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Executive Summary

# **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

## Executive Summary

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

Written by Kenneth Howse, Oxford Institute of Population Ageing  
Cover photo by Chattip Soralump/HelpAge International

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HelpAge International, Asia Pacific Regional Office  
6 Soi 17 Nimmanhaemin Rd., T. Suthep, A. Muang,  
Chiang Mai 50200 Thailand

Tel: (66) 53 225400

Fax: (66) 53 225441

hai@helpageasia.org

**www.AgeingAsia.org**

**www.helpage.org**

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# 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 Southeast 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 be 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.

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