Older Citizens Monitoring
The Experience of Bangladesh

Report of Bangladesh exchange visit

17-23 April 2007

Resource Integration
Centre (RIC)

HelpAge
International

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Contents

This report summarises the April 2007 regional visit to Bangladesh to see the results of the Older Citizens Monitoring project. Also available to participants is a CD which contains:

- this report
- list of participants
- evaluation summary
- photos

1. About the visit

From 17-23 April 2007, 22 participants from nine countries within the HelpAge International (HAI) Asia regional network visited Bangladesh. The visit was sponsored by HAI's Asia/Pacific Regional Development Centre (APRDC) and hosted by the Resource Integration Centre (RIC), headquartered in Dhaka.

The visit had two broad *objectives:*
- To share the experience of the OCM project with other members of the HAI network in the Asia/Pacific region
- To propose next steps for how the OCM model can be replicated or modified by participants in their own countries.

The main *methods of learning* during the visit were

(a) *Field visits/observation:* The participants visited two field locations plus Dhaka (RIC main office): Pubail Union of Gazipur district and Srirumkathi Union of Pirojpur district. They saw the local context, including economic and communications constraints, and met with residents at various levels.

(b) *Discussions with project groups:* Discussion sessions in these locations were with the following groups:
- RIC staff
- Union and village (including ward level) level monitoring teams
- Local government leaders (especially Union/Upazilla)

Visiting participants divided into smaller groups at both Pubail and Srirumkathi field sites in order to allow greater discussion with village monitoring teams. The groups were limited to about 10-12 visit participants.

(c) *Reflections by the visit participants:* After the field visits, reflection sessions among the participants considered two main issues:
- The strengths and weaknesses of the OCM project
- Whether the lessons of OCM can be applied or replicated in other countries

Participants were from government, NGOs, quasi government bodies, and HAI offices – all working on issues of ageing. There was a priority on countries with the potential to expand the scope of their advocacy work through OPAs. Countries represented (and number of participants) were:

- Bangladesh
- Cambodia (2)
- China (4)
- Indonesia (2)
- Lao PDR (3)
- APRDC (3)

- Myanmar (2)
- Nepal (2)
- Philippines (1)
- Thailand (1)
- Vietnam (2)

2. Background: The OCM project and approach

The Older Citizens Monitoring (OCM) project was initially a three year pilot project implemented by HelpAge International in 2002–2005 in six countries within its global network, including Bangladesh, and funded by the UK Department for International Development (DFID). The aim of this project was to ensure that the commitments to inclusion of disadvantaged older people in the benefits of development made at the UN Second World Assembly on Ageing in Madrid were translated into specific public policies and programmes in developing countries. The project in Bangladesh was implemented through the Resource Integration Centre (RIC). A total of just under 6,000 older people (60+) were involved in the project, equally divided between men and women.

The pilot project was set up in two areas, one (Pubail in Gazipur District) a peri-urban area on the edge of Dhaka, and the other (SriramKathi in Pirojpur District) a rural area in the south, both areas where RIC has had a presence for some time. These were the two areas visited during the exchange visit. The OCM pilot project in Bangladesh had three objectives –

- To increase the capacity of older people and their organisations to participate in activities to monitor government delivery of policy commitments
- To set up appropriate mechanisms to support older people and their organisations in local and ultimately national planning and monitoring processes
- To sensitise implementers and policymakers, local and national level civil society groups to improve the implementation and change policy for the wellbeing of disadvantaged older people especially in rural areas.

The project assisted older people (OPs), as rights holders, to organise older people's associations (OPAs) and monitoring teams at village, ward and union level.[1] These teams monitored access to, inclusion in and delivery of social protection mechanisms identified in Bangladesh, particularly the national Old Age Allowance (OAA), the Widows' Allowance (WA), and health services to older people. In total 90 village OP monitoring teams (62 in Pubail and 28 in Sriramkathi) and 2 OP monitoring teams at the union level were formed. The monitoring teams generally meet once a month, or more often as necessary. An older people's group may encompass all or nearly all of the older people in the village. Village monitoring teams, selected by the group as representatives, have a total of 11 members, with a minimum of four women. The chairperson is elected for three years. At the next level, a ward monitoring team has 11 to 15 members selected from among the village monitoring teams. Union monitoring teams have 36 members, four members (at least one female) from each of nine wards.

The project trained these groups to use the evidence from monitoring activities to lobby duty bearers, such as government structures and relevant NGOs at local and national level, for the

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[1] Bangladesh's administrative structure has several tiers and is complex. At the lowest level, between 100-300 households representing 300-800 people are organised into Villages (grams) which are the primary rural unit. Villages are organised into Wards, which are the lowest unit of local government. The number of villages in each Ward is determined by the total number of people. 9 Wards comprise a Union. Bangladesh has an estimated 4,451 Unions which are organised into Sub-districts (called Upazilas or Thanas). These sub-districts are organised into 64 Districts which are organised at national level into 6 Divisions. The teams (Parishads) at Union and Upazila/Thana level are elected bodies.

effective delivery of allowances as well as for inclusion in government decision making and budgetary allocation processes. The trainings included awareness training, leadership training, organisational building training, monitoring training, and communication and networking training. To assess the poverty level and socio-economic situations, older people conducted some participatory sessions using tools such as social mapping, wealth ranking, and relation mapping.

These were some of the benefits recorded at the end of the pilot project:
- Over the pilot project period there was a significant increase in the numbers of older people accessing the Old Age Allowance and Widow's Allowance in both unions.
- There has been a parallel reduction in the number of older people reporting that they needed to rely on siblings for support. In addition, older people receiving OAA reported they were better accepted within their families than older people who did not receive this allowance.
- Self-reported positive health status has also risen significantly among older people.
- The intervention of the OP groups has been noted as a reason for improved service in the local branches of the national bank to benefit recipients.
- The groups have also had a strong role in influencing decision-making regarding eligibility for benefits, and have gained representation on the committees allocating allowances.
- Older people themselves testify to the sense of empowerment that the groups offer them, and this sense of identity has been strengthened over the project period by regular meetings and rallies which draw substantial numbers.
- In some cases the groups have taken on wider social roles; during the 2004 floods the Pubail OPs assisted older people made homeless, as a result of which home-visiting teams have been established. Group members have also worked with children in local primary schools, and some groups are now forming savings schemes.

Since late 2006, through new project funding from Irish Aid to HelpAge International, the model is being scaled up by RIC in 18 unions of five districts in Bangladesh for a three year period (2006–2009).

3. Community discussions on OCM

During visits to the two field sites, the participants divided into groups, each of which visited one of the following villages:

Pubail visit
- Group 1, consisting of 5 members (1 from APRDC Thailand, 1 from China, 1 from India, 1 from Myanmar and 1 from Lao) visited Satanipara village of Pubail Union. The team was guided and facilitated by the Director of RIC.
- Group 2, consisting of 6 members (1 from China, 1 from APRDC, Thailand, 1 from Vietnam, 1 from Nepal 1 from Cambodia and 1 from Lao) visited Meghdubi village of Pubail union.
- Group 3, consisting of 5 members (1 from Indonesia, 1 from China, 1 from Lao, 1 from Nepal, 1 from Thailand and 1 from APRDC, HAI) visited Maijgaon village of Pubail Union.
- Group 4, consisting of 6 members (1 from APRDC Thailand, 1 from Cambodia, 1 from Vietnam, 1 from China, 1 from Philippines, 1 from Myanmar) visited Bashugaon village of Pubail Union.

Sriramkathi visit (same groups)
- Group 1, Madhya Jaipur village
- Group 2, Kailani village
- Group 3, Bhimkathi village
- Group 4, Uttar Sriramkathi village

After visiting villages separately, the group came together again in one group to meet the union monitoring team, followed by a meeting with union government officials. The village and union monitoring team exchanges generally consisted of a short welcome ceremony followed by a description of the OCM mechanisms and activities by one or more leaders of the team. This led to a question and discussion session. The discussion varied widely among the groups but this is a summary of some of the themes:

Role of OCM groups
Team members at the village and Union levels explained the OCM mechanism and structure described briefly above. The Union Team of SriramKathi summarized its main responsibilities well, as follows:
- ensuring the OAA and WA are appropriately allocated
- networking with and lobbying local government
- lobbying service providers so that older people get better service e.g. health services from public and private sources
- coordinating all the monitoring teams within the union and compiling and reviewing their findings about the situation of older people
- organising social and cultural activities to ease the loneliness of older people
- making decisions related to the activities and direction of the whole union

Benefits from OCM
Older people described how the OCM process started and the activities they have conducted. The Village Team started monitoring by preparing the OAA distribution lists at the local level, and later moved to other challenges such as negotiation with banks and health care providers in obtaining special services for older people.

In relation to *government allowances*, the discussions revealed several results of the OCM. One was better targeting as a result of greater involvement by older people in the selection of recipients. Several older people mentioned that previously, local government officials did not select the most vulnerable for the OAA, either because of favouritism or lack of knowledge about constituents. For the WA, younger widows were frequently selected over more vulnerable older widows. Now, the older people themselves nominate the most vulnerable based on their knowledge of the local situation and pass those names for government approval. A second result was a reported increase in the number of people who received the allowances, thus reducing their poverty. This increase was credited to the project's advocacy and interventions. Third was improved transparency of the process. The older people in discussions all knew who was on the list to receive government allowances and what their living situations were. The reasons for selection were clear to community members because they were involved in the process.

Village groups mentioned several other results from OCM. An important one for them was improved *service at banks*, especially when collecting their allowances. Previously, older people collecting their funds had to wait for a long time, even four to six hours according to some residents. Sometimes they would even return home after a long unsuccessful wait, after the bank officials said they were 'too busy' to deal with them. (The project evaluation found that 57% of responding OAA recipients had previously faced problems in withdrawing their money, usually because of long waiting times, and 44% had some movement disability due to illness.) However, the older people's groups lobbied the banks, which agreed to deal more promptly with those collecting their allowances and to set aside special times for them to come. Distance is another problem – e.g. older people in Pubail having to travel 15km to Gazipur to get funds, which imposes a physical and financial hardship. The older people's groups are now lobbying to be able to collect the money from the nearby local bank in Pubail.

Older people's groups have similarly negotiated with *health care* providers to ensure more sensitive and convenient service for poor older people needing treatment. Typically, poor older people are considered low priority for a doctor's time. In some cases, local government has provided older people with an ID card, which has enabled them to insist on better treatment.

The OPA members informed the visitors that they are now trying to have ID cards for all the elderly citizens of the country to get special treatment and particularly discounts for travel.

In addition to the monitoring activities, the community based groups have taken on a life of their own and independently begun serving their members through *additional activities* that were not part of the project design. For example, village OPAs started collecting donations from members or from well-off people to form a common fund in order to provide support to vulnerable older people in case of emergency or death in a poor family. Government also channeled some emergency supplies such as blankets through some monitoring teams. The participatory activities such as community mapping allowed older people to understand more about their community and identify the specific needs of local residents. This in turn encouraged a practice of regular home visits and more frequent and appropriate support for neighbours in need.

Motivation

Related to the issue of benefits, several of the visitors asked the older people about their motivation in joining the group. Often they mentioned the motivation of non-material benefits. For example, one of the visitors wanted to know what was the benefit of forming an OPA while, in that particular village, only a negligible number of older people were receiving the OAA. The monitoring team members informed the meeting that the most significant benefit of forming an organisation is to create a platform to raise their voices in highlighting their problems and possible solutions. It gives them dignity and a productive purpose. As one older person said, 'Before we just waited for death. Now we feel we can do something and help vulnerable people.' (During the project evaluation 88% of respondents said their confidence had increased as a result of the project.)

Similarly, others said their motivation was greater unity ('both rich and poor'). As one person put it, 'Once I was one, but now we are many.' Several said they had gained respect. Monitoring team members informed the visitors that before formation of the OPA, they were not honored by health service providers, local government bodies and other local administration. But the situation has changed significantly. Their collective effort and negotiation have brought improvements in obtaining services and attitudinal changes among local government officials. They have recognition from the family, society and state. Local government officials confirmed and demonstrated this increased respect in the way they addressed those gathered.

Challenges

When asked about the challenges they faced in starting OCM activities, many older people explained how they faced *resistance from family and community*. First their family wanted to know why they wanted to get organised and what good could come from it. It seemed like a waste of time, particularly as older people are needed to work in the fields and mind children. Then local elites also expressed concern and suspicion about the activities.

However, older people gradually gained confidence through the group activities and began speaking of claiming their rights. They realized that they were regaining some of the respect and authority they had lost as they aged, and they now had a mechanism through which to express themselves in a united way. Many older people also mentioned that the benefits and recognition they received from involvement with the group made families appreciate the contribution of older people to the household. Local government also began to see the potential

voting force of the older population. Government leaders also recognised the role of the groups as a link to older constituents, strengthening ties and public services. One Union Chairman (elected leader of local government) said it was 'very useful' to have older people nominate candidates for the OAA. It was clear from the speeches of local leaders that older people have been recognized as a rising political force in the local context. In general, several participating older people suggested that it was easier now for them to talk to government about solving problems – a window of communication had been opened.

Meeting participants also mentioned many practical obstacles they face at the village and union levels, including the *lack of material support*. They receive no public funds to run activities. In some cases there is no appropriate meeting place in the village to gather. As many older people still work long hours in the fields and at home, time for activities is always a challenge. Distance is often an obstacle in rural areas.

At certain points, monitoring team members also acknowledged that they were hampered by a *lack of political support* at higher levels. Political, financial, and bureaucratic barriers at the central level limit assistance for older people, including an expansion of OAA and WA allowances to cover more people. Although the visit focused on action and advocacy at the local level, participants also heard something of advocacy efforts at higher levels. For example, the Union Monitoring team organized a discussion meeting at National Press Club where they placed their demand to the government for establishing a separate ministry for older people in order to ensure addressing their issues effectively, including formulating a national policy.

Comments from visitors

The visit participants found the older people they met to be dedicated, enthusiastic, and articulate. The OCM clearly has been effective in many communities in giving a voice to the poor and marginalized, as reflected in some of the comments on evaluation forms:

- 'I think the OCM model is a very innovative and effective model.'
- 'OCMP has created a good foundation for older people to engage in development work. They can lead in community development that serves all groups.'
- 'I'm personally inspired by the way OPs express themselves.'

At the same time, the visit participants saw some challenges that older people still face, which future interventions might be able to address.

One challenge is *limited coverage of the government allowances*, which results from insufficient government allocation to meet the needs of all those who are technically eligible. When the Government of Bangladesh introduced the Old Age Allowance for older poor people in 1997, originally the scheme covered only five females and five males per ward. Although the number receiving the allowance nationally has increased from 0.5m to 1.7m over a decade, the visitors heard that many poor people who are considered 'eligible' receive no allowance. As mentioned above, one accomplishment of the OCM project has been to encourage the local government to target the allowance at those most vulnerable. But with such extensive poverty among the older population in Bangladesh, the current budget allocation for the OAA and WA is insufficient to meet the need. A related challenge is that the amount of money provided to older persons

through the allowances, although it has risen over time, remains too little to keep recipients out of poverty. RIC has these challenges in mind as it expands the programme.

A related issue raised by some participants was *documenting the impact* of the project in terms of expanded access to allowances. In some villages the improvements seemed dramatic – e.g. in one village an increase from 0 to 30 in the number of OAA recipients since 2003. In other villages, only one or two older people received the benefit. An analysis of the trends and the effects of project interventions would provide a powerful case for OCM and possibly identify blockages.

A third issue was how OCM could support older people in other ways, particularly in *microfinance*. The OPA members informed the visiting members about the credit facilities available for the older citizens. They informed that no major credit providers had a provision for disbursing loans to older people, since they are not regular earners. In some villages, several microfinance providers were giving loans, but often excluding older people specifically in their national eligibility criteria. Some older participants in the meetings also expressed their own caution about taking out loans at their age, for fear of burdening their children should they die or become sick. However, experience from other countries represented by the visitors suggests older people can benefit from small loans and are dutiful about repaying them. RIC has lobbied some of the many large microfinance providers in Bangladesh to embrace older people in their funding criteria, so far unsuccessfully. This remains a challenge for the future. In the meantime, some OPAs are trying to develop a fund to provide credit support to their members.

A fourth issue of discussion was *inter-generational links*. Many visit participants noticed that older people's groups were among the most dominant and energetic organisations in the village. They wondered whether they might play an even greater role in bringing together various age groups. This might also help older people not to become isolated or marginalized in their own groups.

4. Strengths and weaknesses of the Bangladesh approach

After the field visits, a session was organized to obtain feedback from the visitors to gather their ideas on the OCM project and find out possibilities of replicating the OCM model in their respective countries. All the participants were given two cards each to write one strength of OCM and one suggestion for improvement. The written feedback from the participants was as follows:

Strengths
- Good mobilisation of older people
- Government staff very helpful
- This program encourages us to spread and improve the awareness of OP to organize their own association in defending their legal rights
- Commitment of leaders/members of OPAs/OCMP
- Good relationship between OCM and RIC
- OP club is the way of empowerment for older people
- The way to make OPs more confident, feel valuable for society and more active
- Well organized activities by OPs at the village level
- OPs organized to fight for their interests
- Helps older women with gender bias
- Women's empowerment is improved
- OPs can be empowered if they are organized
- This project is good because it helps the people
- Good solidarity among older people
- Older people have strong motivation
- Local people are highly motivated

- The most impressive thing left to me is how OP association increased their influence in local government policy decision-making. The situation in my country might be more difficult. We feel still much space/room us to do this.
- Strong advocacy at local level
- Good model which can practically be adopted
- Active involvement/support of local government in OPA's activities
- Local ownership

Suggestions for improvement
- Need to focus more on sharing OCM model with GO and NGOs
- Organisation needs future strategy and exit policy
- Women's participation is low
- Strengthen group capacity to increase income
- More economics, less politics
- Are there more opportunities for inter generational links? Not only OPs but with other people.
- Capacity building needs more efforts at field level
- Capacity building to improve health
- Medical services to be strengthened by local government
- Should be residential centers for older people
- Impact on OAA and WA not clear/proven, are many more people receiving allowances?
- There should be good criteria to measure life of OPs
- RIC should play a role for lobbying to make policy
- Home care program should be integrated with OCM
- Government should increase the allowance

5. Possible replication in other countries

During the final session, the participants discussed whether aspects of the OCM approach are replicable in their own countries. Representatives from four countries (Nepal, Philippines, Thailand, and Vietnam) felt it was replicable in whole or part. The others felt that, in its present form, it would require some adaptation in their countries, because of the political context or "the lack of entitlements to monitor". Attachment B is a matrix summarising the group presentations.

Attachment A: Visit Itinerary

Date	Travel Description
April 17	Arrival at Dhaka Orientation about OCMP at RIC Head Office Welcome dinner
April 18	Field visit to Pubail union of Gazipur District on 8.15 am • Introduction with RIC Gazipur area RIC staff • Arrival to the project village and welcome by large OP Group • Meeting with OP village OPA and monitoring team • Lunch - RIC Pubail office • Meeting with OP union monitoring team at RIC Pubail office • Meeting with Chairman and members (Local Government) • Tea with local Govt. from 4.20 pm to 4.40 pm. • Return Dhaka
April 19	Travel to Pirojpur
April 20	• Start from hotel for field visit to ShriramKathi union at 8.15 • Arrival to the project village and Welcome by large OP Group • Meeting with OP village OPA and monitoring team • Lunch at RIC Shiramkathi office • Meeting with OP union team at RIC Shiramkathi office • Meet with Chairman and members (Local Government) • Tea with local Govt. • Back to hotel
April 21	Consultation meeting with District Administration Start from Pirojpur to Dhaka at 2.00 pm
April 22	Arrival to Dhaka at 7.00 am Reimbursement at RIC Head office Feedback session Official Dinner
April 23	Depart Dhaka

Attachment B:
Potential for Replicating OCM – Results of Group Reflection Session

Country	Is OCM replicable?	If yes, to what extent? If not, why not?	Next steps	Support needed
China	No	System of delivering government benefits to eligible OPs is already efficient – OPs get their allowances	Possibility to expand coverage of benefits by national government	• Support from NGO projects to explore ways to expand • Possible technical support from HAI/RIC
Vietnam	Yes (partly)	Partial – health, allowances, HIV/AIDS	Integration into existing projects (VIE011 and 014) as a pilot	• Technical support from RIC (training manual) • Financial support for capacity building (leadership and monitoring)
Thailand, Philippines	Yes	Full adoption possible – allowances, health care, social care (e.g. cost breaks for transport and entertainment, "Green line" service for OPs)	Advocate OCM with OPAs	• Technical support from HAI and NGOs • Technical support from RIC (guidelines on allowances)
Lao PDR	Probably not	Local context is challenging and there are limited government OP benefits to be monitored		
Indonesia	No (note: specifically by HAI in Banda Aceh)	• Not enough time for Banda Aceh programme to adopt • NGOs have differing policies	Some policy advocacy activities can be replicated through existing OPAs	
Nepal	Yes (partly)	In homogeneous groups	• Group formation (Nepan) • Consult government • Identify appropriate communities	• Technical support for project design • Funding for developing regulations for new ageing law
Myanmar	No	Difficult to advocate, per Registration Act	Sensitisation with government, NGOs	HAI assistance