

CHINA



MYANMAR



LAO PDR

Mekong Basin



Initiative on Ageing

25-28th November, 1997
UN Conference Centre,
Bangkok, Thailand



THAILAND



VIETNAM



CAMBODIA

HelpAge INTERNATIONAL

South-East Asia Regional Canada Fund

UNESCAP

New Zealand Embassy in Thailand

















Mekong Basin Initiative on Ageing

Foreword

"The Mekong Basin" is a term which has come into recent usage to denote a trading and cultural area formed by Northern Thailand, Myanmar, Vietnam, Laos, Cambodia and Yunnan province in Southern China. From 25th to 29th November 1997, HelpAge International with UN-ESCAP covened the first meeting of NGOs, government departments and academic bodies from these countries to start a dialogue on ageing issues.

This report covers their discussions and the concrete outcomes and future plans to improve the well-being of older people in their countries. What it cannot adequately convey is the very real spirit of co-operation and collaboration which emerged from this meeting. The meeting was in all senses very practical - it used case studies, shared experiences and used national groups wherever possible so that participants could speak their own languages. From these discussions, a set of action plans emerged. HelpAge International has made a commitment to try to follow up these plans - with individual organisations, with governments and by working together with other organisations to seek funding to make these ideas a reality. Some progress plans and timetables are included in the report which shows work already underway.



The contents of this report include all the country overviews which were sent in advance of the meeting. It includes copies of the presentations which were used as a basis for discussions and finally the action plans prepared by the participants themselves. A list of participants, information and background on HelpAge International and future recommendations are also included.

In addition to the work plans outlined, HAI wishes to convene a review meeting in Hanoi in November 1998 to continue this dialogue.

I must express my sincere thanks to all who took part and who made excellent contributions throughout our four days together. We were honoured to have the presence of the Canadian Ambassador to Thailand, Mr Bernard Giroux and as keynote speaker , Prof. Dr Prasop Ratanakorn, the Chairman of the Thai Senate Committee on Public Health. I must also record my appreciation for the tireless efforts of our hosts from the Social Development Division of UN-ESCAP. We must also express our thanks to the South East Asia Regional Canada Fund in Singapore and the New Zealand Embassy in Bangkok for their financial support to this meeting.

Stephen King
- Regional Representative - Asia,
HelpAge International

Chiang Mai - January 1998

CIDA/UN-ESCAP/HelpAge International Mekong Basin Initiative on Ageing

25th-29th November 1997



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Introduction

The World Bank's report "Averting the Old Age Crisis.." (October 1994) spelled out the magnitude of the growth of older populations in developing countries.

"By 2030 (the world's older population) will triple to 1.4 billion. Most of this growth will take place in developing countries, over half of it in Asia and more than a quarter in China alone"

This dramatic growth in the numbers of older people is known with a very high degree of certainty. Everyone who will be 60 or over in the year 2030 is alive today. So too are the great majority who will be of working age, the group who have traditionally provided support for older people. We also know that this latter group will make up a smaller proportion of the overall populations in most Asian countries than they do today.

This demographic change, one of the most dramatic short-range shifts in history will have a substantial impact on the economies and societies of the Asia region. Countries in Asia will need to face the issues now confronting Europe and North America, notably the crucial requirement to take control of the potentially burgeoning costs of the income security and health care of the older populations. Nor will it be a simple matter of governments withdrawing from or reducing public provision, since the experience of the industrialised countries of the North has shown that these costs, whether borne by the public or private sector, or by families or communities, remain a significant factor affecting GDP and economic performance.

Whilst many governments have recognised the potential impact of these issues there has been a limited response. Part of the reason for this is the competing demands from other sections of the population but also an assumption that the extended family will care for its older members. In many cases this will be true but urbanisation and increased educational opportunities for the primary care-givers, women, has put the traditional extended family under pressure.

These issues are not peculiar to the richer countries of South East and East Asia. It is predicted that despite current economic concerns, the Mekong region will experience dramatic economic growth over the next twenty years. An inevitable bi-product of this economic development will be a dislocation of the traditional family patterns of care-giving which have for so long characterised the care for older people in this region. With increased prosperity will inevitably come a greater disparity in incomes of the communities who inhabit this region. Many will be left behind in the rapid economic growth and amongst the most vulnerable will be the older populations whose familiar ways of life will undergo rapid change.

The ageing of the populations within the Mekong countries however, is not a uniform process as Dr John Ang's paper illustrates (see P.9) The sheer numbers in China and even in Yunnan province alone, dwarf those of other countries. The population is also ageing more rapidly in Thailand and Vietnam than it is in the relatively young countries of Lao PDR and Cambodia. However, as is illustrated by the very effective programmes run by HelpAge International in Cambodia's north west provinces(see P.32) - it is never



too early to pay attention to ageing issues. Many older people and their families are victims of poverty and suffer from the social problems which accompany low incomes. Whilst many governments are struggling to implement programmes to alleviate poverty, the special needs of older people (in health, livelihoods and care) will need to be incorporated into these programmes. The country papers presented below very ably illustrated that whilst the extended family is still the main vehicle for caring for older people, there are changes to caring patterns emerging which will apply an extra pressure upon the main carers (women) and on the governments and NGOs in the region as the numbers of the old and very old increase.

The meeting held in Bangkok is envisaged as the first part of a longer term project aiming to create practical alliances to share expertise between NGO's and government structures to help improve the quality of life for older people.

Objectives of the Meeting

The workshop had a number of specific objectives

1. To provide up to date information on the global and regional demographic change to those who have a national responsibility for older people.

2. To assist in the development of national action plans which can include policy planning, training, pilot care programmes and public awareness of ageing issues.

3. To create country networks of government officials, NGO's and mass organisations to co-ordinate services for older people.

4. To create a regional network of organisations which can access information and expertise on policy and care of older people.

5. To plan future programmes of work following the workshop through which HelpAge International can provide support.

Methodology

Our approach in conducting the workshop relied on participatory methods although taking into account the different learning styles with which most participants were familiar. HelpAge International used a mix of case studies, presentations and group work focusing as much as possible on forming country alliances but also allowing for inter-country exchange.

We used a number of external facilitators who have direct experience of community based care and low-cost family programmes - from the Philippines, Singapore and Thailand. Our approach also strongly stressed the integration of older people within their communities and the involvement of all ages as beneficiaries.
the meeting was conducted in English and the majority of participants felt able to contribute well (see evaluation responses - Appendix II). However, the planing process was conducted in national groups where participants were able to use their own language.



CIDA/UN-ESCAP/HelpAge International
Mekong Basin Initiative on Ageing

25th-28th November 1997
Room F, UN Conference Centre, Rajadamnern Avenue, Bangkok

Agenda

Monday 24th November

Delegates arrive in Bangkok
Check into Royal Princess Hotel, Larn Luang, Bangkok
Speaker's meeting - 1900

Tuesday 25th November

0900: Opening ceremony. Representatives from the Canadian Embassy, UNESCAP and HelpAge International (HAI)

0930: Group Photograph
Coffee Break

1000 Introduction and discussion of ageing as a global and regional phenomenon
Planning process

Dr John Ang, National University of Singapore

1030: The extended family its changing role in the care of older people. Services required to meet the needs of older people in rural and urban settings NGO and Government experience in providing these services

Mark Gorman, HelpAge International

1130 - 1230 Lunch

1230 - 1400 Country Overviews - Session 1
Cambodia
PR China
Lao PDR

1400 - 1430 Tea break

1430 - 1600 Country Overviews - Session 2
Myanmar
Thailand
Vietnam

Wednesday 26th November

0830 - recap from previous day

0900: Programmes

Community Based Care for Older People

Case study from the Philippines

Dr Doris Camagay, Coalition of Services for the Elderly - Philippines

1000: Coffee Break

1030: Rural Elders Clubs and Income Generation Schemes

Sawang Kaewkantha, HelpAge International - Thailand

Discussions and Questions

1130 -1230 Lunch

1230 Aspects of health care for older people

Dr Doris Camagay - Philippines



1330: Training

Training those working with older people

The experience of the Asia Training Centre on Ageing

Dr. D. Wesumperuma, Director, ATCOA

1400: Tea Break

1430 - 1600 Training discussion (continued)

Thursday 27th November

Research and Policy Making

0830: Recap from previous day

0845: Cambodia Study on Older People -

Pratin Dhamarak, Country Director, HelpAge International Cambodia

0930: Policy Making in Asia

Professor John Ang, National University of Singapore

1000: Coffee Break

1030: NGO - Government Collaboration - The role of UNESCAP

Preparations for drawing up regional and national action plans for 1999 International Year of Older Persons.

Panel discussion chaired by *Mr Bienvenido Rola, Chief, Disadvantaged Groups Section, UNESCAP*

1130 -1230: Lunch

1230 -1600

Country Workshops

Delegates split into their own country workshops to draw up action plans

1600 Close

1900 Reception at Vimantip Room - Royal Princess

Friday 28th November

0830: Recap from previous day

0845: Country Workshops continue

1230 : Presentation of plans
Future recommendations
Opportunities for collaboration

1600: Closing ceremony

Delegates depart Friday afternoon and evening



Keynote Speech of Prof. Dr. Prasop Ratanakorn

at Conference on Ageing Mekong Basin, at ESCAP on 25th November 1997, Bangkok - Thailand

Your Excellency, Mr. Ambassador,
Dear Friends,

It gives me great pleasure to be with you today because of three specific reasons. I have a long history of interest in Aging problems since 1950 in Health Care of Elderly, and I will speak with my own personal experience as to what aging means to a person and how to survive it with grace, I will call it "Graceful Aging." Second reason is the Mekong Basin, i.e. Indo-China region has been a top priority in my parliamentary work as senator and AIPO. (Asean Interparliamentary Organization). Third reason, I was asked to be a consultant on Aging to ESCAP in 1980, World Assembly on Ageing (WAA) in 1982, and White House Conference Expert Committee in 1981.

I have been following the activities of HelpAge International for sometime and would like to express my deep appreciation for their efforts especially in Thailand. Mr. Stephen King is really making HelpAge effective in the Region.

As you all know that due to the demographic transition from high to low fertility and mortality, the proportion of the elderly population has increased and is expected to further increase. ESCAP region currently has 48 percent of the world population aged 65 and over. That is projected to increase to 50 percent in the year 2000 and nearly 55 percent in 2020. We also know that the number of aged females exceeds that of aged males. Much higher numbers of women are widows because there are more women of higher age and men die early. In the ages of 60 and above, number of widows are 2 to 8 times higher than the number of male widowers. These factors were brought up for further studies to reach a solution - at Beijing Conference on Women and at conferences of Asean Forum of Parliamentarians on Population and Development. One interesting point is that 50 to 70 percent of the world aged population over 65 remains economically active.

IMPO (International Medical Parliamentarians Organization) and South East Asia Regional Office (Searo), at the WHO meeting in Bangkok August 1997, also discussed matters of Women, Health, Environment and related problems.

In the Mekong Basin area, Thailand had 2.2 percent aged 60 and above in 1960 and this is now around 6 percent. We have public homes for the elderly in 16 provinces throughout the country and 9 large cities have social service centers. Thailand has some nuclear households with young people living in cities and where the elderly are left behind. This is not Thai custom of 3 generations. WAA and UN produced a film " Three scores and then". - Thai 3 Generation Family System. However, the community must help these elders and the role of private organizations needs to be encouraged.

Vietnam had around 7.2 percent of age over 60 in 1987. Government provides social subsidy and pensions to the retired, with over 2.7 millions as widows. One question often asked is should there be a continuing education for elderly? Sixty is not the age when men become ineffective. Actually this is the period when men and women have much more experience, knowledge and ideas based on their work experience. Several countries are making good use of their talent and experience. If you see people in the private sector, they manage their companies with much more experience. We must also encourage our elders to be as productive as possible and a myth should be removed that people over 60 may not be able to perform as well as the young. As spiritual leaders, the aged have their personal dignity, trustworthiness and activeness.

Look around at politicians and leaders around the world and not only in our region. They are over 60 in some places some are over 70 and running their states well. Age should not be the bar for participation in government and non-government activity.

Friends, this is an old ballad - saying

"The tusks that clashed in mighty brawls
of elephants, now are billiard balls
The sword of Charlemagne, the just
is ferrous oxide - know as rust,
The Grizzly bear, whose potent hug
was feared by all, is now a rug.
Great Caesar's bust is on the shelf
And I don't feel so good myself."

Well, that is just a reminder. However, one third of human resources, are still available for good deeds. These are elderly people - like, Sir Winston Churchill, Deng Xio Peng, and Thailand's Princess Mother who continued her humanitarian work until the age of 94.

Believe me, Goodness is the only investment that never fails.

My Proposal for a resolution or RESOLVE

To be tender - with the young
Compassionate - with the Aged
Sympathetic - with the striving,
and Tolerant - with the weak and the wrong,
Sometimes in life - you will have been all of these"

I wish you all a great success in exploring and implementing goodness and good deeds for mankind.

Thank you

Ageing as a Global and Regional Phenomenon

Paper prepared for the CIDA/UN-ESCAP/HelpAge International Mekong Basin Initiative on Ageing Workshop Bangkok, 25 - 29 November 1997

By John Ang



In 1995, the world's population stood at 5,716 million. It had more than doubled itself in 45 years from its figure of 2,520 in 1950. During this same period, Africa's population grew by 3.3 times; Latin America's by 2.9 times; Asia by 2.5 times and Oceania's by 2.3 times. Only in the regions of North America and Europe did the population increase fall below the rate of 2 times. Sub-regionally, South East Asia's population grew by 2.7 times, increasing at a almost a similar rate as Latin America's.

Table 1
Population of Major Areas and Regions for Selected Years
Mid-Year Estimates (Millions)

Major Areas / Regions	1950	1970	1985	1995
World Total	2,520	3,697	4,846	5,716
Africa	224	364	549	728
Latin America	166	283	398	482
North America	166	226	265	293
Europe	549	656	706	727
Oceania	12.6	19.3	24.5	28.5
Asia	1,403	2,147	2,904	3,458
East Asia	671	987	1,259	1,424
South East Asia	182	287	401	484
South Central Asia	499	788	1,113	1,381
West Asia	50	86	131	168

Extracted from 1995 United Nations Demographic Yearbook, p.129

Looking at population growth this way leaves a sobering thought. However, it obscures a trend which emerged some twenty to twenty-five years ago in some countries and later in others. Despite the staggering growth in the world's population, the rate of population increase in many countries has actually attenuated in recent years as the message and benefits of family planning spread more broadly and reach more deeply into traditional societies around the world. This deceleration has been especially noticeable in China where the total fertility rate (TFR) declined from 5.1 to 2.0 between 1970 and 1996, representing a 60.8 per cent change; the Special Administrative Region of Hong Kong achieved a similar feat, trimming its TFR from 4.0 to 1.4 (Table 2).

Table 2
Major Demographic Indicators of Selected Countries in the ESCAP Region, 1970 - 1996

Country	Population (millions)		Annual Population Growth Rate		Total Fertility Rate		
	1970	1996	1970-1980	1996	1970	1996	% Change
East Asia							
China	682.0	1233.8	1.7	1.1	5.1	2.0	-60
Hong Kong	3.1	6.3	2.6	2.1	4.0	1.4	-65.0
Japan	94.1	125.4	1.1	0.2	2.1	1.4	-33.3
Rep. of Korea	25.0	45.2	1.8	1.7	4.5	1.8	-60.0
South-East Asia							
Myanmar	22.3	47.5	2.4	2.1	5.4	3.9	-27.8
Cambodia	5.4	10.5	-0.3	2.7	6.2	5.0	-19.4
Indonesia	97.7	198.6	1.9	1.5	6.1	2.7	-55.7
Lao PDR	2.4	5.0	2.3	2.8	6.1	6.2	+1.6
Malaysia	8.2	20.6	2.6	2.1	6.1	3.4	-44.3
Philippines	28.1	68.9	2.7	2.0	6.0	3.7	-38.3
Singapore	16.0	3.0	1.4	1.9	3.4	1.8	-47.1
Thailand	27.0	60.0	2.5	1.1	6.3	2.0	-68.3
Vietnam	35.4	76.0	2.2	1.9	5.7	2.3	-42.1
South-Central Asia							
Afghanistan	9.8	20.8	2.6	3.0	6.9	6.5	-5.8
Bangladesh	51.4	123.1	2.6	2.2	7.0	4.0	-42.9
India	439.4	952.4	2.1	1.8	6.0	3.5	-41.7
Nepal	9.3	22.5	2.2	2.5	6.2	5.1	-17.7
Pakistan	49.4	134.8	2.8	3.1	7.2	5.8	-19.4
Sri Lanka	9.9	18.4	1.7	1.2	4.7	2.3	-51.1
Pacific							
Australia	10.3	18.3	1.4	1.3	2.9	1.9	-34.5
Fiji	0.4	0.8	1.9	1.5	4.6	2.8	-39.1
New Zealand	2.4	3.6	1.5	1.1	3.2	2.1	-34.4

Extracted from United Nations ESCAP, 1984 and 1996a in Hugo, 1996, p. 47.

In South East Asia, Thailand's performance has been nothing short of phenomenal, reducing its TFR of 6.3 in 1970 to 2.0 in 1995, a 68.3 per cent decline. During the same period, Singapore trimmed its already low TFR from 3.4 to 1.8, Unwittingly achieving a rate below replacement level, a matter of some concern to its leaders. Indonesia too, succeeded in reducing its fertility from a rate of 6.1 to 2.7; Malaysia from 6.1 to 3.4 and Vietnam from 5.7 to 3.3 between 1970 and 1995. In fact, of the countries in the ESCAP region where data is available, only the Lao People's Democratic Republic experienced a fertility increase of 1.6 per cent from a TFR of 6.1 to 6.2 during this period. Fauveau et al. (1993) have attributed this increase largely to the pro-naturalist policy of the government has been encouraging child spacing.



Shigemi Konois study of fertility trends in developing countries using data from the Demographic and Health Surveys (DHS) collected by the Institute of Developing Economies in Tokyo, provides further evidence of fertility decline by region and country from 1950 to 1990 (See below).

Table 3
Total Fertility Rate by Region for Selected Year, 1950 - 1990
Median Variant of United Nations projections

Major Area	1950 - 55	1965 - 70	1975 - 80	1985 - 90
World Total	5.0	4.89	3.84	3.43
More Developed Region	2.83	2.44	2.00	1.92
Less Developed Region	6.19	6.01	4.55	3.90
Africa	6.56	6.73	6.55	6.25
Asia	5.93	5.69	4.07	3.45
East Asia	5.72	5.40	2.79	2.30
S.E. Asia	6.03	5.81	4.82	3.73
Southern Asia	6.11	5.96	5.28	4.66
Western Asia	6.81	6.32	5.58	5.04
Europe	2.59	2.50	1.98	1.71
Latin America	5.88	5.52	4.37	3.40
Caribbean	5.21	5.01	3.49	2.96
North America	3.47	2.54	1.78	1.89
Oceania	3.83	3.55	2.81	2.52

Extracted from Kono, 1994, p. 10.

As can be seen from the Table, all regions have experienced a fertility decline. Europe and North America are the two regions which have achieved negative growth with the TFR dipping below replacement level. In Asia, the sub-region with the lowest TFR for the 1985 - 90 period is East Asia while that with the highest is West Asia.

The most noticeable outcome of a curtailment in fertility among women of child-bearing age is population ageing. This, together with an increased life expectancy, contributes to a rising median age of the population. There is a greater proportion of people in the upper age bracket, distorting the shape of the population pyramid. Using Cowgill's (1986) typology and working with data available in 1990, Albert and Cattell (1994) classified some 180 countries into four categories by the age status of their populations, whether "young" (fewer than 4% elderly), "youthful" (4 - 6% elderly), "maturing" (7 - 9% elderly) or "aged" (more than 10% elderly). Table 4 shows a sample of these countries ranked in descending order according to the size, in percentage, of their elderly populations, aged 65 years and over.

Table 4
Selected Countries* Ranked and Grouped by the Proportion of Older Persons in the Population

%Older Persons — Country

Aged Population

18 Sweden
16 Norway
15 Austria, Denmark, Federal Rep. of Germany, Switzerland, United Kingdom
14 Belgium, France, Italy
13 Finland, Dem. Rep. of Germany, Greece, Hungary, Luxembourg, Netherlands, Portugal, Spain
12 United States, Uruguay, Bulgaria
11 Barbados, Canada, Japan, Ireland, Australia, New Zealand
10 Cyprus, Malta, Poland



Maturing Population

9 Puerto Rico, Argentina, Israel, Romania, USSR, Yugoslavia
8 Cuba, Hong Kong, Macau
7 Dominica, Grenada, Martinique

Youthful Population

6 Jamaica, St. Lucia, Trinidad-Tobago, Chile, China, Singapore, Taiwan
5 Costa Rica, Haiti, Panama, Republic of Korea, Lebanon, Albania, Mauritius, Bahamas
4 South Africa, Mexico, Nicaragua, Bolivia, Brazil, Columbia, Guyana, Peru, Afghanistan, Bhutan, Burma, PDR Korea, Malaysia, Mongolia, Pakistan, Sri Lanka, Syria, Thailand, Turkey, Vietnam, Egypt, Chad, Morocco, Algeria, Samoa

Young Population

3 Mali, Senegal, India, Indonesia, Iran, Ira, Kampuchea, Lao PDR, Honduras, Nepal, Oman, Philippines, Saudi Arabia, Zimbabwe, Sudan, Somalia, Guatemala, Botswana, Congo, Djibouti, Namibia, Libya, Guinea, Angola, Bangladesh, Cambia, Burundi, Cameroon, Madagascar, Fiji, Brunei, Malawi, Vanuatu

2 Maldives Islands, United Arab Emirates, Togo, Bahrain, Tanzania, Jordan, Kenya, Ivory Coast, Zambia, Uganda, Papua New Guinea, Nigeria, Swaziland

1 Qatar, Kuwait

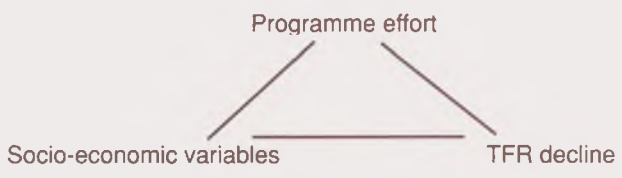
Extracted from Albert and Cattell, 1994, p. 39. *Country Border prior to October 1990

As can be seen from the Table, Sweden has the distinction of being the country with the largest proportion of older persons in the population. The countries in this group are largely from the European Union, and includes Canada, United States, Japan, Australia, and New Zealand among others. Much of Asia falls within the categories of "youthful" and "young" populations, with the more developed among them in the former category. By far the larger majority of countries in Africa are classified as young. There seems to be an inescapable link between a country's stage of economic development and the ageing of its population.

What is the nature of this link? Most analysts agree that as a country improves in its socio-economic status, more women are drawn into the job market. Economically active women, more so than their counterparts who are engaged in unpaid domestic work, are largely responsible in leading the way to lower fertility. For example, an analysis of a 1.2 % census sample take of the population in the 1990 Thai Census shows that higher educated women tend to have fewer children. Conversely, women who work as unpaid workers in both the agricultural and non-agricultural sectors had the highest fertility (National Statistical Office, 1990). A number of factors may account for this. In general, economically active women tend to be more independent and are better educated. A higher education may contribute towards pushing back the age of marriage, shortening a woman's child-bearing career. Hayase's (1994) analysis of data from Asia, Latin America and Africa shows a 'clear positive linear relationship between (age at) first marriage and educational attainment', ranging between a marriage age of 17 years for those with no education to about 23 or 24 for those with higher than secondary education.

There is also a significant and direct relationship between women's socio-economic status and contraceptive usage. For example, Kono's (1994) study reported that in East Asia, 72% of all married couples are reported to be using some form of family planning method. In fact, family planning programmes have consistently shown a significant and independent effect in reducing fertility. In an interesting study using path analysis quoted by Kono, researchers Maudlin, Parker and Ross concluded that programme effort has a stronger direct effect on TFR decline (0.64) than socio-economic variables (0.29). However, Kono pointed out that socio-economic variables also operate through programme effort (0.82) and their indirect effect on fertility decline is the product of the path from socio-economic variables to programme effort and from programme effort to TFR decline (0.82 x 0.64 = 0.52). Hence, the direct and indirect effect of socio-economic variables is represented thus: 0.29 + 0.52 = 0.81 (see diagram below).

Diagram



It can be concluded that both the socio-economic situation in a given country such as health, education, economic well-being and urbanisation and a country's adoption and commitment to family planning have strong effects on fertility.

As previously stated, population ageing is brought about by fertility decline and increased life expectation. Lower mortality rates are a direct consequence of a country's development, particularly in the quality of its health service.

Table 5

Life expectancy, Death Rate and
Ageing Index for selected countries

Country	Life Expectancy At Birth (Years)	Death Rate (per 1000)	Ageing Index [65+/0-14]		
			1985	2000	2025
Cambodia	49	16	...	...	...
China	69	7	17	29	70
Hong Kong	77	5	30	45	91
Indonesia	61	8	9	15	39
Japan	79	7	46	85	118
Korea (North)	69	6	10	14	35
Korea (South)	71	6	15	26	67
Lao PDR	50	15	7	9	19
Malaysia	68	5	11	15	44
Myanmar	55	13	9	11	22
Philippines	64	7	8	13	38
Singapore	75	5	21	33	111
Thailand	66	7	9	15	42
Vietnam					

Approximate year 1990. Source : Philippines (1992)



What is interesting to note from the Table is the range of life expectancy at birth for the countries listed. Japan, Hong Kong, Singapore and South Korea have impressive life expectation at birth, no doubt reflecting their better sanitation and health care system. At the other end are countries such as Laos and Cambodia whose life expectations reflect the tragedy of war and conflict.

The Ageing Index offers another way of looking at the magnitude of the aged population. The index expresses the number of older persons above 65 years of age per 100 young people aged 0-14 years in the population. Seen in this light, Indonesia, Laos, Myanmar and Thailand have younger populations than Japan, Hong Kong and Singapore. It should be noted that the figures are for 1985 and do not reflect the current situation. Based on current projections, by the year 2025, both Japan and Singapore will have more older persons than younger people: 118 per 100 and 111 per 100 respectively.

Table 6
Demographic Ageing in Selected Countries
or Areas of the ESCAP Region

Country/Area	% of Population			Fem. 65+/ Male 65+
	60+	65+	75+	
Australia	19.4	14.9	6.0	1.7
Bangladesh	4.9	3.1	0.9	1.0
Cambodia	4.2	2.6	0.7	1.6
China	9.3	6.1	1.8	1.2
India	7.2	4.6	1.3	1.1
Indonesia	6.0	3.9	1.0	1.0
Lao PDR	4.8	3.0	0.7	1.2
Malaysia	5.9	3.9	1.3	1.2
Myanmar	6.6	4.1	1.1	1.2
Pakistan	4.7	3.0	0.8	1.0
Philippines	5.4	3.4	1.0	1.2
Rep. of Korea	8.9	5.6	1.7	1.7
Singapore	10.0	6.7	2.4	1.2
Thailand	7.6	5.0	1.6	1.3
Vietnam	7.3	4.9	1.5	1.6

Extracted from United Nations (1996), p. 31

Table 6 above provides more data to show the situation of ageing in selected countries in the ESCAP region. As can be seen, in all countries represented, there are more older women than men in the age group 65 years and above. The figures presented above hide some very interesting differences between the sexes. At the upper age bracket, there are more women than men. For example, at age 60, the expectation of life of Japanese men in 1994 is 20.44 years but that for women is 25.34 years. At 70, Japanese women on the average can look to 16.78 years more whereas men can only expect another 13.14 years. Between 1986 and 1990 for which data is available, Indian men at age 60 can expect another 19.54 years; Indian women another 23.59 years. At age 70 the corresponding figures for men and women are 9.40 and 10.10 years. In Philippines for 1991, men have a life expectancy of 15.50 at 60 years of age and women a life expectancy of 17.30 years. At 70, men can expect another 9.50 years but women another 10.60 years (United Nations, 1994, pp. 528 - 531). It is for this reason that literature on ageing prospect talk of the "feminisation" of the age structure and the serious socio-economic deprivation of older women in many societies. This of course was important implication for the provision of social services in the country.

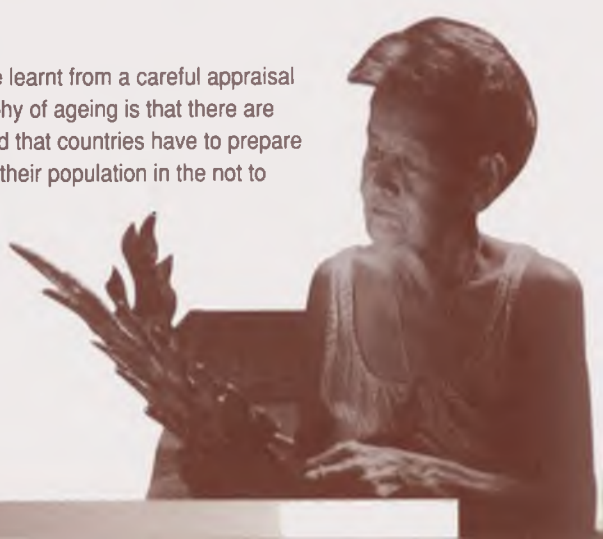
Concluding Remarks

The demography of ageing is a subject of much research interest particularly when the ramifications for the entire society of an ageing population are enormous. Some twenty five years ago, the concern of the world was on the curtailment of population. The simple argument was that with fewer mouths to feed, the economic burden on society would not be as great and the pressures on the world's scarce resources not as serve. Since then, the concern has shifted to how we can successfully manage an ageing population. The politics of ageing is informed by labour force considerations, health care options, fiscal rationalisation, the balancing of the demands of a more educated, vocal and powerful constituency of older persons with the needs of the young.

Societies in Asia are heading towards demographic maturity. There will be proportionately more older people than young people in most societies of the future. There will also be more older women than men. While theoretically, it is possible to rejuvenate the population, it takes decades of determined planning. Even then, it is an uphill task to persuade women to have more children once they have experienced the benefits of not being victims of their own biology. Evidence of the difficulties of a serious rejuvenation policy can be seen in the experience of Singapore and other pro-naturalist countries where despite incentives, the net gain in fertility is modest. Singapore may eventually have to settle for 20 to 25% of older persons.

In the short run, a country, through its immigration policy, can encourage an in-flow of young people from other countries to man its industries. The political risk of alienating its own citizens, or worse, increasing inter-ethnic tension, has to be carefully assessed. Even so, these workers, if they are eventually encouraged to settle down, will need to be provided for in old age.

The lesson to be learnt from a careful appraisal of the demography of ageing is that there are no short cuts and that countries have to prepare forthe ageing of their population in the not to distant future.



Bibliography

Albert, Steven M. ; and Cattell Maria G. (1994). **Old Age in Global Perspective; Cross Cultural and Cross National Views**. New York; G.K. Hall and Co.

Anzo, Shinji (1994). Marriage and Reproductive Behaviour in Thailand. In Shigemi Kono and Yasuko Hayase (ed., 1994). **Fertility in the Developing Countries ; A Comparative Study of the Demographic and Health Surveys**. IDE Statistical Data Series # 66. Tokyo, Japan; Institute of Developing Economies, pp. 48 - 73.

Cheung, Paul (1997). Needs and Challenges of New Demography. Paper read at the **Conference on Singapore Towards a Developed Status**. Singapore, 22 - 24 October, 1997.

Cowgill, D. O. (1986). **Aging Around the World**. Belmont, California; Wadsworth.

Fauveau, V.; K. Phimmasone; M. Oudom; I. Godin and P. Pholsena (1993). Socio- cultural and Economic Determinents of Contraceptive Use of the Lao PDR. Paper prepared for the **XXII General Population Conference of the IUSSP**, Montreal, Canada, 24 August to 1 September, 1993.

Hayase, Yasuko (1994). A Comparative Analysis of Woman's Education and Fertility. In Shigemi Kono and Yasuko Yayase (ed., 1994). **Fertility in the Developing Countries: A Comparative Study of Demographic and Health Surveys**. IDE Statistical Data Series #66. Tokyo, Japan; Institute of Developing Economies, pp. 90 - 111.

Hugo, Graeme (1996). Emerging Patterns and Dynamics of Family Composition and Structure. In United Nations ESCAP (1996). **Implications of Asia's Future for Older People in the Family**. Asian Population Studies Series @145. New York; United Nations, pp. 45 - 81.

Kono, Shigemi (1994). A Comparative Study of Fertility Levels and Trends in Developing Countries. In Shigemi Kono and Yasuko Hayase (ed., 1994). **Fertility in the Developing Countries; A Comparative Study of the Demographic and Health Surveys**. IDE Statistical Data Series # 66. Tokyo; Institute of Developing Economies, pp. 7 - 28.

National Statistical Office, Office of the Prime Minister (1990). **Female Employment and Fertility : 1990 Population and Housing Census**. Subject Report #3. Bangkok, Thailand; National Statistical Office.

Parnwell, Mike (1993). **Population Movements in the Third World**. Series editors: Bale, John and Drakakis - Smith, David. New York: Routledge.

Philips, David (1992). East and South-East Asia: Issues of Ageing in the Region. In David Philips (ed., 1992). **Ageing in East and South-East Asia**. London: Edward Arnold, pp. 1 - 21.

United Nations ESCAP (1996). Review of the Ageing Situation in Asia and the Pacific. **In Population Ageing and Development** . Asian Population Studies Series # 140 . Report of the Regional Seminar on Population Ageing and Development. New York: United Nations, pp. 29 - 41.

United Nations ESCAP and Japanese Organisation for International Cooperation in Family Planning, Inc. (1996). **Population Ageing in Asia and the Pacific**. New York: United Nations.

United Nations (1997). **1995 United Nations Demographic Yearbook**. Forty- Seventh Issue. New York: United Nations.



The Mekong Basin Initiative on Ageing
Bangkok, Thailand, November 1997

By M. R. Gorman
HelpAge International
London

"The changing role of the extended family in caring for older people and services required to meet the needs of older people in urban and rural situations"

Introduction

The ageing of the world's populations which we are now witnessing is the greatest demographic transition in history. The advances in medicine and health which are prolonging people's lives are bringing new challenges as a result. This paper examines some of these challenges, and possible responses to them.

The changing family

Despite rapid changes in social structures, the family remains an institution of primary importance in supporting older people. Policy makers recognise the need to assist family carers, and social policies in many countries reflect this. In order to design policies which provide the best possible support to family carers of old people we need to understand the family structures of our societies, how they work, and in what ways they are changing.

When we examine family structures in different societies we should note a number of facts.

Firstly, we should remember that old people are not only *receivers* of care, but also *givers* of care. Old people actively give support, to their spouses, to their children and grandchildren, and even to their own parents.

Secondly, families today are different from what they were in the past. This is partly at least because contemporary societies are changing. Women are the primary care givers to old people in most societies, but with more women in national work forces, there is less time for traditional care giving roles. Women also outlive men in nearly all countries. Therefore one family structure we should examine carefully is that of older widows. Living arrangements are also changing; there are fewer multi-generational households in many countries and more old people live alone, or with their own spouse only. In some countries divorce rates are rising which may also lead to increased numbers of old people living alone. Increased longevity means that we are all more likely to have growing numbers of older relatives. Migration from rural to urban areas and internationally is one of the major social and economic forces of the 20th Century. It is also having an increasing impact on family structures.

At present we have little information about how these factors will affect care and support for older people by their families, particularly in the countries of this region. We can however point out a number of results.

Firstly, we know that in future there will be fewer family care givers living with old people than there were in the past. Figures from South Korea illustrate the decline in household size. In 1996 a national survey found nearly one-quarter (24.6%) living in three-generation households. By 1990 this proportion had declined to 16.7%. Another survey from South Korea in 1994 found that, although over half of old people (53.8%) still lived with their children, nearly one-third (29.1%) lived with their spouse only, and over one in ten (11.9%) lived alone. This survey also found that the situation for old people in rural areas was worse than in the cities, because so many of the children of rural dwellers had left home to find work in the towns.

I have noted that women are the main care givers of old people in all countries. However in recent decades there has been a great increase in the number of women in the formal sector work force. In the Philippines the percentage of women aged 25 - 49 in the work force grew from 37.9% in 1970 to 55.75% in 1989. The figures for Indonesia were 42.65% in 1971 and 61.75% in 1988. (US Bureau of the Census: An Aging World II 1993). This rapid growth of women in the work forces of their countries implies that they cannot spend as much time caring for their ageing parents as in the past. At the same time, the number of older people who need support is rising.

Living arrangements may also be a growing problem in many countries. One reason for the decline in multi-generational households is the increase in the numbers of people living in urban accommodation which is too small to share with elderly parents. However, this is not the case everywhere. Evidence from China shows that in the cities of Liaoning & Sichuan Provinces about two-thirds of old people live with their children. The reason for this is low income. For old people without a pension, their children keep them above the poverty line (Fennel, S. & Zhu, L. in Ageing & Social Policy, 1996)

Poverty is a major risk factor for older people and their families. This is especially the case for women, and in Asia as in Africa and Latin America (where, for example the number of female-headed households has grown fourfold between 1960 and 1980) we are seeing a rapid increase of households headed by women. We are also seeing a growth in the numbers of older people looking after young grandchildren, where the middle generation had migrated for work. The HIV/AIDS epidemic has also led to a great increase in grandparents caring for orphaned grandchildren. In many cases the elderly household heads are living in great poverty as they struggle to provide for their families.

Most of the older people in these situations have little or no income from sources such as pensions. I have indicated above that we should note the important contributions that old people make to their own incomes, and to those of their families. In many countries old people have a source of income except their own labour.

Therefore it is not surprising that many people continue to work into very old age. A study in Indonesia in 1986 found that the main income for over half of the men surveyed (56%) and nearly one-third of women (30%) was from their own work. Labour force participation of old people remains high in many countries. However, much of this work is done in the so-called informal sector, so it is not measured by conventional statistics of labour force participation. Old people contribute to families in many ways, often non-financial. For example, child-minding, looking after the home, running small businesses are some of the roles performed by older people on behalf of their families, but again these tasks are not usually counted in national statistics. We should also note that many old people provide accommodation to their families; this is a major non-financial contribution to family economies.

Social policy & family support

In the industrialised countries a major foundation of social policy for older people are social security systems. Old people receive public or private pensions and other financial benefits which provide some economic security in old age. In the countries of this region (with the possible exception of the urban areas of China) pensions are a negligible proportion of the income of old people. In these circumstances old people, as we have seen, rely on two main sources for their economic security. These are (1) their own earnings and (2) family support. Governments in the Asia region have long recognised this. For example, Thailand's Seventh Five-year Plan (1992 - 6) emphasises the primary role of the family in supporting older people. The Plan sees the family, not the state, as being the primary income source. This pattern is followed by most countries in this region, where welfare systems depend heavily on the family. A number of factors contribute to this:-

1. Government budgets are not sufficient to provide social welfare benefits of social services.
2. Government priorities are on children and young adults, not old people.
3. There is a fear that family support will be weakened if government social welfare systems are strengthened.
4. Old people, with a shorter life expectancy than young adults, are considered to be a poor economic investment. (This ignores the very rapid growth in life expectancy for people over 65).

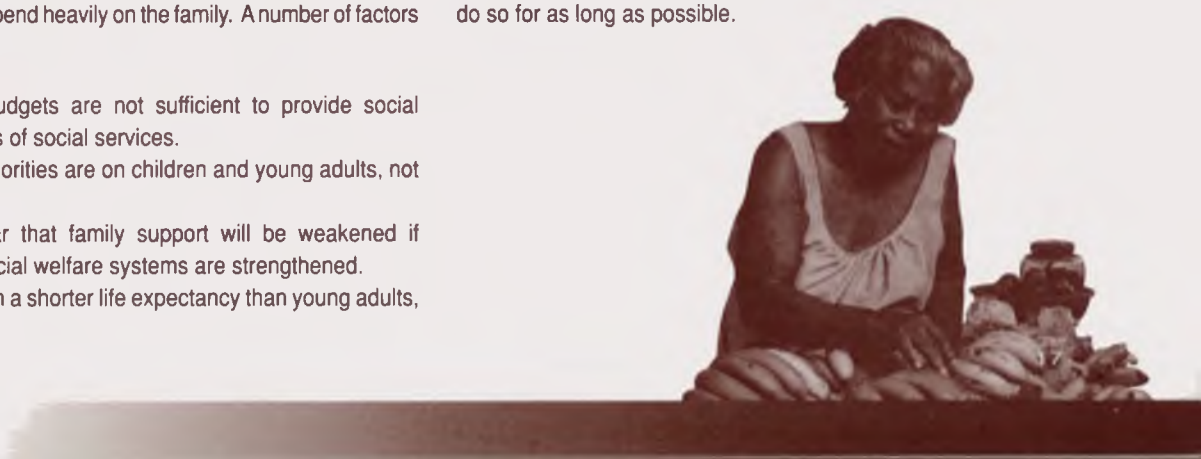
Some countries have tried to introduce various means of reinforcing family care. For example China, Singapore and India have laws which require children to care for ageing parents. However, research in India has found that prosecutions by parents in the law courts are very rare. Parents feel it is a dishonour to use legal means to obtain care by their children.

Conclusion : policy options

If large increases in government social welfare budgets are not realistic in the near further, what policy options are open to strengthen family support of older people? I suggest a number of policy initiatives which could be introduced without large-scale government expenditure, as an introduction to further discussion during this workshop. These initiatives are in a number of general policy areas.

1. Economic support
   - extending credit to older people and their families to help them develop small business enterprises, especially in rural areas
   - tax credits for families caring for an older relative
2. Health care
   - free or subsidised health care for old people
   - specialised training for health workers in the health needs of old people
   - health centres located close to homes of old people
   - home care programmes to nurse old people in their own homes
   - training for old people in self-health care
3. Community/social support
   - development of day centres for old people
   - respite care for families nursing old people
4. Housing
   - low - cost housing programmes which enable extended families to live together
   - houses designed for old people
   - house repair programmes

These options may be introduced by governments. But governments may also choose to assist non-government agencies or private companies to develop such programmes. The important point to emphasise in conclusion is that helping old people and their families to stay together is both socially desirable and cost effective. Old people continue to make a substantial contribution to the well-being of their families and communities even in very old age. It is important to help them to continue to do so for as long as possible.



COMMUNITY-BASED CARE FOR OLDER PEOPLE

By Doris M. D. Camagay, MD

May I introduce to you 74 yr old Domingo Capistrano, fondly called Mang Doming and his wife of 41 yrs., 68 yr old Presentacion, fondly called Aling Presing in their small urban poor community in MetroManila called Pasadena.

In 1993 Mang Doming and Aling Presing organized the *Samahan ng Magkakapatid ng Pasadena (in English, Organization of Brothers and Sisters of Pasadena),* to help older members of their urban poor community of 700 families improve their situation. According to Aling Presing, "(We) elderly should be productive and active whatever our age. This program will give us self-respect. We have worked all our lives, gave birth to our children, raised them and sent them to schoolónow, shall we just sit around and wait for the Lord to come and get us?"

Every last Sunday of the month, Samahan members meet at the home of the Capistranos and discuss the status of their income generating projects like soap and pillow making and rice trading. In 1993, with the help of a non-government organization, the Coalition of Services of the Elderly, the Samahan put up a rice cooperative. They distributed sacks of rice to the Samahan's 113 members and from each sack they earned 10 pesos which they put into the group's common fund. That year, the group raised Php18,000.00, proof that by collective effort an impossible task can be easily done.

The Samahan ng Magkakapatid ng Pasadena is one of the 35 organized urban poor groups of the Coalition of Services of the Elderly, Inc. (COSE) , a non-government organization formed in 1989 as an initiative of Helpage International. COSE set for itself three main objectives:

1) To encourage any group already working with or interested in the elderly to exchange services so as to be of better value to this most important sector;
2) To intensify existing respect for the elderly as well as to increase public awareness about the looming crisis in care of the elderly;
3) To invite, support and train leaders for community- based programmes of the elderly, especially (but not exclusively) in urban poor areas.

Community Organizing

COSE defines its community-based programmes (CBPE) as a group of older people, 55 yrs old and above, living in squatter areas in Manila (originally, but now has programs in provincial cities) who have expressed their desire to create a group in which they can support themselves. Together, they meet and discuss with COSE their needs; COSE in turn gives them a seminar on group dynamics and organization. If they want to have an income-generating activity, and in the example above, ricetrading, COSE, through the Finance Officer, helps them learn simple debit-credit systems through a seminar on bookkeeping, as well as providing seedfund on a loan basis. Being a member of a CBPE also entitles one to healthcare, a social life and a form of insurance system uniquely COSE.

Burial Fund

The insurance system is, in fact, a burial fund. In the Philippines, a surprising number of elderly people worry not so much about dying; their worry is about the expenses to be incurred by those who will be left behind. By contributing the equivalent of 40 US cents per month, the elderly are guaranteed the US$300 necessary for a dignified wake and burial.

Social Activities

The members of COSE, now numbering 1300, also look forward to 3 annual social activities wherein they can all gather together and have fun. We have an Annual Beach Party, the venue of which our members choose. They bring their own snacks and lunch, play in the water in the morning and in the afternoon contribute to the program by dancing and singing until it's time to go home.

There is also an Annual Christmas Party; wherein the spirit of Sta. Claus is perpetuated by a single private organization of Chinese businessmen who have been giving grocery bags every year to every memberó(and every year, the number keeps increasing!) This event has also served as a fund-raising activity, and a venue for cultural presentations.

COSE also gives credit to unsung heroesóthe elderly who have given themselves to the community, by giving awards to Ten Outstanding Elderly every year during the International Day of Older Persons. To be a nominee, there are no other requirements except that of being 60 yrs. old, and nominated by a certain group or organization. There are no self-nominations here.

Fund-Raising and Income-Generating Projects

While recognizing the substantial contribution of foreign funding for implementation, fund-raising is also biased, and directed more towards building seed fund for the maintenance of people's groups and for running the social activities. The challenge at the present moment is still how to make fund raising a regular consistent activity to be able to cover the majority of COSE's operations.

COSE also runs a gift shop in one of the commercial centers of Quezon City which serves as a showcase and market for the projects of the members. Pillows made from rubber scraps, dresses from scraps, woven skirts, our calendars, posters, native bags are what you will see for sale. The members themselves take turns in running the store and are given at least a transportation allowance during the time that they have to perform their duties.

Community-Based Health Program

COSE has ***community gerontologists and community gerodontists.*** The idea has been to train the older people to become health workers and also health educators. The vision of COSE is that the gerontologists will themselves live a healthy and independent lifestyle which they will be able to pass on to their group co-members as they are working with them.

The first group of Community Gerontologists and Community Gerodontists were trained in 1996, and the second group in June 1997. They included older people who were already traditional healers, massage specialists and herbalists, who now comprise a strength of 25. The initial three-day workshop-training is scheduled once every year until all of the 35 communities of COSE will have each a pair of health workers. During the training course, they learn about the normal physiologic processes associated with ageing and the common diseases and dental problems which are likely to arise after the age of 55. They also learn how to measure blood pressure and blood sugar level, use a stethoscope and keep basic medical records. They meet also every month to continue their education as well as try to find solutions to their problems. They also have clinic duties and have transportation allowances for going to their duty.

Care for the Elderly in the Philippines

The Philippines, with all of its 70 million population, is still young, and will continue to remain youthful even up to the year 2020. In 2030, the proportion of older Filipinos will be 13.5%, and because of this our country has been considered as one of the world's fastest ageing populations. This unprecedented growth is slowly gaining its entry into the national agenda, as the voice of the older people, by sheer number (now around 3.5 million) is becoming louder and louder.

Since 1982, ageing has been addressed as a welfare issue, with institutions built for poor elderly abandoned by their relatives. There are currently twelve old people's homes run by the government nationwide, and its residents are screened strictly because only the homeless, and without relatives, are eligible. It has been said that in this settings the waiting time for admission takes years, and may not take place at all. Therefore, leaving more and more homeless and abandoned in the streets as they wait for their admission to take place.

An alternative that was put up by Helpage International with the collaboration of COSE and the Department of Social Welfare and Development is a group home - where a group of independent elderly, culled from the long waiting list of Golden Acres (a government's home) live with each other and share each the responsibility of living in a house in a community. The community in turn has been oriented to this kind of setting and also sees to it that the residents are safe and secure in their homes. It is a pity that this has not been replicated yet.

In 1990, the Geriatric Centre of St. Luke's Medical Center was established to train physicians to specialize in Geriatric Medicine. The Geriatric Centre just recently worked with COSE in checking the blood pressure and blood sugar of QC residents during the Quezon City Elderly Day. This close link between the two centers might yet make the difference; because the former, while hospital-based, can provide specialty health services, eg, ophthalmo-logy, that the health program cannot provide; while the latter is also the catchment of its lay programs: lay forum for several aspects of ageing on a quarterly basis, and a yearly Free Clinic during the International Day of Older Persons. The Geriatric Centre Staff also go to the provinces to teach primary care physicians on important aspects of agecare. It also has a Geriatric Day Care Program.

There is also a Day Center for the Elderly run by Kapatiran-Kaunlaran Foundation, a foundation with numerous services for numerous age groups, the elderly included. A lot of organizations of retired persons have mushroomed, each with their own objectives, and ways of serving their own interests. The Department of Social Welfare and Development itself has plans to put up their Senior Citizens' Centers in every region.

There are three Geriatric Medicine consultants from St. Luke's; I know of two consultants who are practicing in the provinces and who received their training in Geriatrics elsewhere; there are only two psychogeriatricians for the whole country, and the number of older people is growing steadily. In higher education, care for the elderly as a subject has already been included in the curricula of nursing, PT and OT students. In medical schools other than St. Luke's, the study of the physiology of ageing and drug use is not included. This means that undergraduate courses in Gerontology might be present, but jobs are absent for these people when they graduate, after examining the number of geriatric institutions in the country. If settings for care cannot be provided, the government must empower these professionals to practice in a home-care setting and not be dependent on hospital facilities.

Hence, presently, the COSE is still the only community-based program for older persons, of older persons, and by older persons. It has entered the legislative agenda being consulted for proposed congressional and senatorial bills, perhaps because of its experience, or perhaps it is making an impact on trying to provide health, physical, and socio-economic services. An impact on healthy ageing, yes; but as a provider of specialized care for special older people e.g., the frail older person, it will yet have to be.

Rural Elders' Clubs and Income Generation Programmes

By Sawang Kaewkantha [1]

Introduction:

"Elders' Clubs" have been recognised by the Thai older people in rural areas for about the last two decades, although older people have naturally gathered for centuries for their religious practices. The Senior Citizen Council of Thailand (SCCT), which is a national network organisation of elders' clubs, reported that in 1994 there were 3,487 elders' clubs [2] nation wide. Most of the clubs were initiated by government officials from whom activities were introduced to club members. In many areas where such activities do not meet the needs of older people, participation in the club is declined. The current clubs are mostly in towns or cities and the club members are generally better-off people. Older poor people hesitate to attend the activities of the club. This might be due to the fact that older poor people are struggling with their daily living conditions, which might reflect social classification of older people. It is time to encourage the existing strong elders' clubs to empower the elders' clubs in rural areas to be stronger, and to become self-help groups.

Another factor which makes the development of rural elders' clubs increasingly important in Thailand is the breakdown of the traditional expanded family and agricultural village lifestyle. Many rural younger people migrate to cities for better jobs and education, leaving more and more older people behind alone or with their grandchildren. Although some younger people send money back home to their older folks, not all are able to do this. Rural older people suffer from loneliness, and often have increased financial responsibilities when caring for grandchildren.

It is clear that one of the keys to empowering older people in rural communities is income generating programmes (IGPs). The IGPs bring not only a small income to an older person, but it also provides psycho-social supports as older people from remote areas gather together in groups.

Rural elders' clubs and income generating programme:

In 1995, IGPs were introduced to older people by HAI as a pilot project through the Rural and Social Management Institute, Foundation for Thailand Rural Reconstruction Movement (RASMI/TRRM) [3] in Chainat province. The programme began by conducting a three-day participatory training workshop on activity identification amongst older people and farmers. The participants also included village health volunteers and community leaders through whom community support was generated for the project. Prior to the commencement of the income generating activities which were identified by the workshop, the groups of older people visited existing related work of other groups to ensure their capability of undertaking the project.

The activities of the project are diverse, including making baskets from water hyacinth, weaving rugs, and making bed-cover sheets by recycling the discarded materials from garment factory. Some of the older people are keen to food preservation, others produce herbal shampoo, conditioner and liquid soap, and others are interested in handicrafts, like souvenirs, paper flowers and wreaths for funeral ceremonies.

Thanks to a well-functioning network, a number of older people in the area grow herbal plants and sell the cuttings to other groups who produce herbal medicine [4] in a neighbouring province and they also exchange their products. The RASMI/TRRM runs a marketing demonstration shop on its ground for the older people to place their products.

Two groups of older people have established traditional music bands. The practice of music has brought together groups of older and younger people who are music lovers. They perform on request for festivals or ceremonies from which they are able to earn a small income, which is put into their Musical Fund to sustain the band, and to accumulate funds for general use.

In Phichit, a neighbouring province of Chainat, there is an elders'

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Tel. 66 53 894805, 221294 Fax.: 66 53 894214 E-mail: <helpage@chmai.loxinfo.co.th>.

2 Senior Citizen Council of Thailand; Elders' Clubs: Appropriate Pattern Pattern and Management Studies. Bangkok 1996. (Thai Edition)

3 RASMI/TRRM is one of HAI's project partners in Thailand who extended its work of farmer group to healthy older people.

4 The Club of Those Who Are Interested in Herbal Treatment in Phichit province is one of HAI's peoject holders



club called "Club of Those Who Are Interested in Herbal Treatment". They produce herbal medicine and herbal drinks. The group is divided into two specific work groups: one grows herbal plants while the other converts herbs into herbal medicine and herbal drinks. The products have been approved by the Ministry of Public Health and dispersed at local health stations. This kind of work has been replicated to other districts of the province.

For funding IGPs, a 50/50 matching grant was established between RASMI/TRRM and the group of older people. The amount of the matching grant corresponds to the type and the size of the activity of each group. Initially the older people manage the project under supervision of RASMI/TRRM, which provides training and supports group, marketing and financial management. While undertaking the project, the older people are encouraged to establish 'Village Funds for Older Persons' and to manage the project by themselves whenever possible. In doing so, it is hoped that the project will ultimately benefit all older people in community, particularly those who are poor and too old to join the project and to be a self-help group.

In 1987, an adopt-a-granny (AAG) scheme[5] was launched in Thailand by HAI. In this programme, a number of older poor and frail people received monthly stipends worth fl 200.00 per person from the scheme. Two drawbacks of the scheme are that the available number of sponsorships does not meet the numbers of needy older people and in some areas, older people who benefit from the scheme are discriminated against because villagers think that since the older people are already assisted, they do not need to receive benefits provided by other local organisations.[6]

To respond to these problems, providing funding through the AAG scheme for IGPs has been explored in addition to individual stipends. This increases the number of persons impacted by funds, builds community bonds, and empowers older people.

For example, in mid 1996, an IGP based on the RASMI/TRRM Model was initiated by Niramon Social Service Centre (NSSC), Khon Kaen province, which also implements HAI's AAG scheme. The programme takes place in the villages in which the older people of the AAG scheme live. The programme aims to benefit the older people of the villages as a whole, regardless of whether or not they are part of the AAG scheme. The activities include cotton/silk weaving, bamboo basket making and a small co-operative shop which provides food for the community, including the older people of the AAG scheme.

Due to success of this IGP project, it was replicated to meet the needs of the older people of Ban Fang Elders' Club in Khon Kaen province in the same year. The activities, similarly, were comprised of silk/cotton weaving, under the supervision of the North-Eastern Industrial Promotion Centre, and animal raising. The weaving project is a success with twenty eight older people included in the project. The products of the weaving project are sold to outside vendors in the village and in the city of Khon Kaen. The animal raising project, raising of ducks, pigs and buffaloes, was, however, threatened by the spread of disease which killed many buffaloes in Sakon Nakhon, a neighbouring province in late 1996. The groups retain their activities, but have not increased the number of animals.

IGPs have also been initiated by a group of older people in Ban Dung district, Udon Thani province and Huay Malai community of Sangkhlaburi, Kanchanaburi province. The older people of both places proposed to organise a co-operative shop in the village. The project aims to create a community fund to assist disadvantaged older people in the community.

For many older people in Thailand for family members with AIDS, IGPs are an essential component of necessary support. A survey of older people caring for people with AIDS in San Patong, in Northern Thailand[7] revealed that, besides health and psycho-social supports, economic support is a significant need. In October 1997, HAI, in collaboration with Women Against AIDS project,[8] launched a programme to assist older people who are

5 An older poor person receives assistance in cash or in kind, as they wish, through a local organisation. The funds are provided by Help the Aged in the UK.

6 Personal informant

7 Sawang Kaewkantha, Prathana Langkarpint: Report of Socio-Economic Needs Assessment of Older People Caring for People With AIDS in San Patong, Chiang Mai Thailand. 1996

8 A local NGO which conducts an IGP for people with HIV/AIDS in San Patong.

affected by HIV/AIDS. IGPs are implemented through the existing elders' clubs and the network of health centres in the areas. This is a three-year programme with the first year considered as a pilot period. If successful, it is hoped to be a model for other organisations to replicate in other areas.

Below is the table of the groups of the older people and their activities

Organisation/Location	Activities
Rural and Social Management Institue, Foundation for Thailand Rural Reconstruction Management, Chainat Province	- Food preservation - Herbal plant cultivation - Herbal shampoo, conditioner, liquid soap - Basket made of water hyacinth - Traditional music bands - Handicrafts - Weaving
Herbal Medicine, Phichit Province	- Growing herbal plants - Producing herbal medicine and herbal drinks
Niramon SocialService Centre, Khon Kaen Province	- Traditional silk/cotton weaving - Basket made of bamboo - Co-operative shop
Ban Fang Elders' Club, Khon Kaen Province	- Traditional silk/cotton weaving - Animal raising
Ban Dung Elders' Club, Udon Thani Province	- Co-operative shop
Elders' Club of Huay Malai, Sangkhlaburi, Kanchanaburi Province	- Co-operative shop



In conclusion, income generating programmes are appropriate and feasible activities for members of an elder club, since IGPs provide more activities and greater frequencies for contacts between older people than monthly meetings. In addition, the IGP provides not only opportunities for older people to work together and retain their traditional ways of life, but also to earn a small income, which is particularly important for those who are poor and living in remote villages. In some cases where an older person is too weak to handle the work, a family member can help them by joining the project. In doing so, it can help to reduce the migration to cities for jobs, and help keep the younger generation with their old folks in communities to provide needed care. This will help to retain the traditional extended family in Thai society.



ASPECTS OF HEALTH CARE FOR OLDER PEOPLE

By Doris M. D. Camagay, MD

Geriatrics and Gerontology

Geriatrics comes from the Latin words *Geras*, meaning old age and *Iatros*, meaning study of diseases, hence Geriatrics means study of diseases of old age. The definition itself confines the field to the medical world, and this is true, but *Ageing, per se,* cuts across several disciplines and in such instances where studies of old people are applied the term *Gerontology* is used. This latter term means *study of normal ageing.*

Ageing is now being acknowledged as a serious health concern because of the increasing average life expectancy; there is another more staggering fact: that the present cohort of older people did not take into account preparatory measures for old age, and government health measures have not been planned to provide health security and health maintenance during old age.[1] For example, in the Philippines, there is still only one institute training physicians for Geriatric Medicine, and one university doing researches on social aspects of gerontology; but the government has recognized the ageing issue as early as 1982 with the establishment of the Golden Acresoan institution for older people; perhaps because then, the myth was: *ageing people should be institutionalized.*

There is another more staggering fact: that our body does not start to age when we retire at sixty or sixty-five. Biologically, ageing is multi-level starting from the individual cells in our body till they make a tissue, to being organ-levels comprising a whole organism. There is a predetermined way or "lifespan" given for any chart group and for human beings this is 120 yrs. old, and yet we all do not reach this age. Everyday of our lives there are psychological and social influences that affect us that make *each of our ageing process different* . Lifestyle factors, such as diet and nutrition, education, exercise, occupation, leisure activities, vices, our environment, as well as our own attitude towards our own health care are the predeterminants of the state of our health in old age.

Lifelong Health Maintenance

Maintaining good health is the most important prerequisite for every person to reach and enjoy an active and comfortable old age. The maintenance of physical vigour and mental acuity based

1 *UNESCAP: Lifelong Preparation for Old Age in the Asia and Pacific*



on a healthy lifestyle cultivated from childhood and youth onwards will considerably delay and possibly prevent, many of the infirmities and disabilities otherwise associated with old age. Key ingredients to good health practice include:

- Knowing preventive health practices (which will be explained in the next pages)
- Maintaining a healthy lifestyleoproper diet, enough exercise, absence of vices
- Knowing the physical changes that will occur as we grow older
- Balance of work and leisure
- Knowing how to handle stress
- Constant adaptation and change in the type of work in accordance with changing individual capabilities, family circumstances and technological and economic develop ments;

It has been seen in Western countries, and in some of the older persons in my country that those who remain healthy into old age will have many options for social and economic participation, and their capacity for such participation through such means as peer group support and/or employment arrangements will help avert the many special social and psychological problems faced by older persons. Hence, conclusions that can be gathered from these observations are:

- Preparation for old age is lifelong;
- Primary and preventive health care must be emphasized; and that
- physicians and the general population must be reorientated towards physical, mental and psychological wellness rather than curative healthcare.

Preventive Gerontology (60-74 yrs.)

Breslow and Sommers (1977), enumerates the following Goals of Health Maintenance for the 60 to 74 yrs. old:

- To prolong the period of optimum physical / mental / social activity
- To maintain health and prevent the onset of chronic conditions
- To prepare in advance for retirement

Prolonging the period of optimum physical/mental/social activity are, in many ways related to preparing for retirement. Retirement from an occupation can be mandatory in most nations to give way to the young, but this in no way means retiring from an active and healthy life. Economic hardships, psychological setbacks and social disengagement have been documented as problems during the retirement period. We now know that these can be alleviated. Ageing is the period in life to be enjoyed with family, friends, and the activities of interest in life. A 70-yr. Old practicing private lawyer I know in my country who retired from government service at 65 yrs. tells us proudly that he is earning more now from his professional fees, and has more leisure hours to spend with his wife, children and grandchildren. While the Philippine government mandated that he stop civil service at 65, this did not stop him from continuing his career, and maintaining his previous social networks, adapting to a new lifestyle and continuing his active contribution to the community.

It has also been said that the hallmark of ageing is chronic illness. Many of our lifestyle factors (already given above) have a direct relation with the chronic diseases of old age: cardiovascular diseases (heart disease, hypertension and stroke), diabetes mellitus, osteoarthritis, cancer, obesity, chronic lung diseases, and osteoporosis. It is always better to be aware of their onset and address them at once, rather than try to cure them when *disability has set in.*

Primary prevention is the active observance of health practices to prevent the onset of disease. This means bringing functional capacity to the maximum early in life through good nutrition, physical activity , education and community participation. It has been documented that a diet low in cholesterol and high in fiber prevents most of the cardiovascular diseases that present at around 40 yrs. old. Several nutritive factors also contribute to the development of osteoporosis, including insufficient calcium intake and excessive alcohol or caffeine consumption (which increases calcium excretion).

Epidemiological and experimental studies also indicate that nutritional factors have a major role in preventing cancer.[2] In order to mitigate the problem of carcinogen formation from nitrate in food and water, amounts of Vitamin C larger than the RDA has been suggested to be necessary.[3] Increased availability of vitamins C and E have also been suggested to be beneficial in protecting against airborne chemicals.[4] A diet rich in plant products such as green and yellow vegetables, fruits, legumes, nuts, seeds and grains are important sources of micronutrients such as minerals and vitamins. Food also contains a myriad of obscure phytochemicals which are said to have profound protective effects on the body. It has been said that nutrition is the keystone of preventive healthcare.[5]

The benefits of exercise[6] cannot be excluded during discussions on healthy ageing. Regular exercise preserves bone density, improves cardiovascular fitness, strength and flexibility, enhances well-being and cognitive function. It prevents again the chronic degenerative diseases of old age from coming in, and preserves the physical independence of older persons. Exercise actually reduces death rate because, even though started at late life, aerobic activities at 60 can increase life expectancy to 1-2 yrs.

Primary prevention also means active immunization to prevent fatal diseases, and in old age, tetanus, bacterial pneumonias and systemic viral infections are the dreaded problems but preventable by vaccines. Avoidance of unsound social behavior such as smoking, alcohol, drug abuse and unhealthy sexual practices also prevent the disability and early deaths related to emphysema

2 *Kandaswami: Cancer by Nutritional Intervention. Anti-Aging.*

3 *Weisberger JH. Nutritional Approach to Cancer Prevention With Emphasis on Vitamins, Antioxidants, and Carotenoids. Am J Clin Nutr 53:226S-237S, 1991.*

4 *Ibid.*

5 *Block G Patterson B Subar A. Fruit, vegetables and cancer prevention: A review of the Epidemiological Evidence. Nutr Cancer 18: 1-29, 1992.*

6 *Gorman KM Posner JD: Benefits of Exercise in Old Age. Clin Geriatr Ned 4; 181-192, 1988*

from chronic smoking, tuberculosis, alcohol and substance-abuse related dementias, as well as HIV/AIDS. Hormone Replacement Therapy[7] is also a common word in the West to prevent Osteoporosis.

It is important to know that primary prevention is not only an individual's concern; governments should pay attention to people living in marginalized conditions with health hazards such as poor sanitation, absence of clean drinking water and inadequate healthcare facilities; educators should nurture the youth with sound social norms, include physical activity and nutrition in their curriculum; developing countries also face problems of stress, accidents at the workplace, traffic accidents and environmental pollution so employers in the industry must be aware of the hazards to the health of the people.

Secondary prevention is the active behavior we adopt to detect disease prior to its onset or manifestation. In this kind of prevention, the healthcare personnel steps in, in the sense that the latter's recommendations now prevail over the behavior of the client and a prescription maybe needed for intervention. Health risks and family history are noted, physical and laboratory examinations are done, and prescription done to prevent actual diseases. For example:



Having a father and an uncle with heart disease and dying of a heart attack at 50 yrs and 48 yrs. consecutively should now alert a young man of 35 yrs as to his susceptibility. He must start consulting a doctor now even though he is feeling as sprightly as a 16-yr. old boyscout. His blood pressure, weight, and waist-hip ratio must now be checked regularly; laboratory examinations done for blood sugar and cholesterol at least once-a-year to detect his risk of developing a heart attack. His dietary habits should now be examined and changed if found to be high in cholesterol, and a regular exercise activity should be planned for him already. Starting early to prevent the illness of his predecessors may actually improve his lifespan.

Tertiary prevention is the measures we adopt to prevent the onset of complications or disability once disease sets in. Most of these measures are now for life, because except for infection, and depression, the degenerative diseases are there. For example, having a coronary heart disease is for life, undergoing a coronary bypass surgery and undergoing cardiac rehabilitation after the surgery, taking aspirin for life, and perhaps a lifestyle modification are the tertiary prevention measures the doctor prescribes to alleviate and prevent the disability, or early death or stroke or heart attack from the cardiac disease.

Functional Capacity & Frailty:

Breslow and Sommers (1997) also have Goals of Health Maintenance for the 75 yrs. old and over:

- To prolong the period of effective activity and ability to live independently
- To avoid institutionalization as far as possible
- To minimize inactivity and discomfort from chronic conditions
- When illness is terminal, to assure as little physical and mental distress as possible and to provide emotional support to patient and family

Several years ago, the term functional capacity was known only to psychiatrists and therapists. When actively involved with the health care of the elderly, maintaining or improving functional ability even just a little, providing comfort, relieving distress is more important than finding the cure to a disease.

Maintaining functional capacity even in old age may still mean actively involved in primary healthcare and prevention. Exercise, adequate and balanced diet and healthy lifestyle continued after 75 yrs. prevents frailty or having at least a certain disability such as weakness of lower extremities due to a sedentary lifestyle, needing aids for walking. Some impairments are physiologically related such as: vision and hearing, in which case tertiary prevention measures (rehabilitation) such as restoring sight by cataract operation, or using hearing aids can help and should be done to prevent physical disability and psychosocial problems. Mobility problems from hip fractures may be helped by surgery, and from osteoporosis by a brace.

Functional capacity simply refers to the ability to do activities of daily living independently, and this concept is very important because the core of geriatric assessment is the implication to function, in which case, the implication to the quality of life of the frail older person. When independence is no longer feasible, even through the use of aids, then the goal of intervention is to ensure the best possible quality of life.

The frail older person needs specialized help, he has special needs. There is a need for education in caregiving for family members; as well as a need to empower the healthcare personnel to intervene within their means in the community without depending on hospital facilities. Hospice centers, home help, home laboratory, and home health services should be encouraged to minimize unnecessary hospital stay. Respite services are a good alternative to family caregivers. Community care centers should also be available to these older persons. Governments need to look into these innovative programs and lend their support.

While decreasing disability is the goal of healthy ageing; to the already frail older person the goal is to restore; if not, to improve; if not, to maintain, function.

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7 Levin RM< Osteoporosis: Prevention is Key to management. Geriatrics . 48:S1 18-25. Jun '93

Training those working with older people :

The Experience of HAI-Asia Training Centre on Ageing (HAI-ATCOA)

By **D. Wesumperuma**
Director, HAI-ATCOA

The workshop concept document on Mekong Basin Initiative on Ageing stipulates the following as a major activity of the proposed project: " A series of practical training courses will be designed and run with the participation of NGOs and relevant government structures from each country. This training will be offered in most cases within country, but will occasionally draw together representatives from partners to regional meetings."

The objective of this paper is to highlight the salient aspects of ATCOA's experience in training on ageing in order to assist the workshop to develop training priorities and initiate a series of training courses in the countries in the Mekong Basin Region.

The paper is in three parts. Part 1 presents an overview of ATCOA's work and experience to give the delegates an understanding of what ATCOA has to offer to the project. Part 2 will focus on ATCOA's activities and experience in Mekong Basin countries; and Part 3 will raise several points pertinent to the discussion on training programme planning.

Part 1 : Mission and Activities of ATCOA

HAI-Asia Training Centre On Ageing (ATCOA) has six years (1992-97) of experience as a regional resource in training in ageing and age care practice. ATCOA is an initiative and an integral part of HelpAge International (HAI), and it is the only regional training centre on ageing in Asia.

The **mission** of ATCOA is to provide high quality training to improve the knowledge, understanding and skills of those individuals and groups who work in age care and all aspects of ageing throughout the Asia Pacific region.

ATCOA has a core multi-disciplinary team of training specialists coming from different backgrounds. They are specialists with practical experience in various areas of ageing and age care work. They handle training needs assessment, develop training programmes, modules and training packages, conduct training, and monitor and evaluate training programmes. ATCOA has access to a large number of age care specialists in the countries of the region who respond to ATCOA's requests to serve as resource persons at training sessions.

Main subject areas of ATCOA training reflect the expressed needs of the countries in the region. The major areas of training are:
Training of Age Care Trainers
Age care Community Based Services
Gerontological Nursing Models
Buildings and Environment for Older and Disabled Adults
Better Management of Homes for Older People
Social Services for the Aged - Policies, Principles and Practice
Models of Care for Dementia
Successful Ageing
Management of Residential Homes for the Elderly
Campaigning With and For Older People
Managing a Private Nursing Home
The Older Women as Change Agent
Planning Your Retirement
Community Services for Older People Affected by AIDS
Empowering Older People

Standard modules including training materials have being developed by the ATCOA training specialists on each of the above subjects. ATCOA's courses are under constant review with new courses being added to reflect current interest.

Types of Training Courses (1992 - 97) :

ATCOA conducts two types of training courses - open regional courses where the participation is open to organisations and individuals in the countries of the region; and special request in-country courses which are organised on a collaborative basis mainly at the request of partner and member organisations and are tailor- made for specific target groups of participants.

Type	1992	1993	1994	1995	1996	1997
Regional	6	7	8	11	9	8
In-country in Thailand in others	—	—	1	8 3	5 6	6 5

In the past ATCOA has held a number of regional courses at international venues. While these courses have made a substantial contribution in enhancing skills, promoting regional networking, exchange of experiences and building up the ATCOA Alumni with positive results on furthering training opportunities in the region, ATCOA has found that for most organisations in the countries of the region, the cost of sending participants to far off locations could be prohibitive. ATCOA however will continue to offer a few high quality regional training courses per year to meet the expressed needs of the member and partner organisations for regional level training, and also hold conferences and seminars among policy and decision makers on major issues of population ageing to promote information exchange, networking and advocacy.

As a policy ATCOA is now moving towards in-country training efforts. Request for in-country training is increasing. ATCOA finds that in-country training is more cost effective and is also more attuned to the local training needs. It would also enable training of larger numbers in each country and help build age care training capacity at the community level. ATCOA plans to organise a greater number of in-country courses in collaboration with member and partner organisations with a view to meet the real training needs. Most of these courses will be developed in local languages. (For a country-wise classification of participants at ATCOA courses, see Appendix A)

Type of Participants

Most participants at ATCOA regional courses were health and nursing personnel, NGO leaders, social welfare officers from government departments, a few media practitioners, and architects. In in-country courses, particularly in Thai courses, the larger numbers came from among community level activists. Approximately 60 per cent of the participants in regional as well as in-country courses were females

Training Methods and Material

ATCOA uses interactive and participatory training methods and techniques in its training programmes. ATCOA has also developed manuals and training packs on several age care topics. These training packages are recognised as being of a very high quality. The packages contain practical manuals and video programmes made to suit the Asian audience. ATCOA has involved older people in the production of these material. The packages can be used either in structured training environment or as self-training material. (see Appendix B, for the list of training material)

Monitoring and Evaluation

ATCOA has developed a programme of course evalua-tion to measure the effectiveness of agecare training in terms of course objectives and the relevance of ATCOA training to the expressed needs of the countries; to assess the use by trainees of the training in developing and implementing appropriate age care services; and to assess the design and content of future agecare training.

ATCOA Alumni

The Centre has formed a network of past participants who have attended regional training courses. The Alumni is an exchange forum among the past participants, resource persons and member organisations. To help develop this network, ATCOA produces and distributes an ATCOA Alumni Newsletter twice a year. This acts as a channel for sharing information, experience and follow-up of the courses. In the training shift from regional to in-country level, support and contribution from the Alumni has become very useful to ATCOA to implement training and training related activities in their respective countries.

PART 2 : Training Activities and Experience relating to Mekong Basin Countries :

In many developing countries in Asia, the weight of pressing socio-economic problems and the lack of adequate awareness of the implications of the issues of population ageing have contributed to make the aged people a marginalised group. In some countries in the region, there is a dearth of partner organisations in the field of age care for ATCOA to work with. There is also a dearth of local trainers and resources for age care training at the national and local levels.

ATCOA has responded to this situation by attempting to promote awareness and concern on the issues of ageing and age care (a) by initially inviting a few potential age care activists to ATCOA's regional training courses; (b) by keeping up their interest and concern through ATCOA Alumni and encouraging them to undertake exploratory work in their countries; and (c) by responding to their requests for visits and discussion and by promoting further training opportunities. ATCOA would thereafter attempt to build on the experience of these initial endeavours.

The countries of the Mekong Basin are at varying levels of experience with ATCOA in its training work.



Number of participants from Mekong Basin countries at ATCOA training courses

Country	No. of in-country courses	No. of participants at in-country courses	No. of participants at ATCOA regional courses (No. of Alumni members)
Cambodia	2	53	12
China	4	148	18
Lao PDR	———	———	4
Myanmar	———	———	———
Thailand	20	655	224
Vietnam	2	75	15

Thailand

It is in Thailand that HAI-ATCOA has been most active at the country level. HAI training and project activities commenced in Thailand in the late 1980s. On the basis of this experience HAI-ATCOA organised a 3-year (1994-97) age care training programme, in Thai language, in different selected geographical areas of the country. The Thai language programme evolved over the years as a 'model' of an in-country training programme in age care; and this experience deserves serious consideration in this workshop with a view to study its usefulness and adaptability in the other countries in the region.

The outcome and some relevant experiences of the Thai in-country programme are as follows:

1. Twenty training courses were held in the period November 1994 to November 1997 for a total of 655 participants with an average of 33 participants per course. The training courses were held at 7 different locations in Thailand, with the larger number (14 courses) in the north and north east of the country situated in the Mekong area.

2. The participants were mainly community level workers in the government agencies and local non - government organisations.

3. These groups were provided with training to meet their expressed training needs. The respective groups have undergone courses in Training of Age Care Trainers, Age Care Community Based Services, Community Based Services for Older People Affected by AIDS, Gerontological Nursing Models, Successful Ageing, Pre - retirement Programmes, Training Techniques and Material, and Self-health Care for Older Persons etc.

4. The relevant ATCOA training materials were translated in to Thai and adapted at the training courses which were conducted in Thai language. Five video packs and a booklet have been translated from English to Thai language.

5. The programme helped to build up a group of local trainers in age care, helped to strengthen several NGO's in their age care work; created a wider awareness resulting in persistent requests to expand training opportunities in age care; and encouraged replication of training by age care organisations. The programme has contributed to build an in-country training capacity. A potential to evolve on-going training in age care at the local level has emerged in the country.

6. A rough cost-benefit analysis shows very favourable results with a per participant per day (non-resident) training cost of approximately 460 bahts.

7. Funding assistance came principally from HAI (1994-96) and the Canada Fund in Thailand (1996-97)

8. The success of the programme has resulted in the formulation of a project proposal for HAI assistance for a further period of 3 years (1998-2001). Under the proposed project it is expected to have a series of 6 training courses annually over the next three years.

9. HAI-ATCOA has gained hands-on experience in developing and conducting in-country training courses in local language. The work has been undertaken by a very competent Thai trainer and a training assistant, both of whom are on HAI-ATCOA staff and are fluent in Thai and English.

10. Under the Thai training programme, a pilot training course is being planned to be held for Thai speaking Lao participants in Vientiane in 1998.

Cambodia

Cambodia presents a different dimension of HAI work to promote concern and well-being of the older population. HAI has an operational programme working with older people at the community level for the last 6 years. In planning training activities in Cambodia, ATCOA will have to build on this experience of the overall HAI programme in Cambodia.

In Cambodia HAI is the only organisation working with and for disadvantaged older people with a clear direction and objective using community based rehabilitation, community development, and institution building approaches.

The first HAI programme during 1992 to 1995 was for the resettlement and rehabilitation of older returning refugees, concentrated in the north west of the country where most of the returnees were resettled. HAI's project during 1995-1998 started the process of strengthening local institutions and building capacity at community, provincial and national levels, whilst continuing its rehabilitation activities. The proposed project for the years 1999-2001 moves further into development approaches and continues building and strengthening local capacity at all levels, focusing on the most vulnerable and disadvantaged older people in the provinces of Battambang, Banteay Meanchey and Pursat.

HAI in Cambodia, with a local staff of about 50 working at community level, is very familiar with the specific needs and problems.

ATCOA's own work in Cambodia has been to invite participants for regional courses. A total of 12 participants have attended 6 ATCOA regional training courses on the themes such as Age Care Community Based Services, Successful Ageing, Social Services, Campaigning With and For Older People, Management of Residential Homes, and Older Women as Change Agent.

ATCOA also organised a Needs Assessment workshop for the HAI programme staff in Cambodia 1994 and a workshop on "Community Based Services" in Battambang in December 1996 for the community workers in the HAI programme in Cambodia.

China

A total of 16 participants from China have attended 4 ATCOA regional training courses and are members of ATCOA Alumni. Seven of them participated in courses on Gerontological Nursing Models and others in courses on Management of Residential Homes, Older women as Change Agent and AIDS Impact on Ageing.

ATCOA has organised a number of in-country courses in China. A course each have been held on Buildings and Environment for Older and Disabled People and Gerontological Nursing Models. ATCOA in collaboration with the West China University of Medical Sciences (WCUMS) in Chengdu, Sichuan province ran a course on "Medical Care for Older People" in October 1996. ATCOA held a course on "Planning for Retirement" in Xian in September 1997 in collaboration with the China Research Centre on Ageing (CRCA).

ATCOA has planned to hold two courses in 1998 on "Gerontological Nursing Care": one in Hangzhou in March in collaboration with Zhejiang International Medical and Health Exchange Centre; and the other in Chengdu in April-May jointly with the West China University of Medical Sciences.

However, ATCOA's contact with the Yunnan Province in Southern China which is in the Mekong Basin region has been limited. The visit of HAI Regional Representative to Yunnan Province in May 1997 opened up contacts including the Yunnan University Old Age Research Centre and Yunnan Civil Affairs Bureau both of which offer opportunities for joint local training.The present workshop should offer an opportunity to establish a series of training courses in collaboration with ATCOA in Yunnan Province which may be dove-tailed into a coherent national framework of training in age care in China in the future. In developing training courses for the Yunnan Province, advantage should be taken of the ATCOA courses and course material developed in Chinese for the other provinces in the country in the past.

Lao PDR

ATCOA's connections with Lao commenced with the decision of the Ministry of Labour and Social Welfare to send two senior officials in response to ATCOA invitation to participate in the training course on "Campaigning With and For the Older people" in March 1995. Subsequently, one other delegate participated in a course in AIDS impact on Ageing Society and another in Older Women as Change Agent.

On their return these members of ATCOA Alumni shared their experience, and now there is a number of requests for training, especially practical training in age care and health issues, community health work, successful ageing, and in developing gerontological skills of the nursing staff of the Mahosot Hospital (main hospital in the country). Stemming from the invitation from the Alumni members, HAI Regional Representative in Asia and the HAI Programme Coordinator in Thailand visited Lao and made a number of contacts with government departments, community organisations and foreign NGOs.

ATCOA will continue to invite Lao participants to ATCOA workshops and has also planned a training course on Gerontological Nursing Care to be held in Thai language in Vientiane for 30 participants in the latter half of 1998. HAI-ATCOA is now in the process of raising funds for this training course. Lack of qualified resource persons and funds have been cited by Lao as the main problems hindering training in age care.

Vietnam

HAI was the first international organisation to address problems of the aged in Vietnam. During the years 1994-96, 15 Vietnamese participants attended ATCOA regional training courses on subjects such as Training of Trainers, Buildings and Environment for Older People, Gerontological Nursing Models, AIDS impact on Ageing Society and Managing a Private Nursing Home.

In 1996, following a visit to Vietnam by HAI Regional Representative in Asia and the Director of ATCOA, at the invitation of the ATCOA Alumni members, a series of three important in-country training courses were developed by ATCOA to introduce new concepts of care for older people to nurses, nurse educators and nurse managers; and to introduce concepts of health management to district officials, and concepts of community based care for local NGOs and community organisations. The Canada Fund in Vietnam provides funding for all three training courses.

Two of the planned courses were held as follows: (a) Course on "Community Health Services for Older People" from 2-6 June 1997 in collaboration with Thai Nguyen Medical College for 37 participants mostly from the medical profession. (b) Training course on "Gerontological Nursing" in collaboration with the Institute of Gerontology of the Bach Mai Hospital in Hanoi from 3

- 12 September 1977 for 36 participants the majority of whom were nurses. Both courses have been highly appreciated by the participants.

Training materials for each course were translated into Vietnamese. The course content was adapted from ATCOA courses which have been run in English in the region and also those run in Thai. Each course programme was put together following discussions with local partners. The course facilitators were drawn from ATCOA's professional specialists in age care training. They were joined by local resource persons. ATCOA staff sessions were simultaneously interpreted into Vietnamese

The third in-country course in Vietnam is scheduled to be held on "Community Health Care" in February 1998 in collaboration with CARE Australia in Ho Chi Minh City for 40 participants who are mostly community workers.

With this experience, Vietnam can look forward to developing a coherent national training programme on ageing and age care in the medium term in collaboration with HAI-ATCOA and donor organisations based in Vietnam.

Myanmar

A few organisations in Myanmar are in ATCOA's regular mailing list, and ATCOA has sent course flyers to several of these organisations without response. Consequently, there has been no experience worthy of mention except for a visit in 1996 of two delegates from Myanmar to ATCOA on a study visit.

PART 3 : Points for discussion and information generation

The workshop delegates may address some of the following points to help the workshop establish a series of practical training courses for the countries of the region.

1. What are the principal organisations and who are the key individuals who are interested and concerned in promoting age care training in the country?

2. Has there been a training needs assessment in your country? If so, with what results? If not, how should this be done?

3. What are the training priorities in your country for the next 2 - 3 years?

4. What specific training courses should be developed and implemented in your country?

5. What categories of persons should be trained and in what numbers?

6. What local resources are available to plan and conduct training courses?

7. Where should the training courses be located and what are the available training facilities?

8. What are your views on the experience of the Thai language in-country training programme?

9. How should the training material be developed, translated or adapted?

10. How should the interpretation and translation work be organised and with whose assistance?

11. How should monitoring and evaluation of training courses be done and by whom?

12. What funding sources are available in your country to promote training in age care and ageing related issues?

13. What specific technical assistance do you expect from HAI-ATCOA?

ATCOA has the following technical expertise and training resources :

a) Technical expertise in assessment of training needs, planning and development, implementation, monitoring and evaluation of age care related training programmes.

b) Conducting Training of Trainers courses on issues of ageing and age care.

c) Consultation and training in organisation development, institutional strengthening, management, fund raising strategies, policy development, community mobilisation, documentation and communication, networking on ageing and age care related issues.

d) Accessing specialist resource persons.

e) Conducting awareness promotion and advocacy workshops.

f) Promotion of exchange of information and experience.

g) Organising and conducting high level conferences, seminars and workshops for policy makers, media practitioners, NGO and community leaders and senior government officers.



Appendix A

Country-wise classification of participant at ATCOA courses (1992-1997)

Regional courses

Country	No. of Participants
Australia	3
Bangladesh	13
Brunei	10
Cambodia	12
China	18
Fiji	5
Hong Kong	43
India	22
Indonesia	36
Iran	2
Kenya	1
Lao PDR	4
Macau	19
Malaysia	83
Nepal	9
Pakistan	3
Philippines	120
Singapore	62
Solomon Islands	1
South Africa	1
South Korea	8
Sri Lanka	46
Taiwan	6
Thailand	224
Vietnam	15
Zimbabwe	3

In-country courses

Country	No. of Participant
Cambodia	53
China	148
Macau	30
Singapore	36
South Korea	36
Sri Lanka	50
Thailand	655
Vietnam	75



Appendix B

List of ATCOA Training Materials

- The Ageing Process (video, Trainers' Manual, Trainees' Handbook in English and Thai languages)
- Better Management of Homes for Elderly People (video, manual in English)
- Practical Rehabilitation for Elders Disability - 4 forms of disability (video, handbooks in English)
- Practical Rehabilitation for elders Disability - Sight and Hearing (video, handbooks in English)
- Practical Rehabilitation for Elders Disability - Dementia (video, handbooks in English)
- Practical Rehabilitation for Elders Disability - Mobility (video, handbooks in English)
- Caring of Bedridden Older People (video, handbooks in English)
- Opening a Residential Home for Elderly People (book in English)
- A Guide to Setting Up Community Services for Elderly People (book in English)
- Adding Health to Years (book in English)

Notes on
A Study on the Situation of Older People in Cambodia

By Pratin Dharmarak

Background

At present, there is little documented information on the situation of older people in Cambodia. The 1996 Demographic Survey of Cambodia contains much data about general characteristics of Cambodia's population, but does not address many of the issues specific to older people. The staff of HelpAge International in Cambodia have documented a number of concerns and issues in the course of their work over the past six years, but are not certain to what extent these insights can be generalised beyond the two north-western provinces where HAI is working. In summary, there is a complete lack of systematically gathered information on the situation of older people on a nation-wide basis which could be used to guide policy and programmes.

Objectives

The primary objective of the study is increase knowledge of older Cambodian's priority needs, and contributions to family and community life; knowledge which the Ministry of Social Affairs and Labour Veteran Affairs (MSALVA) can then use as a basis for developing appropriate national policies and plans.

A secondary objective is to use this knowledge to:
Inform HAI's own strategy in Cambodia, and Inform and influence the action of other Ministries and non-government institutions in relation to older people.

A parallel objective is to increase the capacity of MSALVA staff.

Methodology

The study can be divided into 4 stages;
1. Literature review and development of research strategy
2. Quantitative survey
3. Qualitative village study
4. Analysis and discussion of findings.

1. Literature Review (April - June, 1997)

The first step was a literature review of research on the situation of older people in other developing countries (especially Asia), all available documents on the situation of the elderly in Cambodia, and interviews with staff of HAI and other organisations working with older people in Cambodia. The literature review also included further analysis of key variables (work, household structure, migration patterns) using previously unanalysed data from the 1996 Demographic Survey of Cambodia which the National Institute of Statistics (NIS, Bureau of the Census) was kind enough to provide dis-aggregated by age.

Based on this information, six key policy questions were identified:
1. What is the situation (personal, economic, social) of older people?
2. What are their sources of support/strategies for survival?
3. What do they perceive as needs or problems?
4. How might these needs be met?
5. What roles do older people play in the community?
6. Do older people have access to development and service programmes?

In order to address these issues, a research plan was developed that would use a combination of quantitative and qualitative techniques; quantitative techniques for those issues where a sense of proportion or scale was needed; qualitative techniques for issues where detail and detail and description were needed.

2. Quantitative (June - September)

The second step was a survey of 600 older people (55 years of



age and up) in four provinces plus Phnom Penh. The survey was structured for comparison between urban (200 interviews in the "urban villages" of Phnom Penh) and rural (400 interviews in the "rural villages" of the four provinces) Cambodia, and the four provinces (Takeo, Kampot, Kampong Cham, and Battambang) were chosen to represent three of the four geographical regions of Cambodia. The Northeast was excluded due to the high cost of travel, possible insecurity, and potential language barriers.

The Questionnaire

The questionnaire was first developed in English, based on similar studies in the region, reviewed, and translated. A team of 7 MSALVA staff was trained in interviewing techniques (1 week) and then spent five days field testing the questions in 3 rural and 2 urban sites. The testing was structured as follows: in the morning each interviewer did 2 - 3 interviews, in the afternoon the results were discussed and modifications suggested according to difficulties or encountered or ambiguous responses, and in the evening the modifications were typed in and new copies made for testing the next day. By the fourth and fifth day, no additional modifications seemed necessary.

The questionnaire covered:

Economic status

- occupation (current or former)
- economic activities, hours spent on economic activities, or reasons for not doing economic activities
- main source of income (self or others)
- economic support provided to others
- housing conditions and home ownership
- assets

Personal issues

- religious practice
- who they turn to with problems
- years in location and reasons for move (if relevant)

Social ties

- participation in social events
- participation in organising social events
- visits to neighbours
- support provided to/received from other people or institutions in the community
- assistance provided to the community

Health

- types and severity of illness
- disabilities and prostheses
- ability to do daily activities
- choice of medical treatment and reason for choice
- care provider

Family

- marital status
- number of children (alive/dead/missing; natural and adopted)
- members of household
- location of living children (same house, same village, different village, different district, different province, different country)
- head of household
- household (non-paid) work
- advice provided to family members

The interviewers also asked two neighbours to make an estimate of the economic class of the interviewee (destitute, poor, moderately well off, rich) which was compared with the interviewers assessment based on housing, occupation, additional income sources and assets. This assessment is tentative and will be used only for cross-tabulation, with the qualification that any results are also tentative.

The Sample

The sample was drawn in two stages

1. The sample villages. Ten villages from each province and 20 villages in Phnom Penh were drawn from the NIS sampling frame using probability proportional to size. The final results will be weighted to reflect the actual population of each province.

2. The sample interviews. MSALVA staff from each of the provinces were given a one-day training on the goals of the study, the principles of random selection (in fact, they them selves drew the 10 sample villages for their province during the training), and verification procedures. They then contacted the villages in their province, had the village chiefs prepare lists of all the people over 55 in that village, and then cross-checked the list to make sure that it was accurate and complete. When the interview team arrived in a rural village, they called a meeting of the older people in the village as witnesses, explained the goals of the study and the sampling procedure, and then publicly drew a random sample of 10 people using dice and sampling intervals. People in the villages generally found the sampling procedure fascinating and it seemed to make people more comfortable and supportive of the survey.

Implementation

The team of 7 plus the Research Officer divided into two teams of 3 interviewers plus one supervisor. In the provinces, one team



was able to do one village per day, with each interview taking between 40 minutes and 1 hour and 15 minutes. Spot checks showed the lists to be complete, except for one village - - whereupon the list was redone and a new sample drawn.

Phnom Penh was much slower because of the difficulty in locating houses and because people were not at home, requiring as many as 4 repeat visits. Also 5 of the village lists turned out to be inaccurate and had to be completely redone using the newly compiled electoral roles. Even these were not 100% accurate, but appear to be the best possible.

Analysis

The data entry and analysis has been contracted to a computer consulting firm, which is using Microsoft Access. Due to a flaw in the original data entry, the data is being re-entered and is not yet available for analysis.

3. Qualitative Village Study (October - December)

The third step was village studies which could provide some insight into issues which could not be fully understood using quantitative methods and to provide more detail on new aspects of issues which had been observed during the survey.

Issues

a) Views on ageing. How do older people themselves view old age? What is "old," what is good or bad about getting old, what "should" older people do, and what do they see as the ideal role of older people in the community? Do older people feel that they have something in common with other people of the same age, or not? how do younger people see older people?

b) Social networks, institutions, and actual roles in the community. What roles do older people play in the family and community? What social networks do they belong to?

c) Survival strategies. What strategies do older people use: their own labour and skills, family support, community support?

d) Treatment of illnesses. How do older people evaluate and choose different health care options? How are older people affected by health care costs or unavailability of care?

e) Problems. What do older people see as the biggest problems facing them as they get older?

f) Strategies. What do older people see as the possible strategies for solving the problems that they identify as most serious?

All issues are being compared for men and women, rich and poor, as well as for change over time.

Village Sites

1. A medium rice farming village which has not been much affected by war.
2. A very poor rice farming village, but one which has not been affected by war
3. A medium village with mixed economy (some rice, some gardens, some crafts, some fishing)
4. A village which has a large number of returnees
5. An urban slum

These sites are chosen to illustrate the following themes:

A. Implications of community wealth on strategies (1/2)
B. Options for income generation (1/3, 2/3, 1/5)
C. Implications of stability of social networks on strategies (2/4, 5)

Techniques

A mixture of focus group interviews and individual semi-structured interviews, plus wealth-ranking to identify different classes.

Implementation

Implementation is being done by two teams (3 men, 3 women in each team) composed of a mix of the MSALVA staff who had done the survey plus HAI staff from Battambang and Banteay Meanchey. All members had two weeks of training which included research approach, research techniques, development of research questions and interview guides, development of a 7 day site schedule, and three days field practice.

The teams lived in the village for the full 7 days and held nightly sessions to analyse the data collected that day.

After the first two villages, the two teams met together to compare experiences and information and decided to extended the time in the next two villages by an extra day to allow more time for probing and cross-checking. After the 3rd and 4th villages are completed, the team will discuss how to modify the plan for use in Phnom Penh.

4. Analysis and discussion of findings (January - February)

An informal workshop is planned to discuss the draft findings and implications before the report is finalised.



UNESCAP Activities on Government - NGO Co-operation for Older Person

By **Bienvenido Rola**
Chief, Disadvantaged Groups Section
Social Development Division, ESCAP

Introduction

Across Asia and the Pacific, populations are ageing rapidly, as found in the significant increases in the absolute number and proportion of older persons (people aged 65 years and over) over the years. In 1995, the population aged 65 and over in the world was estimated at 371 million, or 6.5 per cent of the world's total population. More than 48 per cent of those 371 million elderly people live in Asia and the Pacific. This proportion is projected to reach 50 per cent in the year 2000, almost 55 per cent in 2020 and slightly level off to 58.5 per cent in 2050. Further, while many of the older people in the region have been empowered and live a better life than most, an even more significant number of older persons remain among the disadvantaged and vulnerable groups of society. Most of them have had poor education and little or minimal access to social security and social services, a good number of them being poor, illiterate, widows or living alone.

This situation has triggered region-wide concern for the well-being of older persons. The growing sentiment is that, unless countries of the region prepare themselves for the ageing of their populations and improve their services to older persons, most of these older persons will be adding further to poverty in the region and will require even greater assistance than they do now. Unilateral and independent efforts by governments, non-governmental organisations (NGOs), communities and families will no longer suffice to resolve the issues relating to rapid ageing and older persons. Concerted action will have to be taken by all concerned to promote productive ageing, that is, to promote the continued participation and contribution by older persons to the economic and social development of their respective communities while ensuring their access to basic social services. International support measures will also be required.

The Asian and Pacific Ministerial Conference in Preparation for the World Summit for Social Development (Manila, 1994) strongly recommended and encouraged the development of a mix of family, community (including NGOs and self-help groups), private enterprises and government support for older persons as a target group in its programmes to integrate disadvantaged groups into development and alleviate poverty. In its resolution 47/5 (16 October 1992) concerning the International Year of Older Persons in 1999, the United Nations General Assembly recommended regional activities, the exchange of information and experiences among NGOs as well as among NGOs and governments towards a better co-operation for improving the quality of life of older persons as catalysts for innovative programmes and activities in responding to ageing issues.

ESCAP activities

As the regional focal point of the United Nations system in the Asia and the Pacific, the Economic and Social Commission for Asia and the Pacific (ESCAP), in collaboration with other concerned United Nations bodies and agencies, intergovernmental organisations and NGOs, has a key role to play in providing regional support measures for national programmes of action in support of the Global Programme of Action of the World Summit for Social Development as well as the Agenda for Action on Social Development in the ESCAP Region. These support activities are provided through the substantive servicing of intergovernmental meetings as well as through technical co-operation activities in the form of research, information, group training (workshops and seminars) and advisory services.

In response to the above-mentioned concerns in the field of ageing and on matters relating to older persons, the ESCAP secretariat



has undertaken work in support of lifelong preparation for old age; government-NGO co-operation on behalf of older persons; and regional preparations for the International Year for Older Persons. I am pleased to note that ESCAP has benefited from the active collaboration of HelpAge International in all of the above work.

Government-NGO co-operation on behalf of older persons

Using financial assistance from the Governments of the Netherlands and of Macau, the secretariat undertook a series of activities under a project titled, "Government-NGO co-operation for poverty alleviation: Development of policies and programmes on behalf of older persons".

The project reviewed the work of NGOs for older persons and the need for government-NGO co-operation in the field of ageing; identified areas for co-operation and specified measures to improve that co-operation. There were two main activities: (i) convening of an NGO Workshop on Government-NGO Co-operation for Older Persons held at Bangkok in January 1997; and (ii) organisation of a Regional Seminar on the same topic held in Macau in June 1997.

The NGO workshop, the first of its kind in the region, was organised at Bangkok from 20 to 23 January 1997. Participants representing NGOs from 18 countries and territories in the region, after exchanging views and experiences, adopted a set of recommendations for further consideration and action by governments and NGOs, including those who, eventually, participated at the regional seminar. HelpAge International (HAI) was well represented at this workshop. The ESCAP secretariat prepared a report on the workshop (SD/NGOCOP/Rep) containing the said recommendations and circulated it to the workshop participants and to those attending the regional seminar.

The Regional Seminar on Government-NGO Co-operation for older Persons was successfully held in Macau from 16 to 19 June 1997. Participants included representatives of 14 governments and 15 NGOs from participating countries and territories and NGOs in the region. There were 60 observers from the Government of Macau and from NGOs based in Macau. The seminar reviewed the current situation of older persons, identified areas for co-operation between governments and NGOs for older persons and discussed ways and means to improve that co-operation. It adopted a set of recommendations to guide action by governments and NGOs in the following areas: policy development; legal and regulatory arrangements; programme development, implementation and evaluation; resource mobilisation; and International Year of Older Persons. The seminar also recommended some regional support measures which should be undertaken by ESCAP. The report and recommendations of the seminar was submitted as a background document to the Fifth Asian and Pacific Ministerial Conference on Social Development held at Manila, 5 - 11 November 1997. It has been published as approaches to comprehensive national policies on ageing: Government-NGO co-operation (ST/ESCAP/1805) and has been circulated to participants to this workshop.

In addition to the above-mentioned reports and recommendations, the project publications include the following: a directory of national focal points on ageing in Asia and the Pacific; a directory of NGOs dealing with older persons in the ESCAP region; and a compilation of international and regional mandates concerning ageing and older persons.

Other relevant action involving NGOs: Regional preparations for International Year of Older Persons

The ESCAP secretariat has undertaken a series of activities in support of the International Year of Older Persons in 1999 most of which are designed to include active participation of governments and NGOs. For example, under a project funded by the Government of Macau, the secretariat will undertake a series of activities leading to the formulation of a draft regional plan of action on ageing and older persons. These activities include: (a) the convening of a regional workshop to be held in Beijing in May 1998, in collaboration with the China National Council on Ageing, which will, inter alia, initiate the drafting of a regional plan of action for older persons; (b) the conducting of a regional study on the situation and national policies and programmes concerning older persons; and the holding of a regional meeting in Macau in September 1998, to consider and refine the draft plan of action. In all of the above activities, the Secretariat will ensure that NGOs and their interests will be well represented.

Forthcoming secretariat activities in support of the Year include the convening of a regional seminar on a society for all ages and another on lifelong education. An ESCAP project on social development information exchange through the Internet will have a substantive component involving government and NGO focal points for older persons.

Conclusion

The ESCAP secretariat recognises the important role NGOs have played and can play on behalf of older persons and will continue to work with NGOs in fulfilling this role as well as promote government-NGO collaboration in identifying key issues relating to ageing and older persons and in formulating and implementing programmes and activities to address these issues.



Cambodia Briefing Paper

By **Dr. Hong Theme**
Under Secretary of State for Social Affairs
Labour and Veteran Affairs
Bangkok, 25 November 1997



Dear Chairman,
His Excellencies,
Ladies and Gentlemen,

On behalf of the Cambodian delegation I would like to take this opportunity to extend my highest regards and express my deep appreciation to the organisers of this workshop, to the UN Economic and Social Commission for Asia and Pacific (ESCAP), to CIDA and HelpAge International for giving us an opportunity to participate in this important workshop.

During the past two decades, while many countries in Asia were experiencing relative economic growth, Cambodia was going through civil war, destruction, a brutal revolution, international isolation and fractional fighting. Cambodia's physical infrastructure and economy were badly damaged or destroyed and its human resources decimated. Millions of people lost their lives and hundreds of thousands became refugees. The process of rehabilitation and reconstruction has begun but much remains to be done.

I would like to give you some information about the situation of older people in Cambodia.

The Situation of Older People

From the recent Demographic survey it was found that people aged over 60 years old constitute approximately 6% of the population. With the total population of 10 million this means there are 600,000 older people in the country. Majority of Cambodians are rice farmers. Therefore, large number of older people are living in rural areas and are engaged in agricultural activities. Similar to many other countries in Asia, Cambodia does not have a social security system. Most families and older people have to take care of themselves when they are old. The Ministry of Social Affairs, Labour and Veteran Affairs (MSALVA) is able to provide some pensions only to retired government officials.

Government and NGO's responses to date

As I earlier mentioned that Cambodia is now in the stage of rehabilitation and reconstruction; these activities are happening in all fronts. The MSALVA is responsible for the welfare of all vulnerable groups which are the orphans, the disabled and the homeless and unsupported elderly and others. In a post-war situation like Cambodia there is large number of poor vulnerable people while the resources of the government are still limited and have been allocated according to priorities of the Government.





Fortunately Cambodia has received important assistance from the international communities both from governments and from non-government organisations. There are many NGOs who are now working with the ministry both assisting in human resource development and in providing programme assistance to vulnerable people.

In Cambodia HelpAge International is the only international NGO working with older people. HelpAge has been working closely with the Ministry since 1992 in the programme to assist vulnerable older returning refugees and local elderly. The Ministry then seconded 3 staff to work with HelpAge programme in some provinces in the north-west of Cambodia. The HelpAge programme of poverty reduction amongst older people and older people focused community development have developed well in Battambang and Banteay Meanchey. If you are interested Mr. Phan In who is a provincial co-ordinator of HelpAge who is here with us can tell you more about this. Another NGO helping older people in Banteay Meanchey is COERR, a Thai Catholic NGO which has opened a home for the elderly in Banteay Meanchey province.

Research and policy development

In order to formulate the national policy and appropriate programme for older people in Cambodia the MSALVA has been working closely with HelpAge in conducting a national study on the situation of older people. HelpAge research officer has provided training to MSALVA personnel from Phnom Penh and from the provinces to conduct this study. This is a very good model because through the process MSALVA staff have gained knowledge about research and have learned more about the situation of older people as well. The study now has completed the quantitative part and just started the qualitative work. We expect that the whole study can be completed and report written up by the end of this year. The result of the study will be the basis for policy development which we hope will start next year.

Health

Health of older people is an important issue that requires attention. Until now the government does not have any special provision for older people. However, in the process of policy development the Ministry of Health will be closely consulted and we hope that when the national policy is developed older people will be entitled to some special concession for services from public hospitals.

One health problem of older people is eye complaints. The Ministry of Health in co-operation with HelpAge International has worked to develop and improve eye care services in the provinces of Battambang and Siem Reap. HelpAge has helped in establishing eye units within provincial hospitals of these two provinces and has provided training to Cambodian doctors and nurses to provide the services to the patients.

Awareness raising activities

Every year since 1991 the International Day of Older Persons 1st October has been celebrated in Cambodia through co-operation between the Ministry, HelpAge International and the Cambodian Association for the Elderly. Last year and this year the Ministry in co-operation with HelpAge has produced short videos for showing on 1 October on national TV and in the provinces of BTB and BMC. The theme of the video for 1996 was on the situation of older people in the community, while the 1997's them was "Older people are the keepers of Cambodia's heritage". If we have time, we can show these videos.

Plan for future

As you already know, 1999 is the UN International Year for Older People. We hope that the National Policy for Older People will be adopted and start its implementation by then. Moreover, the Ministry in co-operation with partners in particular HelpAge International will carry out many campaign activities in that year.

Conclusion

As an ending note I would like to express that the development of Cambodia has just begun and will require much further assistance from the UN and NGOs, in particular in our efforts to develop human resources and programme direction. The Ministry of Social Affairs, Labour and Veteran Affairs will continue its active co-operation with all organisations to advance the welfare of older people and in creating the society for all ages.

Thank you for your attention.

Background in P. R. China

By Xu Qin

A. The situation of older people

The older population aged 60 and over has exceeded 120 million, 9.7% of the total population, 70% live in rural areas while 30% are urban residents. It is predicted that the older population will increase to 130 million, about 10% of the total population by 2000. By 2020, the older population will reach 230 million, about 15.6% of the total population and by 2050 the older population will be around 400 million, about one in every four Chinese. In 1995, the sex ratio among the older population is 92.85 men for every 100 women. In 1996, the average life expectancy at birth is 70.8 years (73 for women, 68 for men).

B. Government and NGO's responses to date

The government and NGO's in China celebrate the Elderly's day mainly in two ways. One way is to organise the elderly to take part in different kinds of activities. Another way is to promote and organise all social circles to service for the elderly.

The following activities have been planned for the year of 1997:

- Endeavours are scheduled to publicise and implement "The Law of the People's Republic of China Protection the Rights of the Aged"
- Greater efforts will be made to study the long-term development trends of and policy alternatives for the ageing of China's population.
- The National seminar on experiences exchange for ageing-related work is expected to be held. A number of people who are prominent in respecting and supporting their older parents, who have contributed significantly to the state and the society after retirement and who are prominent in supporting and helping the department and activities for the elderly will be awarded in the seminar.
- Attention will be paid to international co-operation and exchanges with emphasis given to the North America and South and East Asian countries or regions.
- Efforts are also being made to strengthen the professional in-situ training of the staff working with China National Committee on Aging (CNCA) and its affiliated organisations.

C. Plans for the future

CNCA proposed activities for the 1999 International Year for Older Persons:

- To organise a regional meeting on family support for the elderly in 1998.
- To organise an international conference on life-long learning of the elderly in 1998.
- To organise an international exhibition of the products for elderly people in 1998.
- To co-sponsor an international workshop on ageing with international Federation of Association of the elderly (FIAPA) in 1999.
- To organise training seminars for staff from local committees on ageing in co-operation with UN International Institute on Aging in Malta (INIA) and the Japanese Social University.
- To establish a pilot housing programme (Home for the Elderly) in Beijing.

D. Summary

Target:

- To provide the elderly concrete help, in both individual and macro sides, from two forms (material and service), with different time range (temporary and regularly)
- To promote the knowledge of the society of issues on the elderly
- To enhance the social status of the elderly, through different ways (role of the elderly)

Measures:

Aspects: law and regulation, dissemination (through media: newspaper, radio, TV, magazine, book), research (to get information on condition, difficulty, requirement of the elderly)

Levels: country, province, community and family

Main body: government and social power (non - elderly organisation and elderly organisation)

Elderly Services in Yunnan Province of China

By **Yan Ming Rong**
Old-aged Problem Committee
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About 9.6 per cent of China's population, 119 million people, is over 60 years old and with an increased life expectancy and a decreased birth-rate due to the family planning policy, China's population is ageing at unprecedented levels. Statistics suggest that by the end of this century, more than 10 per cent of the country's citizens will be at least 60 years old; by the year 2040, this age group will make up one fourth of the population.

The same statistics also show that in China more than half of the ageing population are financially supported by their offspring; only 15 per cent of the them are independent while the rest - about 15 per cent altogether - live on retirement pensions. Whatever their financial situation, most elderly in China can not afford home care by professional nurses. This responsibility thus falls upon their children who already work full-time to support their own family. A considerable number of elderly also live far away from their children which sets tricky obstacles in their daily care. It is estimated by the professors that in the foreseeable future the main task of providing for the aged still falls on individual families. But that does not mean society can withdraw its role on the issue. Rather, families are going to become more and more dependent on a social service system.

In 1997, the total population of Yunnan Province is 40 million, and 9 per cent of it, more than 3.7 million people are at least 60 years old. It is estimated that the older people will reach 4.3 million by the year of 2000, the proportion will be over 10 per cent. In the early of next century, the ageing trend of Yunnan Province will be broad in scale and speedy, and finally reach its peak.

In Yunnan Province, the task of providing for the elderly is also mainly undertaken by the individual families except for two factors. The first is that Yunnan Province is less-developed than the other provinces of China and this unavoidably delays the development of the services provided for the elderly. And the second is that Yunnan Province has 26 kinds of minorities which each have distinctive traditional needing culture and different levels of social and economical development, therefore a different social services.

Yunnan Province Committee on Ageing (Old-aged Problem Committee of Yunnan Province) was set up in 1984 when China National Committee on Aging was founded in the same year. Soon afterward, 7 Committee on Aging at prefecture level and 127 at country level were founded in succession. In every unit, a special department was set up to take charge of the older affairs. There are about 1603 towns and 13449 administrative villages in Yunnan Province, 80 per cent of the former and 70 per cent of the latter have set up their own aged people associations. Up till now we have already had more than 2 million aged people association in this province. All of these governmental and non-governmental organisations and departments make up of a large network on ageing.

The routine duties of Committee on aging at different levels including the following:

1. Organise investigations and research on old-aged problems;
2. Make laws and orders and formulate policies concerned;
3. Organise and co-ordinate units and governmental departments concerned to conduct utilities and activities for the older person.

In 1996, Old-Aged Problem Committee of Yunnan Province worked out a working plan for the following five years mainly as:

1. Make known the serious situation of the ageing population; make the whole society pay more attention to the older affairs;
2. Develop research on old-aged problems and their countermeasures;
3. Gradually establish a social insurance system for the aged which should be supported by the country, community, family and individual;
4. Increase the governmental funds to older people's affairs and raise funds through all channels to set up various kinds of service agency for the aged;
5. Implement the law on the rights and interests of the older people promulgated by the China National People's Congress.
6. Provide opportunities for the old to work.



Laos Briefing Paper

By **Kongsap Akkhavong M.D.**
Deputy Director of
Mahosot Hospital



Situation of Older People:

Laos has a total population of 4.6 million people of whom 280,000 (6.1%) are over 60 years old, 176,000 (3.8%) are over 65 years, and 29,000 (0.6%) are over 80 years old. These figures were published in April, 1996, by National Statistics Centre of Laos.

The population grew by 2.5% per year between 1985 - 95 and is expected to double in 30 years. The majority of the population live in rural areas (85%).

Life expectancy at birth is 51 for men and 53 for women. A total dependency ratio in 1996 was 1996 was 1892. The infant mortality rate is 113 per 1000 live births. The maternal mortality rate is 653 per 100,000 live births.

Common causes of death for the whole country are infectious diseases, such as malaria, diarrhoea, meningitis, pneumonia, and tuberculosis.

The main causes of death for the elderly served at Mahosot hospital are cerebral and cardiovascular diseases, diabetes, and cancers. In Laos, it is very common for terminally or seriously ill elderly patients to request to leave the hospital and have treatment at home in the midst of their families. Even if they died, they prefer to die at home. Moreover, the cost of treatment at home is less expensive than institutional care.

Policies and services to promote health of the elderly:

Presently, there is no specific national policy for the care of the elderly. This is because of morbidity and mortality in the country are still due mainly to infectious diseases. Therefore, our health priority focused mainly on the 8 elements of Primary Health Care (PHC). Although, there are many NGOs now working in the country, most of them were interested only in PHC.

In 1990, in keeping with the recommendation of WHO/WPRO regarding "Promotion of the Health for the Elderly", Mahosot hospital has established a 10 bed unit for geriatric medicine. The role of this section is to take care of the sick older people, especially the retired civil servants. In 1996, we evaluated our activities and we recognised that we concentrated only on aspect of care. This is not adequate because most of the aged patients suffer from chronic and degenerative diseases. The number of the patients we serve is very limited. Each year, approximately 10% of patients served are outpatients and 11% are inpatients. As the site is in poor condition, we have decided to close our geriatrics unit and plan for other activities promoting health care for the elderly.

So far, there are no curricula for geriatrics medicine in the medical university, but at the nursing school, we have introduced a teaching programme for health care of the elderly.

Plan for the future:

1. Establishment of the Elderly Clinic to replace the geriatrics unit.
2. Creation of a mobile team for consultation service in district hospitals of Vientiane municipality and Vientiane province. This service would provide free examinations, health education, detection of common problems such as hypertension and
3. Introduction of the geriatrics medicine into the curricula of the medical university.
4. Training for the nurses in the hospital, in collaboration with HelpAge International. March 1998.
5. Ministry of Health, Ministry of Labour and Social Welfare and the Lao National Constructive Front have to define and set up a national policy on health of the elderly.
6. Establishment of a Lao Association for the Elderly.

Myanmar Briefing Paper

by **Dr. Zaw Htoo**
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(A) The situation of the elderly in Myanmar

Myanmar is a moderately populous country in South East Asia region with the total population of 43.9 million in 1995. The latest census was carried out in 1983 but the decennial census could not be conducted in 1993 due to various reasons in the country. However, Population Changes and Fertility Survey was carried out in 1991 and population estimates were based on 1983 census and 1991 survey. According to these estimates, old age population (60+) had increased from 2.49 million (6.71%) in 1985 to 3.5 million (7.9%) in 1997. This indicates both the magnitude and percentage of older population had increased and it makes a burden for care of the elderly in the country.

According to some research findings, there is an increasing problems of the elderly in the country and indicates the need for special health care programmes for the elderly. Common diseases of the old age in Myanmar are

1. Diseases related to joints (36%)
2. Diseases related to Lungs (25%)
3. Hypertension and Heart Diseases (18%) and
4. Dental and Oral Problems (12%)

It is also observed that only 65.7% of the elderly population in Myanmar can perform all the eleven activities of daily living (ADL) and impairment of cognitive functions, mental health problems, feeling of loneliness, still exist and socially related sufferings of the elderly have not been tackled yet in the country.

(B) Responses to the elderly in Myanmar

(B.1) Role of Department of Health

In the National Health Policy, it is clearly stated to raise the level of health of the country and promote physical and mental well-being of the people with the objective of achieving "Health for all by the year 2000" goal using Primary Health Care approach. This statement also refers to the elderly population who composed the weak segment of the community needing special care and support. Community health care is concerned with the effective and accessible primary health care based on community.

Accordingly, "Health Care of the Elderly" project was formulated and implemented under National Health Plan in 1993. Project activities for health care of the elderly had been implemented and carried out in 4 townships (districts) in 1993 and it had been extended to 10 townships (districts) in 1993 and it had been extended to 10 townships in 1996. The project is specifically aimed to provide an integrated practical and effective health care of the elderly, to conduct trainings and refresher courses for doctors, nurses and basic health staffs from project townships and





also to produce training modules, manuals, geriatric survey forms and geriatric care record books to be used in geriatric clinics of project townships.

(B. 2) Role of Social Welfare Department

Department of Social Welfare is one of the departments under Ministry of Social Welfare, Relief and Resettlement in Myanmar. There are 27 homes for the aged in 4 states and 6 divisions (states and divisions means provinces) established by voluntary organisations more than 90 years ago in the country. 505 grandfathers and 783 grandmothers totalling 1,288 are being cared in these homes.

Policy for the care of the aged

"Care of the aged" is one of the eight services being carried out by the Department of Social Welfare in harmony with the following policies.

1. To provide assistance and supervise home for the aged run by NGOs
2. To provide necessary assistance for establishing homes for the aged in the community
3. To provide technical assistance in carrying out services for elderly people such as health, education and nutrition
4. To arrange for programme of training for care givers of the elderly people
5 To review the existing care system for elderly persons

Department of Social Welfare has subsidised rice, clothing, food and salary for administrative officers for promotion of physical and mental health of the elderly in homes for the aged. In addition, training courses for administrative officers, social workers and voluntary day-care teachers are held by Department of Social Welfare to promote the care of the aged in Myanmar. Conclusively, Department of Social Welfare is carrying out educational services not only for older people cared for in institutions but also for those who are living together with their families with participation of the community, contributions from donors and the help of voluntary organisations for promotion of health care services for elderly people in Myanmar.

(B. 3) Role of NGOs

A health care for the elderly project was first introduced in Myanmar only in 1993 and by 1996, it has been implemented in 10 townships of the country. Thus, there is only limited awareness of the need for special care for the elderly and consequently less demand for geriatric services. One of the main constraints is inadequate number of trained health personnel in geriatric care and inadequate number of geriatric clinics. There is no organisation or association for the elderly as yet in the country. Involvement of NGOs is very limited in the country and NGOs are required to be mobilised effectively in order to obtain necessary resources for supporting the elderly. More voluntary elderly carers need to be mobilised and trained. It is highly recommended to promote home based self-care for the elderly through providing information on self-care and training of care givers from the families in the community by trained health personnel with support from various NGOs.

(B. 4) Role of community

In Myanmar, since the olden days, Myanmar people have been respectfully caring, sharing and living together with elderly people culturally and traditionally and also with love and kindness. The elderly people in turn have given their inheritance to their siblings. The elderly people are respected in the family and community. The opinion and experiences of the elderly are usually regarded not only in critical conditions but also in day to day family affairs. Elderly people in Myanmar used to have social activities in religious events. Therefore, there are a lot of things that the community help in like some household functions like carrying water and helping in minor renovation of the house. Some religious organisations create some religious events so that elderly people gather and participate. Some enterprises and agencies raise funds to support activities for caring elderly. Some government departments support elderly people through their own department activities and thus the community might play a part in shaping the future of the elderly.

(B. 5) Multisectoral co-ordination for health care of the elderly

A wide range of health care and support services that are required for the elderly can only be fulfilled through the concerted efforts of all government departments, NGOs - both local and international, social support groups, religious organisations and active participation.

Multisectoral sectors identified for health care of the elderly

Following are some of the health related government ministries and their support activities that could play a supporting role for the elderly.

1 Ministry of Social Welfare, Relief and Resettlement
- Supporting the homes for the aged
- Support by social workers for home based geriatric care
- Establishing respite care - support for families by means

of giving them a break from day to day tasks of caring. Organised local level day or social centres can be established for providing respite care.

2. Ministry of Home Affairs
   - For issuing special national registration cards for the elderly (special colour)
   - For establishing geriatric associations.

3. Ministry of Religious Affairs
   - For organising religious classes for the elderly
   - Organising prayer services for the elderly

4. Attorney General's Office
   - Reviewing laws regarding geriatric associations

5. Ministry of Transportation
   - To make available special seats for the elderly on public vehicles
   - To provide concession on fares

6. Ministry of Rail Transportation
   - To designate special seats on trains
   - To provide concession rates for the elderly

7. Ministry of Sports
   - To provide support in conducting physical exercise sessions for the elderly

8. Ministry of Border Areas, National Races and Development Affairs
   - To ensure equitable access to geriatric health care for the elderly

9. Ministry of Information
   - To increase awareness of ageing, care and support services for the elderly and to promote intergenerational solidarity

10. Ministry of Education
    - To instil in school children the importance of maintaining traditional cultural values of filial respect for the elderly
    - To enhance the role of elderly people as informal teachers of traditional skills and as oral historians
    - To use schools as a source of community resources for providing day care and meals

Strategies for promoting multisectoral co-ordination

1. Establishment of a national committee on ageing at the central level and subsequently at the state/division, township and village/ward level
2. Conducting regular co-ordinating meetings at respective levels
3. Identifying and designating focal persons in all departments for health care of the elderly
4. Establishment of a strong networking system to facilitate flow of information and co-ordinating activities of various departments and sectors on health and support services of the elderly.

Conclusively, new policies and programmes for achieving improvements in family care and community support for the elderly should be established country-wide as the United Nations Year for the Elderly 1999 approaches.

(C) Plans for the future

The following activities are planned to carry out in future for health care of the elderly under National Health Plan (1996 - 2001) in Myanmar.

1. To organise central committee for health care of the elderly in 1997 - 1998.
2. To conduct central level workshop on elderly health care in 1997 - 1998.
3. To organise elders' club in 20 townships (districts) during the period of 1996 - 2001.
4. To produce training modules for health care of the elderly during 1996 - 2001.
5. To train medical officers, nurses, basic health staffs and community health workers in every year from 1996 through 2001.
6. To conduct a co-ordinating meeting on elderly health care in 2000.

The following general activities are planned to be carried out by various NGOs in Myanmar for promotion of care of the elderly.

1. To conduct effective training
2. To disseminate health education
3. To apply appropriate technologies
4. To enhance income generation
5. To supply materials and equipments as necessary

The following NGOs are planned to implement activities for care of the elderly in Myanmar.

1. Union Solidarity and Development Association (USDA)
2. Myanmar Maternal and Child Welfare Association (MMCWA)
3. Myanmar Medical Association (MMA)
4. Myanmar Nurses Association (MNA)
5. Myanmar Dental Association (MDA)
6. Myanmar Health Assistant Association (MHAA)

References

1. National health Plan (1996 - 2001), Department of Health Planning, Ministry of Health, Union of Myanmar.
2. Role of social welfare in programming health of the elderly, paper presented in National Seminar on Health Care of the Elderly, 18 - 20 November, 1997.
3. Role of NGOs in Health care of the elderly, paper presented in National Seminar on health Care of the Elderly, 18 - 20 November 1997.
4. Role of community in health care of the elderly, paper presented in National Seminar on Health Care of the Elderly, 18 - 20 November, 1997
5. Multisectoral co-ordination in Health care of the elderly, paper presented in National Seminar on Health Care of the Elderly, 18 - 20 November, 1997

Thailand Briefing Paper

By Khunying Somsri Kantamala



1. The Ageing Thai Population

In Thailand, 60 or over is normally the age for classifying Thai people as the elderly. According to Population Projections for Thailand 1990 - 2020 by National Economic and Social Development Board, in 1997 Thai elderly are about 5 million, or 8.2 percent of the population. By the year 2000, the number will increase to 5.7 million, or 9.2% of the population. In 2020, the 10.8 million Thai elderly are projected to represent 15.29 percent of the total population. Currently, life expectancy at birth is 69.55 for the entire population. For Thai males, life expectancy at birth is 67.36 compared to 71.74 for females. The number tends to grow to 70.07 for males and 74.11 for females in the year 2015 - 2020.

A total dependency ratio is quite high although population control plans have been very successful and it is because there is a low rate of employment of the aged. In addition, in the future the working - age population will decrease due to AIDS. As a by-product more Thai elderly will lose their primary support system and will be left alone.

2. Characteristics of Thai elderly

- Health Status. The most common chronic conditions are arthritis, hypertension, heart disease, and hearing impairments. Those who live in rural area have fewer problems.
- Education. Most Thai elderly live in rural areas and have a few years of formal education or none at all. They, thus, have much difficulties in reading and writing.
- Employment. 50 percent of the aged are currently not employed. The majority of them used to work in agricultural field for their whole lives. They are "self-employed" who are still poor at old age. Without any savings, income, and pensions, family members become their primary and most important caregivers.
- Sex. Older women slightly outnumber older men. By the year 2000, the sex ratio of the older population will be 1 man per 1.174 woman.
- Roles of the elderly. Most of them play "house watcher" and are care givers for their grandchildren at home. They are not likely to join social activities outside.
- Access to public welfare services. Many elderly do not know about the existing social services which are provided by government and non-government organisations because 80 percent of them live in rural and remote areas. (Source : Research by Chulalongkorn University)

Government and NGO's responses to date

A. Social Welfare

The Department of Public Welfare, Ministry of Labour and Social Welfare is directly responsible for providing social welfare for the aged. The welfare programmes are as follows:

1. Residential care

It has operated since 1953 for the aged who are homeless, unable to live happily with their own families, or have no relatives to live with. The services provided are basic needs fulfilment, recreational activities, health services, religious activities, social work services, traditional festival activities, vocational therapeutic activities, and funeral services. Four types of facilities are run by both government and non-governmental agency mostly 1) Free of charge services, 2) Hostel-type, 3) Private-house, and 4) Holiday home.

2. Social service centres for the elderly

The first SSC was established in 1979 and operated by government officials. The Centre is for the aged who live in nearby areas who wish to participate in various kinds of

activities during the day. The centre also serves as the emergency home for those who have some problems with their families and need sanctuary for a short time. Services are; therapeutic and rehabilitative care, recreation, day care, social activities, family assistance, and counselling, and a mobile unit.

Furthermore, a pilot project of SSC funded by United Nation Population Fund (UNFPA) has operated since 1995. Its unique characteristics are having community participation in providing care, services and activities for the elderly as well as encouraging people in the community to realise the importance of the aged. The staff members are elected from those who live in each community and run the centre. However, its activities are the same as the SSC funded by the government.

3. Monthly payment

This was first initiated in 1993 in order to provide financial support to the poorest elderly. The eligible elderly will receive 2,400 Baht per year for life. Currently, this service run throughout the 76 provinces of Thailand, more than 300,000 Thai elderly are eligible for this service.

B. Education

1. The Ministry of Education is also in charge of conducting a variety of education projects in which the aged are encouraged to participate. The projects are nonformal education programmes, the formation of vocational interest groups, education through mass media, village reading centres, audio-visual education, etc. Unfortunately, it is not possible to evaluate the programmes and their effectiveness due to the inadequacy of the extent of coverage information of the aged who have access to these services.

2. The Sports Organisation of Thailand also provides an education programme relating to exercise for the aged, conducting research on physical fitness of the aged, and organising tests of their physical fitness.

3. Senior Citizen Council of Thailand and Department of Public Welfare have held pre-retirement training. The target groups are the employees of governmental organisations, NGOs, and state enterprises. This training aims to help them cope with retirement better.

C. Health Facilities

This government included a programme for prevention and medical care for the aged as a part of the Eighth Plan (1997 - 2001). The Ministry of Public Health has set up a committee in charge of planning and conducting health care projects and activities. Various activities are integrating geriatric clinics into general hospital both of governments, and private sector, providing free health care services in the government hospitals and 10% discount in some private hospitals, establishing centres and Institutes of Geriatric Medicine, training of personnel in health care for the elderly with emphasis on local health problems, and widening public knowledge in this field through mass media.

D. Other Areas of Concern

1. National Committee. In 1982, the Thai government set up the National Committee for the Elderly. This is chaired by the Minister of Labour and Social Welfare. This committee is entrusted with policy formulation and planning for all aspects of activities on ageing. Seven sub-committees are : Health Care, Public Relations, Social Welfare, Rights and Legal Studies, Foreign Affairs, Fund Raising, and Culture and Education. In the next year, this committee will be transferred to be under the supervision of the Prime Minister's Office. The name of the Committee will probably be changed to the National Committee on Promotion and Co-ordination of the Elderly.

2. National Ageing Day and National Family Day. In Thai culture, the elderly are highly respected by all family members. Therefore, the National Ageing Day and National Family Day were initiated to address the importance of the elderly. On those days, are arranged for the elderly and for young people to pay respect to the elderly.

3. Foundation / Senior Citizens Club / Association. There are various private sector groups working for the elderly, they provide welfare services and activities for the elderly in form of foundations, clubs and associations.
   - Foundations concerned with the elderly provide similar services such as housing (Residential Care or Nursing Home), food and medical care, their main activities focus on humanitarian and developmental aspects of the elderly.
   - There are more than 3,000 Senior Citizens Clubs in about 65 provinces all over the country. Their activities are concerned with health, religious and recreational services. In 1989, all Senior Citizen Clubs created a non-govern ment institution named "Senior Citizen Council of Thailand" being a centre co-ordinating the interests of associations clubs and organisations in Thailand.



- Many associations are formed by the elderly who have retired from the same profession such as Senior Citizen Association of Thailand (SCAT) formed by Retired Civil Service Officers and Businessmen etc.

Social Insurance and Pension.

Some private firms have retirement and pension policies, others do not , and the range and coverage of services vary from one organisation to another. The personnel of state enterprises and large - scale private firms are entitled to receive welfare services, while those elderly who were self-employed or worked with small - scale establishments usually have to rely on their families, because pension insurance scheme through the Social Security Act was still not been approved. Government employees who retire from government retirement receive a lifetime pension or a lump sum payment.

Plans for the future

1. National Ageing Day

In compliance with the UN resolution, the cabinet approved the 13th of April, as the "National Elderly Day". Besides the traditional activities of "Songkran" festival, on that day each province also arranges special activities for the elderly such as setting up exhibitions, physical examinations, providing consultants on law, visits to the elderly in homes for the aged, paying respect to the aged, etc. On that day is also the National Family Day. Since the 1994 the government expanded all that week of April to be "National Elderly Week". Especially in the year 1999 this week will be the essential programme of the year.

2. Enactment of older person's law and establishing of central office

Thai government is now supporting senate committee to enact the older person's law in the future. In this law will be the details of :- the specific right of older persons, and the Social Welfare protection for the older persons, the permanent central office of older persons committee will be created under the office of the Prime Minister. The process of Enactment should be passed before the year 1999.

3. Preparation for Thailand's 1999 International Year of Older Persons

Thailand's sub - committee on Preparation for the 1999 International Persons has been set up and agreed to under take the following activities which can be categorised into 8 aspects.

1. Social, Political, Cultural and Spiritual Aspects
   - Declaring the year 1999 as "The International Year of Older Persons".
   - Preparing the Declaration on Thai Older Persons.
   - Raising the self-awareness of families and communities in caring for older persons.
   - Dissemination of information and activities through mass media.

2. Health and Nutrition Aspects:
   - Extending health care services free of charge in all government hospitals.
   - Accelerating the setting up of clinics for older persons in hospitals operated by government and private sector throughout the country.

3. Social Services
   - Providing residential care services for needy older persons and social services centres in temples both in Bangkok Metropolis and regional areas.
   - Discounts on transportation fares.

4. Employment and Income Aspects
   - Accelerating an old age pension scheme under the framework of a social security programme in order to protect older persons after their retirement.
   - Creating employment for older persons who have skills, knowledge and capabilities.

5. Research and Development Aspect
   - Encouraging research on older persons.
   - Surveying and preparing a directory for older persons who are experts in various fields.

6. Legal
   - Providing the draft on Older Persons Welfare Act.

7. International Activities
   - Promoting international co-operation with concerned international organisations and private sector.

8. Campaigning for fund to help older persons
   - Conducting various kinds of activities such as organising charity concert, charity walking, etc.



Government Policy on Helping the Elderly in Vietnam

By **Nguyen Kim Lien**
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Introduction:

The Socialist Republic of Vietnam is located in South - East Asia and covers an area of more than 331,000 square kilometres. In 1997 it had a population of 75 million, of which 51.48 percent were female. More than 80% of population live in the rural areas. The average life expectancy of males and females is 63.7 and 67.5 years respectively, it is projected to reach 75 years by 2020.

The Vietnamese history and the present practice have been shown that, although elderly people are not directly involved in the economy, they still play an especially important role in the family and society. In many places there are effective forces in teaching the growing generations, linking to our heritage, and collaborating with people in the community.

The question is how to encourage the elderly people to give their remaining power, their experience and knowledge to the country's development, how to make their life healthy, happy, productive in a respect, love, and care attention from their children, grandchildren and community in general.

A clear policy is needed from Communist Party, Government and close co-operation between the Government and Non-governmental Organisations on Ageing and Seniors.

This paper is prepared for highlighting the main points of above mentioned issues.

Basic data of the Senior Citizen and information about National infrastructure for taking care of the elderly:

In Vietnam, Senior Citizen (elderly) is considered as a person over 61 years old for man and 56 years old for woman.

It is found that, the number of senior citizens is increasing:

- In 1994 the elderly made up 8.2% of total population
- In 1996 the elderly made up 9.5% of total population

Now it makes up about 10% of the whole population. It means



that we have approximately 7.5 million senior citizens.

Among 7.5 million Senior Citizens, there are:

- 1,200,000 pensioners;
- 1,020,000 People with disabilities (23.17% of the total people with disabilities);
- 25,000 mothers heroes;
- 130,000 lonely elderly (without any children or grandchildren).

80% of Senior Citizens in Vietnam are living in rural areas.

To take care of the elderly people is a tradition of Vietnamese and a task of our Government as well. Many Ministry and governmental agencies are involved in the work with policies and providing services for elderly, such as: Ministry of Health, Vietnam's Social Insurance agency, Ministry of Labour, Invalids and Social Affairs (MOLISA), etc...

In MOLISA alone, there are three Departments that are dealing with policy matters related to the elderly. They are: Department of Social Welfare; Department of Invalids and Department of Social Insurance.

Under management of the MOLISA there have been nearly 200 Centers for Rehabilitation. The lonely, frail, serious mentally or physically handicapped elderly are provided shelter, meals and overall care in the settled homes.

Under management of the Ministry of Health there exist an Institute of Gerontology, which is conducting medical research, training and clinical services to the elderly. Throughout the country, there are geriatric hospitals and provincial hospitals, which have a special section for senior citizens.

Beside the government structure, we need non governmental organisations, that are more flexible and more effective in the work with people. They can be a link between government and older persons.

The Vietnamese NGOs, where the elderly people could be mostly included as the members and who take care of the elderly interests and could bring the benefits to the elderly, are following:

- The Vietnam Association of Senior Citizens
- The Vietnam Association of War Veterans.
- The Vietnam Women's Union.
- The Vietnam Farmer's Union.
- The Association of Blind People of Vietnam
- The Vietnam Association for protection of handicapped and orphans.

Vietnam Association of Senior Citizens was formed in May 10, 1995. Now it has more than five millions members.

The Organisational structure Vietnam's Association of Senior Citizens is devised on two levels:

- Central level: central body and
- Commune levels.

Since the day of foundation there have been set up more than 8,000 Commune branches of Vietnam Association of Senior Citizens among 13,000 Communes.

National policies and programmes for older persons:

Long time ago, there was good Vietnamese idiom that said : "Young children rely on their fathers, older people rely on their children". It had been shown, that people though they were young or old could expect the help from their family, they could never think of receiving help from Government. But, now things are changed. Government is now paying much attention to the peoples development, the elderly are amongst them.

In 1991 the Government of Vietnam approved the *Strategy for*



Socio-Economic Stabilization and Development until the year 2000.

The basic concept of the Strategy is to place a human being at the centre of the development and to promote the potential of the whole nation. A clear social policy is one of the important factors for the stabilisation of the social life, especially in the context of the market economy, when one group of the population can get richer and another disadvantaged group may be fall into absolute poverty. The older persons belong to the second group. The main idea of the Government on social policy for the elderly is to create the most convenient atmosphere for the elderly's integration into the communities.

The welfare work for the disadvantaged people comes out from the following main point of view:

1. The social progress, social equality could be closely followed by economic growth. More than that, social development does not have to wait until the economy completely develops. In each economic stage, there is needed an appropriate stage of social development.

2. The Social Welfare and Social Services are based on harmonious co-operation between the Government's effort, community's effort and the disadvantaged themselves. In a poor country like Vietnam, it is very important to have the community's participation in taking care of disadvantaged people. We call it a socialisation of Social Work.

3. Even though older persons are not considered as a labour force, the people - centred policy could encourage them to take their part to the process of poverty alleviation and Social Development.

The major polices and measures have been taken for the care of aged people are:

- The Government supported the Vietnamese Association of the Elderly in order to create the good environment for them to enjoy an active life. To establish a special programme for aged in the National broadcast and Vietnam television, where the elderly could reflect their opinions, desires, needs and share with each other their experiences in teaching growing generations how to live and behave towards each other, how to work and to contribute to their family and society etc....

  Annually on the occasion of International Day of Older Persons, the government by a variety material, and spiritual means, encourages the elderly to take part in social activities.

- To develop a special department for studying, treating, and rehabilitating illnesses often related to age and elderly in the medical research institute or in hospitals; to organise a variety of sport clubs for self - health training; to set up a network of the long life elderly's clubs in the Communes, so that they can help each other in cases of some club member's illness or funerals.

- To readjust the retirement pension scheme, raise the pension level, innovate and improve the system of pension payment, so that the norm of social welfare is to ensure a decent life for senior citizen in their old age.

  The lonely aged could live and be taken care in the provinces or district Welfare home or nursing centres established by the local government or cared for within their communities.

To understand the above mentioned measures, I would like to describe in more detail some major policies and programme for Older Persons:

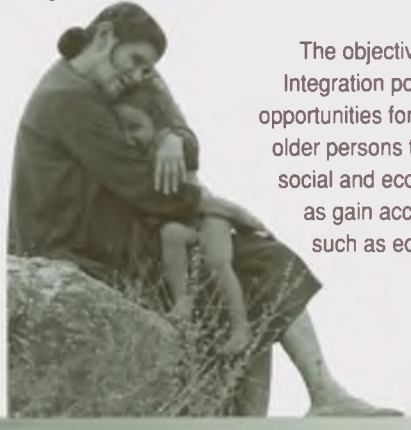
- In the field of health promotion, the elderly people, (like pensioners, "mothers heroines", senior people with disabilities, senior people in the families of fallen Combatant or revolutionary families, lonely older person, elderly from very poor family and from mountainous, promoted area, older persons of ethnic minority etc...) are given health insurance cards by Government and they receive a small amount of money for their upkeep.

- Parallel with regular assistance from Government, the above listed elderly people often receive material aid from NGOs through humanitarian, projects or simply as charitable aid. For instance, besides 240,000 VND per month provided by the State, each "mother heroes" could receive from different NGOs every month at least 120,000 VND.

- Lonely Older Persons, who stay in Welfare houses could receive 84,000 VND per month for their food and medicine.

- The Older Persons, who have trouble with their family, could receive relief from the State for the sum equal to 24 kg rice monthly.

The pension for retired persons has grown by 30% from January this year. Despite all these efforts from the State and communities, there is not the National Plan of Action or a special programme on ageing and Older Persons, even though for us, all the social programmes have related to the interest of Older Persons. The programmes are - National Programme on the Hunger Eradication and Poverty Elevation; National programme on the Job creation; National on the support to the Ethnic Minority people; National programme of clean water supplying; National programme on population and Family Planning. The Elderly are always considered as one of the beneficiary receivers of those programmes. For example, through job creation programmes, older persons, especially those who live in rural areas are provided with a loan, with priority rates of interest for developing their agricultural business suitable for older people such as fish, pig, chicken raising, vegetable, rice cultivation etc...; Older persons in rural area with rich experiences could gain income, and at the same time they feel much stronger and more useful for the family. Thus we understand the concept of social integration and the link of relief with the development.



The objective of Vietnam's Social Integration policy is to create equal opportunities for all citizens, including older persons to enjoy their political, social and economic rights, as well as gain access to social services such as education, health care, cultural facilities and insurance in old age.

Country Overviews: Vietnam

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Introduction

During the last decades, together with the end of the war and moving to the renovation period, Vietnam has undergone rapid progress in terms of economy. This progress contributes considerably to ameliorating the life and the longevity of the people.

The 1989 census put Vietnam's population at 64.4 million, among them 4.6 million are people of 60 years old and over or 7.2 percent of total population. It is projected for the year 2000, there will be 5.9 million and for the year 2025: 12.3 million people of 60 years old and over. Until the year 2000, the rate of increase of the elderly does not surpass significantly the rate of increase of the total population but it does after the year 2000. The number of the elderly will more than double from 2000 to 2025, the increase rate during this period is 2.8 percent annually. Though the population now is young, attention should be paid to the problems of the aged as they are quickly increasing in numbers.

The results of epidemiological survey in four different geographical areas conducted recently by National Institute of Gerontology have shown that status of health of the aged is not good. (Good health is 35.53 percent, medium health is 54.29 percent and weak health is 10.18 percent). The most common diseases are arthritis, cardiovascular, respiratory, and gastro-intestinal diseases. Most of the elderly had little knowledge of self care and the limited provision of social resources has resulted in inadequate welfare services for the aged. Majority of the old persons live with their family. The proportion of elderly people living alone is only 1.27 - 2.37%. Nowadays the Vietnamese society still maintains the traditions of respecting the old people, specially in rural areas. However, we should prevent, in urban areas, the impact of the "new" life style, in pursuit of material advantages, which may cause damage to this good tradition of respecting the old people.

The gerontology is still a young discipline in Vietnam:

Since 1970: We have the ***geriatrics project.***
Since 1980: Created the ***Geriatrics research unit.***
Since 1983: Establishment of the ***Institute of gerontology*** with the principal functions:

- To carry out scientific research on the mental, physical and pathological character of the elderly in Vietnam, to seek models of health care suited to the real living conditions in Vietnam.
- To provide post graduate and further training courses for





geriatric Doctors and health workers throughout the country.

- To improve knowledge of self health care and hygiene for the elderly

Since 1995 the Association of the Elderly of Vietnam (AEV) was founded responding to the deep aspiration of the elderly wishing to have an organisation for their group. The AEV is organised at the Central level and at the quarter, commune, small town levels. At present there are nearly 7000 local AEV at those levels with nearly 5 millions members among the total of almost 8 millions people from age of 55 for male and 50 for female. Below the local AEV there are tens of thousands of association branches in villages, hamlets, forming a broad network throughout the country.

The AEV focuses its activities on 5 following orientations: Nurturing the elderly, health caring of the elderly, ensuring the elderly suitable conditions of working, according to their health status and their preferences, ensuring they have conditions for learning and upgrading their level of knowledge, creating for them conditions for their entertainment.

The foundation of this Association of Vietnam Elderly may be considered a great event, because it helps to direct all voluntary activities of this specific sector population in common plan and with appropriate recommendations.

Some priorities for health care for the elderly

Re-assess the current situation of the health status and health care of the elderly, particularly the disabled elderly. For getting this type of information and for assessing the incidence and prevalence of the most common diseases in the elderly, it is desirable that appropriate epidemiological studies are conducted. Such studies can be done at the national level and supplemented by regional studies, health records, reports and research studies. In this domain, National Institute of Gerontology takes an important role.

Develop the health care services systems of the elderly. In Vietnam, excluding National Institute of Gerontology where the principal function is carrying out research in gerontology, in large cities there are hospitals for the elderly especially for retired people; in some provincial hospitals there are sections for sick old people. In Vietnam, there are not the forms of services for the elderly like Day Centre or Nursing Home. The care of the elderly in the countrywide is through the network of Medical basic units present in almost every precinct or village. However, there is a greater need to care for a larger number of old patients who are not ill enough to be hospitalised but who require sustained preventive, rehabilitative, and personal care services, so developing community-based care services for the elderly is a reasonable approach. It is necessary to retrain and update the basic knowledge about ageing, especially about geriatrics for the health workers. The diseases of the elderly are often chronic, so after being treated at the hospital, they should have been taken care of at the sanatoria (sanatorium). It is necessary to establish some sanatoriums for the elderly.

Gerontology is a new discipline in Vietnam, so the ***training in health care of the elderly*** is an important duty. As there are not departments of geriatric medicine in Medical colleges and nursing schools, the National Institute of Gerontology is responsible for this task. During ten years, we have organised 18 training courses on geriatrics for doctors who work with the elderly.

VNIG has published over 20 textbooks on gerontology and many articles in the scientific magazines. However these activities are not responsive enough to the increasing needs of gerontology in whole country. In the future, setting up the academic departments of geriatric medicine in medical colleges will be highly desirable. Attention should also be paid to training nurses specialised in ageing because nursing plays a very important part in taking care of the elderly.

Realise the prevention and health promotion programmes for the elderly. Using the mass media to propagandise the measures to keep good health, good nutrition and a healthy lifestyle. Seek a reduction in infectious diseases by improved public health measures and medicine. With the advancement in age, degenerative and chronic diseases increase, so taking early diagnosis and appropriate treatment, the risk factors is indispensable. On the other hand, attention should be paid to rehabilitation because in the elderly, many functions of the body are reduced. The rehabilitation may be carried out at the treatment centre, in public or in the family with suitable level for each.

Socialise the work of taking care of the elderly. NGOs should play the role of complementing and supplementing the services rendered by the government. The Association of the Elderly of Vietnam should be encouraged to undertake more community projects in social, health, legal aid, education, communication and recreation services, to meet the needs of the elderly persons. Encourage the establishment and speed up the activities of the healthy "open-air-club", provide them with the knowledge of keeping good health and helping each other. "Health is a quite comfortable state in substance, spirit and social", so the right activities play an important part in the taking care of and improving health. It is necessary to write a popular book about taking care of the health of the elderly for the Association members. With the widespread coverage of electronic media the awareness about the health care of the elderly can be further enhanced.

Association of the Elderly of Vietnam

By Dr. Pham Thang
Dr. Duong Duc Hoang

Ageing nowadays has been the world's major concern. This fact is evident by the number and range of meetings in the region and throughout the world. These meetings focus attention on the various fields including epidemiology, medical biology, sociology etc. These have been the concerns of both government and non-government sectors.

The following trends have been observed:

- Increase of life expectancy at birth and at any taken age
- Remarkable increase of proportion of aged population (≥ 60 years)
- Decrease in fertility rate cause a diminution of young people's proportion and change in dependency ratio etc.

Vietnam is no exception to the common ageing phenomenon as shown through the database in the following tables.

Table 1 : Vietnam population - demographic trend

Year	Total (In millions)	Male (In millions)	Female (In Millions)
1960	30,172	14,770	15,402
1970	41,036	20,038	21,025
1980	53,722	26,018	27,704
1990	66,233	32,327	33,905
1991	67,774	32,994	34,780
1992	69,306	33,751	35,555
1993 a	70,982	34,541	36,441
1994 b	72,509	35,386	37,123
1995 b	73,959	36,092	37,867
1996 b	75,260	36,727	38,533

Source : Vietnam Year Statistics 1930 - 1984; 1992; 1995
a. Health Statistics Year Book. MOH. Hanoi February 1994
b. Minimum health data set (1993 - 1996). MOH.

Table 2 : Distribution of people 60+ through 2 national census

Age group	1979		1989	
	Number in thousands	%	Number in thousands	%
≥ 60	3,738	7.11	4,633	7.15
60 - 64	1,204	2.29	1,575	2.43
65 - 69	979	1,87	1,238	1.91
70 - 74	718	1.37	807	1.25
75 - 79	496	0.95	565	0.87
≥ 80	331	0.63	448	0.7

Source : Vietnam population census - 1989

Productive ageing is one issue reflecting both the development and humanitarian prospects. We should maintain the physical, and mental health of the aged and support them to reintegrate into society so that they are able to make a greater contribution to the society.

This is a very broad issue, which concerns economy, politics, society, culture and art etc. At this regional meeting we would like to give a presentation on Leisure and Recreation of the aged people in Vietnam. Those are the activities which should encourage the elderly to become active.

Now in Vietnam the aged people's activity has taken a more appropriate and consistent step through the Association of the Elderly of Vietnam (AEV), which was established more than two years ago (10th May 1995). AEV has its 6 following main tasks:

1. Mobilise and guide the aged to improve the quality of life, to increase longevity and to live happily.
2. Encourage and support the aged to improve their knowledge in every field, to enhance their sense of responsibility with family, native land and the country, to set a good example to society, to educate the young generation to inherit the tradition of the nation.
3. Protect the rights of the member of the AEV and of the aged in common.
4. Encourage families and society to care for the aged. Set up and develop the fund contribution by the whole nation to support the aged.
5. Encourage and support the members of the AEV to carry out the rights of citizens at a community level.
6. Unite Vietnam's aged people with the aged and the people throughout the world and with Senior Citizens Associations in other countries; make a contribution for the promotion of friendship and co-operation with other countries for the stability and development.

AEV has had 7,000 chapters with 30,000 branch chapters in 13,000 communes, districts, towns, with 5 millions members among 8 millions people of age admission (from 50 years old for female and 55 years age for male).

AEV was had conceived and supported by the Communist Party, Government, Fatherland Front to do its tasks. AEV has a special journal, it's name was "Elderly Journal".

There are a lot of activities, and programmes which have been presented:

- Organise talks on new, policies, to provide them with latest pieces of information. The topics are various, which cover many domains on politics, economy and society (manage ment of economy, industry, agriculture, product distribution, prices).

  These are also some practical activities such as relating experiences on family financial matters: raising bees, chickens, pigeons, planting mushrooms and potted trees etc...

- The aged often have chronic conditions. When they recur and become serious, patients should go to hospitals for treatment. But at the same time, due to the chronic characteristics, these conditions can be alleviated by doing exercises. Appropriate exercises can help to maintain a long-term stabilisation. So the Associations pays much attention to activities for exercise.

- Experts are invited to talk about some professional issues such as: anatomy-physiology, geriatric pathology, exercise, diet, drug usage, traditional medicine. bacteria, viruses as cause of infectious diseases. etc...

- Common knowledge on health is always transferred to the members of the Association: using clean food, no smoking, no drinking, avoiding drug abuse, avoiding daily contradic tion, creating the balance in physical and mental health. Thai chi has been taught and practised widely in Vietnam. It helps to strengthen bone and muscle system, respiratory system and balance nervous system and it is easy for every one to learn.

- Other remedies also have been applied: pressing points, massage, using cupping-glass to treat cold, flu...

- Nutrition is a main topic too: promotion on good diet, awareness about potential metabolic disturbances like diabetes mellitus, dislipidemia.

- Retired health staff are the key people for carrying out health activities: counselling, examining, following up cases, without money.

Vietnam has many beautiful places (historical cities, famous landscapes, etc.). Transportation has been improved and it creates favourable conditions for them to travel. Travelling can be in groups or with families. For women, they often combine travel with visiting religious shrines at the same time. There have been groups of aged travelling through out the country by train or even by bicycles.

There are often the traditional festivals in the community: pagoda festival, village festival, death anniversary of the ancestors. These activities are less active and irregular. The main cause is low educational level, poverty, poor access to information, especially the old women are more disadvantaged. Recently there are activities a little more effective such as: visit to cities, landscapes, longevity ceremony, the competition for ìmodel grandparent, good children" ... but it can not being compared with those activities in the urban areas.

In the countryside, many generations often live together. The aged in the family are respected and loved by the young. The daily jobs of the aged are usually to look after their children and grandchildren.

Conclusion

AEV aims to help the aged to lead a happy, healthy and useful life. It aims to encourage them to join the association, the clubs and take part in many other common activities.

Thai Nguyen Medical College, Bac Thai, Vietnam

By Dr. Hoang Khai Lap
Rector Thai Nguyen Medical College

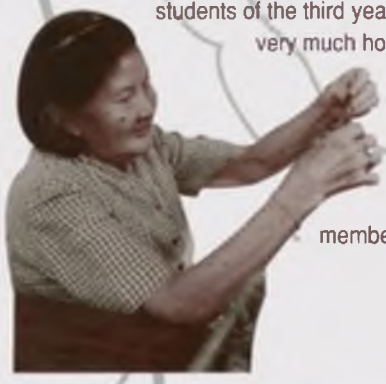
We, at ThaiNguyen Medical College, have carried out research on the situation of older people's health in the mountainous provinces of northern Vietnam. The result of some studies showed that the most common conditions in older people in this area were:

1. loss of hearing (44.18%)
2. dyspepsia, sluggish digestion (29.26%)
3. weak voice (37.19%)
4. cough in winter (40.23%)
5. arthralgia (47.62%)
6. loss of teeth (30.97%), and
7. hypertension (9.51%)

Our medical college, in recent years, has sent participants to attend workshops held by ATCOA. In collaboration with ATCOA, a workshop on Community Health Services For Older People was held at the ThaiNguyen Medical College in June 1997 and was very successful. This joint workshop is very significant and important to the college and institutions of nursing in the mountainous provinces, and places in which the older people are being taken care of in northern Vietnam. The workshop has helped us a lot in planning activities for taking care of older people in the community and issues concerned with strategies to protect and care for the elderly in the area such as

- role of sociology
- role of the family and social bodies
- role of the community in caring for older people's health
- nutrition and diet for older people
- priority and policies for older people

In the college's training programme, issues related to the older people's health have been included to teach the medical students of the third year and the fifth year. We very much hope to have a continuing collaboration with ATCOA for training the college's staff in the future, and to become an active member. Thank you so much.





National Plan : Cambodia
1997 - 1999

Objective	Activities	Outcome	WHO	When
1. To facilitate and co-ordinate 1999 activities	Setting up national body for co-ordinating 1999 activities	National co-ordinating body for 1999	MSACVA	March 1998
2. To improve living conditions of older persons	• Development/formulation chart of national policy for older people • Implementation of policy	Draft policy prepared (for cabinet approval)	MSACVA, HAI MSACVA, MOH, MOWA	Dec. 1998 1999
3. Increase public awareness on situation, needs, contribution of older people	• Launching of findings/report of study on older people • Organise events for 1 October	Inter-ministry workshop	MSACVA, HAI MSACVA, HAI, MOWA, CAE	May 1998 1998 - 1999
4. To preserve and pass on skills of ethnic minorities to younger generation	To develop project with ethnic minorities older people on traditional handicraft training, i.e., cloth weaving and basket weaving	• To earn additional income • Older people use their skills	MOWA	May 1998
5. To encourage older people to participate in social activities	• To practice physical exercises • To take care of other older people's health by using traditional massage • To participate in the programme of reforestation and subsidiary crops	To have a good health and long life	CAE	1998 - 1999
6. To increase income of poor older people in BTB, BME, PST	Continue IGA, audit schemes, savings groups	Better living condition of older people	HAI	1997 - 1999
7. To increase food security in BTB, BME, PST	• Continue to create rice banks and fertiliser banks • Dig ponds and wells • Home gardening	-	HAI	1997 - 1999
8. To improve health conditions of older persons	• Continue PEC • Help older persons to go to hospital • Herbals plant nursing	-	HAI	1997 - 1999
9. To stimulate the formation of self-help association of older people and provide leaders with training in community organising	• Strengthen existing OPS • Encourage formation of OPA's in new village	-	HAI	1997 - 1999

National Plan : China
1997 - 1999

Target Area	Activities	Responsibility	Tome line
1. Awareness	• 10 - 17 day mass concert and sporting activities for the entire Yunnan Province	Yunnan Province Committee on Ageing (YPCA)	October 1998
2. Research	• Setting up an Ageing Research Centre in Yunnan University. (Immediate research programme on minority groups)	YPCA	1998
3. Training	• To set up a social work concentration in the field of ageing in Yunnan University Social work programme • To organise a workshop in conjunction with No. 2 above • To conduct 2 training courses for officers of YPCA on the topic of organisational capacity building	Yunnan University Yunnan University and YPCA YPCA	1998 1998 1998
4. Services for older persons	• To implement concession schemes (e.g. public transport; park admission within the province, for older persons • To set up within 17 prefectures in Yunnan, elder health care facilities • To begin implementing through the hospital system, a home care programme in the prefectures	YPCA YPCA YPCA	1998 From 1998 (within a 5 yr. Period) From 1998 (within a 5 yr. Period)
5. Rights of older persons	• To monitor compliance with the law in the province (Law of the People's Republic of China for the protection of the rights of the aged was promulgated on 26/10/96	YPCA	1998 and on-going
6. Developing Organisational capacity	• To set up Township Aged Committees • To set up Village Elderly Association to promote family support for older persons • To implement a training programme on policy advocacy	YPCA YPCA YPCA	1998 - 2000 1998 - 2002 1998



National Plan : Lao People's Democratic Republic 1997 - 1999

Objective	Activities	Outcome	WHO	When
Improve quality of health care services for older people	Establishment of the elderly clinic	More elderly people getting treatment and physical checking	Mahosot	1997
Detection of common problems for older people	Creation of mobile team to district hospital to provide health education and examination	Easy access of examination for large number of the elderly	Mahosot	1997
• Improve skills for nurses from 5 hospitals in Vientiane • Establishment of national training centre • Develop skills of staff, Ministry of Labour and Social Welfare and Ministry of Health	Training 1. Gerontological Nursing Model 2. TOT	1 course 1 course	Mahosot and HelpAge Mahosot and HelpAge	1998 1998
Set up National Committee and National Policy on Ageing	Workshop Co-ordinating Committee	National policy and programme and programme of work	• Ministry of Health • Labour and social welfare • Lao Women's Unions • Lao Front for National Construction and HelpAge	1998
Upgrade knowledge of medical students on quality of care for the elderly	Introduction of geriatrics Medicine into the medical university	Medical students in the 6th year would know geriatrics medicine	Mahosot	1998



National Plan : Myanmar
1997 - 1999

Objective	Activities	Outcome	WHO	When
1. To raise and improve awareness of care of the elderly and to mobilise community support	Advocacy meetings at various levels of infrastructure (both administrative and sectoral)	Improved awareness of the care of the elderly among authorities, sectors and communities	Dept. of Social Welfare Dept. of Health	1998 1st Quarter
2. -	To establish National Committee for care of the elderly	-	State Peace and Development Council	1998 2nd Quarter
3. -	To establish elderly associations and clubs at various levels	-	Ministry of Health Ministry of Social Welfare	1998 3rd Quarter
4. -	Production and distribution of IEC materials and education through mass media	Improved awareness among the community	Ministry of Information	1998 4th Quarter
5. To identify the existing situation on behaviour and life styles of the elderly	To conduct geriatric research/surveys	Information for planning and evaluation of programmes for the elderly	Dept. of Medica Research Dept. of Health Planning	1998 3rd Quarter
6. To promote health care of the elderly	Establish geriatric clinics at existing health facilities in project townships	Provision of geriatric health services through primary health care approach	Dept. of Health (Ministry of Health)	1998 3rd Quarter
7. To improve health care of the elderly	Multiple courses of training and training of basic health staffs	-	-	1998 2nd Quarter
8. To encourage home-based geriatric care through families, volunteers, and NGOs	Mobilising and training of voluntary health workers for health care of the elderly	Provision of geriatric health services through PHC approach	Ministry of Health	1998 2nd Quarter
9. To promote health care of the elderly	Provision of supplies and equipment to rural health centres of the project townships	-	-	1998 1st, 2nd, 3rd, and 4th Quarter
10.-	Provision of medical social workers to project townships	-	-	1998 1st and 2nd Quarter



National Plan : Thailand
1997 - 1999

Objective	Activities	Outcome	WHO	When
1. Prepare and conduct the International Year of Older Persons in 1999 2. Public awareness to older persons 3. Support government and NGO collaboration.	• Social, Political, Cultural, and spiritual aspects • Health and nutrition aspects • Social service aspects • Employment and income aspects • Research and development aspects • Legal aspects • International aspects • Fundraising for older persons.	• Elderly human rights • PR for elderly recognition • Promotion for the benefit of the elderly • International co-operation	Governments : MOE, MOH, MOL&SW NGOs: SCCT, SCAT, Foundations, etc. People organisations: SC-Clubs (~3,000)	1999

National Plan : Vietnam
1997 - 1999

	Objective	Activities	Outcome	WHO	When
1. Legalisation	Development of Legalisation in care for the elderly	Drafting of documents	Law on protection of the elderly	MOLISA governments, NGOs	1998 - 1999
2. Policies	Raise minimum support level of older persons living in welfare centres and communities	• Drafting registrations for submitting to Government • Training for health policies makers and health care managers. (3 days)	• Raise on 30% of minimum support level • 100 persons trained	MOLISA NIG, MOH	1998 Jan 1998
3. Programmes	• Research on health status and medical and social needs of the elderly	• 10 most common diseases of the elderly • Assessment of basic medical and social needs • Assessment of availability of care givers in Community	Survey and study in 4 areas	NIG HAI (?)	1999
	• Training	• 4 training courses for medical doctors • 2 training courses for nurses in HN area • 4 three months training courses for community health voluntary for northern mountain area • 3 three months courses for nurses in community • 2 one week courses for elderly health care centre managers • 2 training courses for trainers on "age-care at community base" for VWU staff	100 persons x 4 courses 50 persons x 2 courses 30 persons x 4 courses 30 persons x 3 courses 20 persons x 2 courses	NIG, ATCOA (?) NIG BT medical college - - VWU	1998 - 1999 1998 + 1999 1998 + 1999 1998 + 1999 1998 + 1999 1998 + 1999
	• Free medical check up	• Medical check up for 3 government sponsored welfare centres of the elderly • Provide medical insurance cards for poor older persons	200 persons x 3 centres Throughout country (1.4 million)	NIG MOLISA	1998 + 1999 1998
	• Improving economic status of the elderly	• Supporting income generation activities of the poor elderly peoples • Establish a fund for the poor elderly	Throughout country To help improve living conditions	MOLISA VWU AEV	1998 + 1999 1998
	• Raising awareness	• Observance of the International Day of the Elderly • Advocacy • Mass media • Public talk at school, community on age care and the role of older people	Law formulation and policy amendment	VWU AEV MOLISA Others	1998 + 1999
	• Observance of the International Year of Older Persons	• Establishment of nationals committee for the International Year of Older Persons	Committee Plan of action for 1999	AEV Others	By the end of 1998

Note

AEV : Association of the Elderly of Vietnam
NIG : National Institute of Gerontology
MOLISA : Ministry of Labour Invalid Social Affairs
VWU : Vietnam Women's Union
TNMC : Thai Nguyen Medical College

Elements of Action Plans with HAI Involvement

Regional Activities

Activity	When	WHO
• To create a permanent network of organisations and contacts within NGOs and government ministries who are primarily concerned with improving the quality of life for older people in this sub-region. This report it is hoped will be the first communication followed by three further bulletins	1998	HAI, NGOs, Government ministries
• To facilitate exchange visits and monitoring arrangements between NGO's and Government departments to share expertise.	1998	HAI, NGOs, Government ministries, SCCT
• To focus on issues affecting older women who make up the largest proportion of the ageing population.	1998	HAI, NGOs, Government ministries, Women's Union in Vietnam, Lao PDR and Yunnan
• To hold a review meeting to access progress and plan future alternatives	1998	HAI, all participants

HAI Action Plans

Training

Country	Activity	When	Who
China	National training programme one course in Yunnan on organisational development	1998	ATCOA, YPCA
Lao PDR	A training course on Gerontological Nursing	1998	ATCOA, Mahosot Hospital
Myanmar	Two training courses - to train basic health workers and voluntary health workers - Investigation	June 1998	HAI
Thailand	Thai language programme (4 courses) - to train people who work with older people from NGOs and government in Thailand	1998	ATCOA
Vietnam	Vietnamese language training programme on health care training	1998	VNIG, Bac Thai Medical College, ATCOA

HAI Action Plans

Project Development

Country	Activity	When	Who
Cambodia	• Continuation of income generating schemes, savings groups and activities to increase food security in Battambang, Banteay Meanchay and Pursat provinces • Continuation of community eye care programme in Siem Reap and Battambang	1998	HAI HAI
Myanmar	Potential health programmes with NGOs and those working with older people	1998/1999	VNIG, HAI
Vietnam	The possibility of undertaking research into basic social and health needs and availability of care services in the community	1998	

HAI Action Plans

Communications and Advocacy

Country	Activity	When	Who
Cambodia	• To develop a national co-ordinating body • October 1st - International Day for Older People • national policy for older people	1999	HAI, MSALVA
Lao PDR	• To facilitate the formation of a National Committee on Ageing • To set parameters for the development of a National Policy for Older People	1998	HAI
Myanmar	• National policy for older people • To offer support on policy development work		Relevant Ministries, HAI
Thailand	• To assist in the drafting of the Older Persons Law • To publish a Thai edition "Ageways" • NGO newsletter on ageing		HAI
Vietnam	• To offer support on policy development work • To assist with facilitating a national workshop		HAI

HAI Action Plans

Organisational Development

Country	Activity	When	Who
Cambodia	• To develop an NGO forum with concerns for older people		HAI, Cambodia Association of the Elderly and other national groups
China	• To increase the capacity of staff in the YPCA		HAI, CNCA, YPCA
Lao PDR	• To hold an NGO Forum	1998	HAI, NGOs, Other relevant governmental bodies
Myanmar	• To explore opportunities for development and contacts with local and national NGOs		HAI
Thailand	• To start "Foundation for Older People's Development" • To hold an annual seminar for project holders in country which brings together up to date news and information on ageing issues in Thailand		HAI
Vietnam	• To convene an NGO Forum on ageing issues	1998	HAI

Conclusions and Recommendations



Through the development of this initiative, HelpAge International hopes to provide a focused programme of assistance to the older populations in these communities and a forum for an exchange of expertise between different NGO and government partners in each country. Using its Asia Regional Development Centre in Chiang Mai, Northern Thailand, HelpAge International will use its resources to provide assistance in a number of key areas, the details of which are presented in tabular form below:

1. Training

A series of practical training courses will be designed and run with the participation of NGO's and relevant government structures from each country. This training will be offered in most cases in country, but will occasionally draw together representatives from partners to regional meetings.

Specific course requested included:

Training of trainers
Gerontological Nursing
Organisational development

2. Project Development

Through the experience of HAI supported initiatives in health care, income generation and community services, partners will be assisted in setting up programmes to directly benefit their most vulnerable older people

Specific programme areas:

Comprehensive models of community based care
Care of older people living with their families
Care of homeless older people

3. Networking and Advocacy

Raising awareness of older people's problems through public education is vital to create understanding of the ageing process by the rest of society. For those working with older people, the provision of easily accessible information on age care is at a premium. HAI will help partners to organise public education campaigns and provide the raw materials for regular bulletins or professionally produced information on ageing. The UN has recognised 1999 as International Year for Older Persons. HAI and other organisations are using this year to raise awareness of the needs of older people.

Specific needs:

- Exchange of information and resources amongst Mekong countries
- Planning public awareness campaigns
- Policy development - the formation of legislation for older people
- A Gender perspective on ageing
- Fundrasing for ageing activities





4. Organisational Development

HAI's experience in many developing countries has been that nationally-run NGO's are essential components in creating a civil society and many of its efforts have been in developing the capacity of local structures which fit into the cultural and legal norms of that country. By providing advice on management, projects and helping to building a local fundraising base, HAI would hope to set the foundations to eventually foster a network of self sufficient organisations.

1. Training

China

The Asia Training Centre on Ageing , an initiative of HAI is launching an national training programme in China in 1998 and will run one course in Yunnan province in conjunction with Yunnan University and the Yunnan Provincial Committee on Ageing (YPCA). The course will aim to strengthen the organisational capacity of YPCA and will be held in Kunming.

Lao PDR

A training course on Gerontological Nursing will be conducted in Vientiane in March 1998. This will be facilitated by ATCOA's Thai language trainers.

A further training course for staff of the Ministry of Labour and Social welfare and the Ministry of Health is planned for 1998

Myanmar

Two training courses have been suggested in the action plan to train basic health workers and voluntary health workers in conjunction with the Ministry of Health. A dialogue with donors and the relevant ministry staff will be initiated by HAI.

A programme visit is planed in June 1998

Thailand

ATCOA has a Thai language programme which has been in existence since 1994. Four courses will be held this year to train those working with older people from NGOs and government in Thailand.

Vietnam

ATCOA is intending to start a Vietnamese language training programme in 1998 which will include collaborative courses with

1. Vietnam Institute of Gerontology (VNIG) on health care training,
2. Bac Thai Medical College on community health
3. Vietnam Women's Union for trainers of age care community based services.

These courses will be completed by December 1998.

2. Project Development

Through the experience of HAI supported initiatives in health care, income generation and community services, partners will be assisted in setting up programmes to directly benefit their most vulnerable older people.

Cambodia

Continuation of income generating schemes, savings groups and activities to increase food security in Battambang, Banteay Meanchay and Pursat provinces.

Continuation of community eye care programme in Siem Reap and Battambang

Myanmar

Within the possibilities offered by donor funding, HAI will explore potential health programmes with NGOs and those working with older people in Myanmar (see programme visit, above)

Vietnam

With the VNIG, HAI will explore the possibility of undertaking research into basic social and health needs and availability of care services in the community.

Programme visit - September 1998

3. Communications and Advocacy

Raising awareness of older people's problems through public education is vital to create understanding of the ageing process by the rest of society. For those working with older people, the provision of easily accessible information on age care is at a premium. HAI will help

partners to organise public education campaigns and provide the raw materials for regular bulletins or professionally produced information on ageing. The UN has recognised 1999 as International Year for Older Persons. HAI and other organisations are using this year to raise awareness of the needs of older people.

Cambodia

HAI will work with the Ministry of Social, Labour and Veterans Affairs (MSALVA) to develop a national co-ordinating body for 1999. Events and activities will also be planned to mark October 1st - International Day for older people

HAI will work with MSALVA to develop a draft national



policy for older people

HAI and MSALVA will hold a joint inter-ministry workshop to discuss the findings of the current national study on older people.

Lao PDR

HAI will work with the relevant bodies to facilitate the formation of a National Committee on Ageing and help to set parameters for the development of a National Policy for Older People.

Preparatory visit - March 1998

An NGO Forum will be held during the same week of the training workshop inMarch 1998

Myanmar

HAI will investigate the possibilities of working on a national policy for older people in conjunction with relevant national bodies

Thailand

HAI will work with the relevant government bodies and NGOs to assist in the drafting of the Older Persons Law currently under consideration.

HAI continues to publish a Thai edition of its quarterly publication, 'Ageways' giving up to date information on ageing issues in Thailand. It also publishes an NGO newsletter on ageing which is circulated to NGOs in Thailand

Vietnam

HAI will offer support on policy development work and assist with facilitating a national workshop including MOLISA, NGO's and MOH

HAI will work with AEV, and others to advise on formation of a national committee on ageing and a plan of action for 1999

4. Organisational Development

HAI's experience in many developing countries has been that nationally-run NGO's are essential components in creating a civil society and many of its efforts have been in developing the capacity of local structures which fit into the cultural and legal norms of that country. By providing advice on management, projects and helping to building a local fundraising base, HAI would hope to set the foundations to eventually foster a network of self sufficient organisations.

Cambodia

Work with both the Cambodia association of the Elderly and other national groups to develop an NGO forum with concerns for older people.

China

Work with CNCA and the Yunnan Provincial Committee on Ageing to increase the capacity of staff in the YPCA

Lao PDR

Work with NGOs and other relevant governmental bodies to hold an NGO Forum in March 1998 to discuss collaboration



Myanmar

Explore opportunities for development and contacts with local and national NGOs

Thailand

The development of a national foundation, the



"Foundation for Older People's Development" is currently underway in Thailand which will work closely with HAI to carry out programmes and training on age care. In addition, HAI convenes an annual seminar for its project holders in country which brings together up to date news and information on ageing issues in Thailand

Vietnam

HAI plans to convene an NGO Forum in Hanoi in September 1998 to bring together interested parties on ageing issues.

Regional Activities

It is hoped that this initiative will create a permanent network of organisations and contacts within NGOs and government ministries who are primarily concerned with improving the quality of life for older people in this sub-region. This report will be the first communication, to the network followed by three further bulletins during 1998

1. The first will be publicised in April 1998 and report on the Lao training course and NGO Forum.

2. The second will be published in July and cover progress on training courses in China and Vietnam as well as activities in Thailand.
3. The third will be published in December and will be a report of the review meeting and progress update which is planed to be held in Hanoi in November 1998.

It is hoped that the network can facilitate exchange visits and mentoring arrangements between NGO's and Government departments to share expertise.
HAI would be willing to support two exchange visits in the first financial year and we take up the generous offer made by Dr Banloo Siripanich of the Senior Citizens Council of Thailand to provide training for nurses in Thailand.

It is also hoped to focus on issues affecting older women who make up the largest proportion of the ageing population and we would priories an exchange of information on women's' issues by the Women's Union in Vietnam, Lao PDR and Yunnan province.

Conclusions

The populations of the Mekong Basin countries will experience a rapidly ageing population over the next twenty years and it is important that the relevant players in government and other sectors start to make plans to develop policies which can prepare their societies for some of the consequences of this demographic change.

It is our hope that by initiating this meeting and hopefully by following up some of the activities planned some small steps towards sensitising the key players in NGOs and governments sectors has started. With adequate donor



support and with the commitments of governments in this region we are confident that some more substantial initiatives can be made.

Stephen King

Regional Representative - Asia

January 1998

Appendix I

List of Participants

Cambodia

1. Mr. Hong Theme, Under Secretary of State, Ministry of Social Affairs, Labour and Veteran Affairs, Phnom Penh.
2. Ms. Ek Vireak, Deputy General Director for Programme, Ministry of Women's Affairs, Phnom Penh.
3. Mr. Chum Seak Nguon, Deputy Director, Social Welfare Department, Ministry of Social Affairs, Labour and Veteran Affairs, Phnom Penh.
4. Ms. Kim Sophana, Project Director, Cambodia Association for the Elderly, Phnom Penh.
5. Mr. Phan In, Provincial Coordinator, HAI Cambodia Programme, Phnom Penh.

China

6. Mr. Yan Ming Rong, Deputy Section Chief, Old-age Problem Committee, Yunnan Provincial Government, Yunnan.
7. Ms. Xu Qin, Associate Researcher, China Research Centre on Ageing, China National Committee on Ageing, Beijing.
8. Ms. Wei Xing, Social Work Programme, Yunnan University, Yunnan
9. Ms. Yang Yan-hua, Yunnan Reproductive Health Association.

Lao People's Democratic Republic

10. Mr. Onevong Keobunnavong, Ministry of Labour and Social Welfare, Vientiane
11. Dr. Kongsap Akkhavong, Chief, International Clinic Department, Mahosot Hospital, Vientiane

Myanmar

12. Dr. Zaw Htoo, Senior Statistician, International Health Division, Department of Health Planning, Ministry of Health, Yangon.

Thailand

13. Dr. Prasop Ratanakorn, Chairman, Senate Committee on Public Health, Bangkok
14. Khunying Somsri Kantamala, Chairperson, Senior Citizens' Association of Thailand, Bangkok
15. Dr. Banloo Siriphanich, Vice Chairman, Senior Citizens' Council of Thailand, Bangkok
16. Mr. Vanchai Vatanasapt, Director, Mekong Institute, Khon Kaen University, Khon Kaen
17. Ms. Rarinthip Sirorat, Chief of Foreign Relations Sub-division, Social and Study and Planning Division, Department of Public Welfare, Bangkok
18. Ms. Pornthip Suksaran, Senior Public Welfare Administra tor, Welfare Assistance Division, Department of Public Welfare, Bangkok
19. Ms. Siriwon Janekarn, President, Foundation for Thailand Rural Reconstruction Movement, Bangkok



Vietnam

20. Ms. Nguyen Kim Lien, Ministry of Labour, Invalids and Social Affairs, Hanoi

21. Dr. Pham Thang, National Institute of Gerontology, Hanoi

22. Dr. Duong Duc Hoang, National Institute of Gerontology, Hanoi

23. Dr. Hoang Khai Lap, Rector, Bac Thai Medical College, Thai Nguyen City

24. Ms. Pham Hoai Giang, Viet Nam Women's Union, Hanoi

United Nations System

25. Mr. Sompong Chareonsuk, HIV / AIDS Management Specialist, United Nations Development Programme (UNDP), Bangkok

26. Ms. Mikayo Yamazaki, Programme Officer, United Nations Development Programme (UNDP), Bangkok

27. Ms. Lorraine Corner, Regional Programme Adviser, East and Southeast Asia Regional Office, United Nations Development Fund for Women (UNIFEM)

28. Mr. Pornchai Suchitta, Programme Officer, United Nations Population Fund, Bangkok

29. Dr. Han Tun, Officer on Special Duty, WHO Liaison Office with ESCAP, World Health Organization (WHO), Bangkok

Resource Persons

30. Mr. John Ang, Senior Lecturer in Social Work, Department of Social Work and Psychology , National University of Singapore, Singapore

31. Dr. Doris Camagay, Medical Director, Coalition of Services for the Elderly (COSE), Philippines

32. Ms. Pratin Dharmarak, Programme Manager, HelpAge International Programme, Cambodia

HelpAge International Secretariat

33. Mr. Mark Gorman, Director of Development / Deputy Chief Executive, U.K.

34. Mr. Stephen King, Regional Representative/Asia, Thailand

35. Mr. D. Wesumperuma, Director, Asia Training Centre On Ageing (ATCOA), Thailand

36. Mr. Sawang Kaewkantha, Programme Co-ordinator, Thailand

UN ESCAP Secretariat

37. Mr. Adrianus Mooy, Executive Secretary

38. Ms. Kayoko Mizuta, Deputy Executive Secretary

39. Mr. S. Thampi, Special Assistant to the Executive Secretary

40. Mr. Edward Van Roy, Director, Social Development Division

41. Mr. Bienvenido Rola, Chief, Disadvantaged Groups Section, Social Development Division

42. Ms. Nguyen Kim-Xuan, Associate Social Affairs Officer, Social Development Division

43. Ms. Mary Bess Spurlock, Chief, Division of Administration

44. Mr. Brian W. Health, Chief, Conference and General Services Section, Division of Administration

45. Mr. David Lazarus, Officer-in-Charge, a.i., United Nations Information Services



Appendix II

Summary of Evaluation Forms

There were 19 respondents out of 27 participants who were given the evaluation form: 70.37 per cent of participants responded.

1. How useful was the workshop to your work in the following aspects:

	very useful	useful	not useful
a. information exchange	17 (89.5%)	2 (10.5%)	0
b. decision making	3 (15.8%)	15 (78.9%)	1(5.3%)
c. programme development	12 (63.2%)	7 (36.8%)	0
d. networking	6 (31.6%)	13 (68.4%)	0

2. In which part of the workshop were you most interested and least interested?

Most interested:

- Care of older persons (4)
- Programme development and implementation (4)
- National plans (3)
- Planning process and policy making (3)
- Income generation scheme (2)
- Regional plan of action and preparation for the IYOP
- Information exchange

Least interested:

- Policy making (2)

3. How do you rate the overall quality of presentations and speakers?

excellent	good	fair	poor	no response
6 (31.6%)	8 (42.1%)	4 (21.0%)	0	1 (5.3%)

4. Please evaluate the intensity of the workshop (daily work tempo)

excessive	suitable	insufficient	no response
3 (15.8%)	15 (78.9%)	0	1 (5.3%

5. Please evaluate the manner in which the workshop was conducted

very democratic and lively	democratic	not democratic	no response
11 (57.9%)	7 (36.8%)	0	1 (5.3%



6. Was the information and documentation provided for the workshop useful and adequate?

yes	no
19 (100%)	0

7. How do you rate the overall quality and effectiveness of the workshop?

excellent	good	fair	poor
7 (36.8%)	9 (47.4%)	3 (15.8%)	0

8. Do you have any suggestion to improve similar workshop in the future?

(a) Please specify other issues relevant to the theme of the workshop that should be discussed.

=> Care and service
- care of the elderly living with family
- care of homeless older persons
- community based comprehensive care
- care between older persons
- Geriatric health services

=> Training
- Training of the trainers
- Training and nursing in community

=> Networking and information exchange
- Exchange and share among Mekong Basin countries (2)
- Role, use and impact of mass communication
- Public awareness and concern campaign
- Collaboration between national and international organisations
- Fundraising for elderly activities

=> Policies related to the elderly
- Assessment of the needs and resources for the elderly (2)
- Practical programme work
- Welfare for the elderly
- Incentives for those who support the elderly
- The elderly's contribution to a society
- Gender perspective on ageing

(b) Other suggestions (Please write below or on the back)

=> To invite more representative from NGOs (2)

=> To organise similar workshop:
- in other countries such as Vietnam, Laos, and Cambodia in Mekong Basin (2)
- in order to see how national plans could be implemented
- in order to empower the participants to continue their work on ageing
- In order to share more experiences each other and find the way which provide assistance to older persons.



- => To make the workshop:
  - longer
  - less intensive
- => To slow the tempo of presentation
- => To arrange seating in a less formal way so that participants can interact more
- => To make a project or programme regarding the elderly's exchange visit among Mekong Basin countries

9. Background information

Gender:

Male	Female	No response
12 (63.1%)	6 (31.6%)	1 (5.3%)

Profession:

Policy maker	Doctor	Researcher	Programme Co-ordinator	Trainer	No response
4 (21.0%)	6 (31.6%)	2 (10.5%)	5 (26.3%)	1 (5.3%)	1 (5.3%)

Sector:

Government	Hospital	Research Centre (College)	Other NGO	No response
5 (26.3%)	1 (5.3%)	5 (26.3%)	7 (36.8%)	1 (5.3%)

Appendix III

HelpAge International

HelpAge International is a network of 55 national, independent organisations working for older people worldwide. Established in 1983, it has a small secretariat in London and Regional Development Centres in Asia, Africa, Latin America and the Caribbean. It has Category I status with the UN and in 1989 was awarded the first UN award for services to its programme on ageing.

HelpAge International and its member organisations have worked in south east Asia for almost twenty years and HAI has its Regional Development Centre for Asia based in Chiang Mai, the gateway to the Mekong Basin region. In 1992, HelpAge International established the Asia Training Centre on Ageing, a regional resource offering high quality training courses to age care practitioners throughout Asia. Through support to NGO's throughout Asia and through the development of a direct programme of assistance in Cambodia, HAI has considerable expertise in health and income generation initiatives as well as programmes of community care which help older people stay within their communities. HAI also produces a number of practical publications and training materials for this region. Through the support of AusAID, its quarterly magazine "Ageways" is now published in Thai and is targeted at those people who are working with older people in NGO's and government throughout Thailand.



PIPS006119



CHINA



MYANMAR

LAO PDR





THAILAND



VIETNAM



CAMBODIA



For more information on
HelpAge International
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