditions that will be found within the country. The strength of the evidence for replicability increases with the number of OPAs and the diversity of the settings in which they have been established. This means that the evidence for replicability is particularly good in Vietnam, not only

because of the extent of the ISHC network, but also because of the involvement of different agencies in establishing ISHCs. There is no question but that the know-how required to establish a functioning ISHC can be readily transferred from one agency to another.

Country Variations in the Role and Importance of Meetings

The evidence presented in this study has repeatedly drawn attention to the value placed on meetings because of the opportunities they provide for social interaction. Members value the opportunity to be sociable outside the household, to discuss matters of common concern, to acquire useful knowledge, to share information and news. Meetings enable older people to come together as a group and find ways of helping each other. Without meetings the OPA cannot sustain – or provide the space for – a mutually supportive social network; the flow of information that is vital for the functional effectiveness of OPA tends to dry up. Members need to know about the activities (and successes) of the OPA, and the management committee need to know about their members so that they can match their activities to local needs.[121] We can put this more formally as follows:

- OPAs that fail to provide regular opportunities for members to gather together are organisationally weakened by depriving themselves of the publicity they need as well as information about their members and their needs.
- They also deprive themselves of the opportunity to promote a sense of collective responsibility for the success of the OPA among the membership.
- And finally, they deprive their members of benefits that are conditional on them coming together and doing things together.

Even though the evidence does not allow us to assert categorically that some form of regular meeting is essential for the survival of an OPA as an active community organisation, it does seem to be the case that OPAs that fail to hold regular meetings are taking a needless risk with the support of their membership, unless, that is, they are able to perform some of the key functions of meetings by other means. In Cambodia, in particular, a large number of OPAs had more or less given up on the idea of regular business meetings apart from annual festivals, and if the OPA could be said to perform a social function at all, it was reduced to the support provided (in the form of a venue) for religious practices (for example, Buddhist prayers and ceremonies). In China also there were OPAs that seemed to have given up on meetings or social gatherings of any kind. In both countries, these were the OPAs where members were at a loss to articulate the benefits of the OPA for themselves or the community.

This is not to say, however, that meetings perform the same combination of functions in the same way in all four study countries. It is striking, for example, just how much more emphasis was placed on the value of the OPA as a social hub in Vietnam and China than in Myanmar and Cambodia. The members in Vietnam and China left us in little doubt about the importance of this function in attracting them to the OPA and winning their support.[122] The OPA was a source of pleasure and enjoyment. While OPAs do fulfil this function in Myanmar or Cambodia, the difference is one of degree. Firstly, as we have already said, the role of the OPA in providing loans and cash benefits is more central to the perceived value of the OPA (very few of the people interviewed had anything to say about the social benefits of membership), and secondly, the balance between the business and non-business components of meetings is different (the non-business components tend to be weaker). In Myanmar, monthly business meetings seemed to be the norm, and they were as a rule well-attended. If the OPSHGS conferred social benefits on their members, it was because the business meetings were themselves an opportunity for

121 To take an obvious example, it is not easy to find out about the needs of older people who are currently unable to leave their homes without fairly frequent meetings. A system for organising home visits relies on up-to-date information as much as volunteers.

122 This does not apply to *all* OPAs in China. The point is rather that where the OPAs did function effectively as social hubs, it was *very much* appreciated by the members.

sociability, unlike in China or Vietnam where the organisation of social and cultural activities was more generally understood as an important part of the responsibilities of the management committees.[123]

Country Variations in OPA Action for Health Promotion

With the exception of Vietnam, it seems to be harder for OPAs to be consistently effective in their action on health promotion than in other domains. Access to healthcare in a problem is all four study countries. The deterrent effect of out-of-pocket costs was mentioned again and again by OPA members in spite of various government-sponsored arrangements to help rural populations with some of the costs of health care. In Cambodia and Myanmar these problems are compounded by the weakness of the health infrastructure in rural areas. This makes it virtually impossible for OPAs in these two countries to do what the Vietnamese ISHCs do very effectively, which is to help older people connect with formal services so that their health is regularly monitored.

The OPA networks in Cambodia and Myanmar have responded to this situation by trying to take on the role of monitoring the health of local older people. We have already mentioned that in Cambodia these efforts often came to an end when project support for health monitoring activities ended. This means that the OPAs here have a twin challenge, firstly to find a sustainable model for providing health screening (and health education), and secondly to ensure that appropriate treatment is available to follow up the screening. The lesson may well be that poor rural communities are unlikely to be able to meet this challenge without some kind of ongoing external support, for example by putting more effort into finding ways of sustaining a focus on older people's health problems in the Village Health Support Groups. The situation in Myanmar is harder to assess. The country is like Cambodia in having a weak health infrastructure, which means that a successful screening programme[124] still has to face the challenge of appropriate follow-up for people who screen positive for conditions such as high blood pressure. Unlike in Cambodia, we had no reports of health screening and health education coming to an end at the same time as project funding, and programmes for training volunteers to provide health education seemed to have paid dividends. The fact that health education is not dependent on liaison with formal medical services in order to be successful suggests that local circumstances may present less of a barrier to effective action with health education than with health screening.

With one or two exceptions,[125] formal services in China seem perfectly able to ensure access to regular health screening for older people without needing any help from the OPAs. Does this mean that there is no role for Chinese OPAs to play in promoting or facilitating health screening for older people? Not entirely. Although it does seem to be the case that some OPA management committees have decided that they have no role to play here, there are at least two OPAs which take another view of the matter. In Chengguan, the committee decided to organise additional health checks (with the help of the nearest county hospital), and in Shuanglong, the only urban OPA in the sample, the OPA cooperated with the community health centre to arrange a monthly free health check for members with diabetes or high blood pressure. Both OPAs have made it their business to liaise with formal care services, and they have a common aim, more frequent health checks than would otherwise be provided. In other words, even though the space for effective action on health checks seems to be smaller in China than in Vietnam, it is still possible for OPAs to make a difference, and also to make a difference.

As far as health education is concerned, China is in one important respect like Cambodia. Several OPAs provided sessions for the duration of their programme funding and no longer. Most of the OPAs that were still providing health education were holding two or three sessions a year, usually with the help of the village doctor.[126] As with the health screening, however, a couple of OPAs had decided (probably in response to membership demand) to organise more frequent sessions. In Chengguan (again), where the committee claimed that health promotion was the most popular activity of the OPA, it arranged for the village doctor to give health education sessions five times a year. In Sangshuyuan, (one of the few OPAs to hold lots of full meetings each year), the committee had decided that the health education sessions provided by the village doctor were too infrequent (once every two years), and

123 Even if they failed to provide them.

124 in the sense that it successfully identifies cases in need of treatment.

125 E.g. Gari.

126 Daliushu seems to have bucked the trend by bringing in an external expert.

introduced health videos and discussions on health issues into their general meetings (which this was confirmed by the interviewees). They seem, moreover, to have been exceptional in going even further than this by trying to teach light exercises to their more elderly members. It seems, therefore, that the OPAs are dependent on their ability to access the services of the village doctor. We can read between the lines here and guess that good relations between the OPA committee and the Village Committee (along with a proactive committee) are probably the key to changing the stance of a reluctant village doctor.

Country Variations in Home Care

How sustainable is a model for the provision of home care or support in the home which relies entirely on unpaid volunteers? The answer must depend on the nature and level of the commitment required from volunteers. There is a *very* big difference between asking members to make occasional short social visits (say one visit of 30 minutes once a week) to people who are unable to leave their homes because of health and disability problems, and asking members to help someone with personal care three or four times a week. When the people who are being asked to make these visits are themselves busy making ends meet or providing care within their families, the difference will seem especially marked.

The demographic situation in both China and Vietnam is such that there is very little prospect of making a volunteer scheme work unless a substantial proportion of the volunteers are themselves (younger) old people. The out-migration of younger adults from their home villages to places where employment opportunities are more plentiful has massively depleted the pool from which younger volunteers might be drawn. As the supply of potential family caregivers shrinks, the demand for personal care from outside the family increases. The evidence we have from the visits and interviews suggests that some OPAs struggle to recruit enough volunteers to match demand in their local community. The longer-term sustainability of a model for the provision of home care that relies only on unpaid volunteers must surely be questionable in such conditions. Thus, OPAs can only be part of the solution to the problem, but not the whole solution.

How this might play out in China and Vietnam is not clear. In China, policy makers seem to be quite attracted to the idea of special housing developments for older people – so-called 'happiness yards' – and there are strong normative (and legal) pressures on adult children to take care of their elderly parents[127] when they can no longer take care of themselves. Perhaps the hope is that, between them, these two factors will combine to keep the demand for intensive support from OPA volunteers quite low.

In Vietnam, there are funds available to pay a small allowance to local volunteers who take on the more intensive kind of home care work. It is a kind of carers' allowance. A time commitment of three to four hours a week has high opportunity costs for someone (usually a woman) who combines work and childcare responsibilities. The level of reimbursement required to make the time commitment worthwhile may be quite low. We do not know to what extent local ISHCs make use of these funds (for example. by matching a 'paid' volunteer with someone in need of care and helping to claim the allowance), though we can say that none of the management boards mentioned this kind of arrangement in the interviews. There is, however, a problem and it is a problem which only the government can resolve. The amount of funding available for this purpose is quite small, and district-level officials with formal responsibility for administering the system are quite likely not to know about it.

The position is quite different in Cambodia and Myanmar, where it is much less common to find older people without family carers in the same household or village, and it seems to be generally accepted that potential volunteers are most likely to be drawn from younger age groups. There is also more of an emphasis on health checks as a key component of home visits. If it is indeed the case that home visits in these countries are more oriented to forms of health care support that complement family care, this would suggest that one of the main organisational problems facing OPAs is how to connect with and relate to existing systems of village-based community-health workers and the professional expertise located in the primary care network. It is possible also that there is a problem with the retention of younger volunteers who have received the level of training necessary to do the work: the training may make it harder to retain them since it is also makes it easier for them to find paid employment using the same skills.

127 For example, by bringing their parents to live with them in the city where they work, or by returning to their home village to provide a short period of end-of-life care.

Deciding What Needs Fixing: Challenges for China and Cambodia

When OPAs run into difficulties, it is important to be able to determine whether the situation points to problems with the underlying model (or rather the variant of the model that is used in that country) or to more localised difficulties. In the first case, what is required to fix the problem is a change in one or more of the components of the model. In the second case, what is required is more like trouble-shooting, some kind of external support and advice to put a particular OPA back on track. Sometimes it will be fairly clear that the situation falls into one of these categories rather than the other, and also what it is that needs to be done; that is, the nature of the problem that has to be solved.

The best example of the significance of this distinction is provided by the Chinese OPAs which reported declining local demand for loans from their funds. A micro-finance facility was increasingly inappropriate for the credit needs of the local population. This fits in so well with what we know about wider social or economic trends in China that it strongly suggests that the OPAs in more affluent areas have to change their working model if they are to survive and flourish. New social conditions are emerging in which a particular model for supporting the capacity to be self-financing cannot reasonably be expected to work. The solution, for those OPAs that already caught up in these emergent trends, is likely to involve some combination of 1) increased membership fees, 2) local donations, and 3) Grants from local government. What has to be decided therefore is the extent to which the implementation of such a solution should be left to individual OPAs. Are they themselves in the best position to negotiate with the relevant level of local government? Or would this mean, under current conditions (different views held by local government in different places), that some OPAs would flourish while other would not?

In Cambodia, on the other hand, it is difficult to know to whether local problems should be attributed to a local management failure to operate an organisational model that works well enough elsewhere, or whether the failure is symptomatic of a more widespread problem with management capacity and resources for which there is no easy solution. Either way we can see that capacity-building for management committees should be regarded as an ongoing process rather than a one-off task that is completed with the completion of the implementation project. Behind this, however, there lies another question. What should be done about villages that combine a high degree of vulnerability to economic shocks such as droughts (affecting the ability of villagers to repay loans) with a shortage of people who are willing to contribute time to the management of the OPA and have the necessary skills? Even if the evidence points to substantial failings in the local management team,[128] it is not unlikely in the Cambodian context that it might prove hard to find competent replacements. In other words, it may be that the situation in Cambodia is such that some OPAs are likely to require continuing management support at a fairly intensive level. This means that the network as a whole has to ask itself how much additional support should be given to those OPAs that are much poorer in resources (including human resources) and more vulnerable to systemic weakness than the average. The requirement that each individual OPA should be able to rely entirely on the resources of its own village may be asking too much in a country like Cambodia. The risk that comes with a model based on local self-sufficiency for individual OPAs is the same risk that comes with a model based on local self-sufficiency in services; some points in the network are just too weak to sustain themselves in the face of challenges that other local providers take in their stride.

Overall Conclusion

We began by asking whether the OPA model offers a useful template for developing local structures and mechanisms that can help fill the gap between the support provided by hard-pressed families and the services and benefits provided by hard-pressed governments. Despite many qualifications and provisos, the answer has to be 'yes'. OPAs can be made to work, and when they do, they make a real difference to the lives of older people.

128 And sometimes it does.

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