Asia/Pacific Regional Conference 2005

Learning from the Tsunami: Older People in Emergencies

Siem Reap, Cambodia





Leading global action on ageing



HelpAge International is a global network of not-for-profit organisations with a mission to work with and for disadvantaged older people worldwide to achieve a lasting improvement in the quality of their lives.

Help the Aged provides core fuding to HelpAge International, and is also a leading partner of HelpAge International's global network of not-for-profit organisations.



Content

Foreword Opening Remarks

- **3** Section 1: Disaster Management
 - **1.** Disaster management in Asia/Pacific

1.1 Presentatation by Asia Disaster Preparedness Center (ADPC)

vulnerabilities of target groups

Preparedness planning and advocacy

Presentation of group session

Conclusion and recommendations

1.2 Presentation of group workshop

- 1.3 Network and disaster management plan
- 2. Avian Influenza: Risk and Preparedness
- **15** Section 2: Organisation of Older People
 - 2.1 Presentations 2.2 Feedback of a field visit to Older People Association
- 21 Section 3: Social Pensions / Millennium Development Goals (MDGs) and Older People
- **25** Section 4: The HAI Network
- **30** Annex: Participants and honoured guests

1

Foreword

The annual regional conference of HelpAge International, Asia/Pacific network took place on 14-18 November 2005 at Siem Reap, Cambodia.

Key speakers at the opening ceremony were H.E. Ith Sam Heng, Minister of Social Affairs, Veterans and Youth Rehabilitation of Cambodia; Mr Kittipan Kanjanapipatkul, Secretary-General of the Colombo Plan and Mark Gorman, Deputy Chief Executive of HelpAge International.

The tsunami of December 2004, with its terrible loss of lives and economic damage, was a harsh reminder of the importance of disaster preparedness. Older people were particularly affected. The response of different organisations of the network left valuable lessons. Hence, the key theme of the regional conference this year was 'Learning from the Tsunami: Older People in Emergencies.'

The regional conference agreed to undertake a process of building capacities for disaster management with a focus on older people. This is being implemented and by the time the next regional conference takes places, we should be able to formalise joint response plans involving different capacities and experiences within the network.

This was the largest regional conference we have organised in Asia/Pacific. Over 90 participants from more than 40 organisations and 20 countries came to Siem Reap. The Asian Disaster Preparedness Center (ADPC) skilfully facilitated the disaster management sessions.

Although our main agenda was on disaster management, we did also discuss and plan work in social pensions, organisations of older people, and Millennium Development Goals (MDGs).

The field visit showed us how the self-help mechanisms and the Older People Associations (OPAs) are contributing to improving the rights, livelihoods and dignity of older people.

We thank the Cambodian authorities, the Colombo Plan and the staff of HAI in Cambodia for the support given to this event.

Eduardo Klien Regional Representative HelpAge International Asia/Pacific

Opening Remarks

The opening ceremony was introduced by Eduardo Klien, Regional Representative of HAI APRDC followed by remarks of Mr Kittipan Kanjanapipatkal, Secretary-General, The Colombo Plan; Mark Gorman, Deputy Chief Executive HAI; and H.E. Ith Sam Heng, Minister of Social Affairs, Veterans and Youth Rehabilitation in Cambodia.

Mr Kittipan Kanjanapipatkal, Secretary-General, The Colombo Plan:

"The issue at hand is older people, and the main topic for this conference is older people in disaster management. The population in Asia is ageing, putting pressure on public expenditures. There is a need for private sector and NGOs to assist and work with older people, and this conference is timely, as best practices need to be in place for working with the older people. The Colombo Plan is proud to sponsor participants from eight countries to attend the conference, and values its working relationship with HAI..."

Mark Gorman, Deputy Chief Executive HAI:

"Our conference agenda reflects the concern we all share to prepare for and deal with disasters as they occur in the future. Inevitably this is a dominant theme of our meeting, but there will be space to review our work in other areas. A particularly significant development across the region in recent years has been the emergence of organisations of older people in a number of countries. I believe that it reflects the emergence of a new awareness among older people that they can come together to support each other and that working together for mutual benefit makes them much more effective than working alone.

We are also considering the Millennium Development Goals, those international targets for development which have notably neglected older people, but which HAI has worked hard to make more inclusive. And finally an issue in which I am particularly interested, addressing the means to give older people, particularly those living in poverty, with a basic level of material security through social pensions."

H.E. Ith Sam Heng, Minister of Social Affairs, Veterans and Youth Rehabilitation in Cambodia:

Older people have an important role in the family and community, providing the continuity to the next generation. There is a challenge presented in the face of rapid development in countries, which requires a strategic planning to work with older people. The Madrid International Plan of Action on Ageing has recommended implementing fundamental policies for the older people.

There is gratitude to HAI and the international organisations that are helping older people around the globe. Cambodia is doing its part to be responsible, through the participation in the International Ageing Day and through subcommittee work on the issues of ageing. The Royal Government of Cambodia (RGC) has issued a circular on enhancement of older people who are disadvantaged and those in natural disasters. There are 194 associations of older people, and there is a pension scheme in place for civil servants. The RGC is preparing a social security system for workers, and is now conducting research on a system for common people through a national pension fund.

Cambodia has received assistance from international and local NGOs, and through the Cambodian Red Cross. There is gratitude to the Republic of Korea for its work in initiating the pilot projects in Cambodia on home-care, and for their work on rice banks and income-generation activities in rural communities.

The work with older people needs to be supported, and cooperation and linkages help facilitate the development of policies to benefit older people. The RGC will join as an active member in future meetings and conferences.

Eduardo Klien thanked H.E. Ith Sam Heng for his support to this Regional Conference and expressed HAI's commitment in Cambodia, in particular through a recently approved programme with funding from the European Commission (EC).

After the group photograph participants were introduced and the schedule of the conference discussed.



Mr Kittipan Kanjanapipatkul, Secretary-General of the Colombo Plan

Section 1: Disaster management



'Older people, often neglected in normal circumstances are even more vulnerable in disasters.'

"The impact of Indian Ocean tsunami on older people: issues and recommendation," HelpAge International, 2005.

Disaster Management

Disaster Management was the key theme for the Regional Conference 2005, sessions were divided into three parts: 1) Disaster management in Asia/Pacific; 2) Presentations of group discussion on disaster management planning; and 3) Network and disaster management plan.

Disaster management in Asia/Pacific

The sessions were carried out with facilitation of Asian Disaster Preparedness Center (ADPC.) The purpose of the session was to provide a comprehensive overview of basic concepts of disaster preparedness and risk reduction. As well as prevalent practices in the field which the participants may apply in their own organisations. The practices cater to the needs of older people during disaster management and response situations.

The sessions were organised around the following three themes:

- i) Introduction to disaster management, preparedness and mitigation
- ii) Sharing experiences from HAI partners in emergencies, particularly related to Asian tsunami and the earthquake in Pakistan
- iii) Preparedness planning and advocacy

Introduction to disaster management, preparedness and mitigation

Sessions included:

- An introduction about disaster risk management and hazards that are frequently experienced in Asia/Pacific;
- Basic concepts related to disasters and disaster risk reduction, to develop the understanding of conference participants;
- An introduction to risk reduction strategies that can be adopted at the community level, with examples from countries in the South and South East Asian regions.

As a follow up to the inputs provided, a group exercise was organized to identify the vulnerabilities and capacities of the elderly to deal with disasters. The group discussions were held around the following questions:

- Analysis of the nature of impact of any disaster on older people which you have responded to, and the reasons for these impacts
- What are the resources and capacities of older people to cope with disasters?
- What contribution can older people make in the emergency response and recovery process of the affected community?
- How can we develop older people's capacities to cope with disasters?

The group discussions generated discussion on the vulnerabilities of older people in emergencies. Key vulnerabilities identified included:

- Lack of access to relief supplies;
- Lack of credit-worthiness;
- Abandonment due to emotional detachment from younger generation;
- Abandonment due to migration of younger generation;
- Vulnerability to waterborne diseases;
- Vulnerability to incapacitation, disability;
- Lack of nutrition due to tendency to sacrifice food or other basic commodities for children/other family members;
- Physical weakness;
- Psychological trauma, depression, emotional disturbance;
- More vulnerable to loss of life and injury.

The strengths and resources of older people to cope with disasters included:

- Experience of dealing with past disasters;
- Knowledge of coping strategies that can enhance community resilience;
- Success stories about what worked in past disasters;
- Traditional health remedies;
- Prestige in the community;
- Ability to take care of family, particularly children;
- Effective leadership and community organizing capacity; and
- Social respect for elderly due to their experience and wisdom.

The resources of older people to contribute to emergency response and community recovery included:

- Share past experiences from disasters;
- Provide psychological support and comfort to the family and broader community;
- Provide guidance in rehabilitation and reconstruction processes;
- Provide financial and other resources to the community; and
- Provide inputs in needs assessment and action planning.

The session identified a number of strategies to develop the capacity of the elderly for disaster preparedness;

- Involve the elderly in community consultation processes for public awareness and information campaigns;
- Mapping where older people live so that awareness/early warning information can reach them;
- Facilitate drawing lessons from indigenous knowledge and transfer to community and
- Involve in provision of relief assistance; and
- Enhance their role as community counselors and on advisory committees.

The session noted that strengths and contributions of older people in emergencies were often overlooked and not considered. The need for advocating to various groups active in postdisaster situations was highlighted very strongly in this discussion. It was also emphasized that it must be recognized that elderly vulnerabilities are varied depending on their age, health and mobility, their income levels, their access to resources as well as their social status within a community or household.

Sharing experiences from HAI partners in emergencies, particularly related to Asian tsunami and the earthquake in Pakistan

A summary of the survey conducted with HAI network partners was also presented. The survey reviewed the following topics:

- Partners' experience in reponding to older people's needs in emergencies;
- Agencies targeted for advocating older people-sensitive emergency response;
- Key challenges and concerns in catering to older people's needs;
- Strategies used by partners in overcoming the challenges in emergency response;
- Actions undertake on disaster preparedness by partners;
- Strategic planning for enhancing preparedness undertaken by partners;
- Human and material resource capacities within the network.

This session brought out some of the key priorities related to older people and emergency response, namely:

- Relief supplies;
- Health assistance (not just of triage but also typical older people ailments such as health issues related to eyesight, diet and mobility);
- Access to financial assistance (in which older people are typically ignored or not considered creditworthy); and
- Support to restarting livelihoods.





Participants expressed the following areas of interests:

- Action planning for disaster preparedness (and related components such as logistics management, public awareness, etc.)
- > Sharing lessons and success stories from past involvement in servicing older people vulnerabilities, needs and capacities in emergencies and advocacy to relevant institutions
- Learning about disasters and disaster management
- > Learning about policy and legislation dealing with older people in disasters
- > Others

Other key expectations were: setting up of a regional contigency fund to support disaster preparedness and emergency response in affected countries; the need to establish a database on technical and material resources for the network; the need to have a 'regional action plan' for catering to older people in disasters. Some of the challenges identified by partners included:

- Time lapse in accessing emergency funds for instant mobilisation of relief and medical supplies;
- Lack of sensitivity to older people's needs by other agencies providing relief; for example, sensitivity to safe areas to which communities are evacuated;
- Limited information post-disaster or otherwise about demographic (population) statistics in relation to the elderly (e.g. male-female elderly ratio, numbers of elderly female headed households, numbers of elderly with limited mobility, etc);
- Lack of coordination between agencies for optimal utilisation of resources and the need for uniformly targeting all communities; and
- The need for a mechanism through which human and material resources can be shared between partners of the HAI network.

Preparedness Planning and Advocacy

Preparedness planning and advocacy brought together the learning from the ealier two sessions into an 'action planning' mode for the partner agencies of the network. This session included a set of presentations identifying the key questions that partners must answer in the "Emergency Preparedness Plans" of their respective organisations. It also provided a comprehensive overview of agencies active in post-disaster context, with their respective roles in 10 countries from South and South East Asia. After the inputs the participants were divided into six groups (namely Floods, Earthquake, Tsunami, Cyclone and Drought) for an Action Planning and Advocacy exercise focusing on five different hazards identified.

The teams were able to identify a fairly comprehensive checklist of

- i) Actions that the partner organisations can take before, during and after the event to enhance their emergency response;
- ii) Organisations they may contact before or during the emergency to advocate sensitivity to older people's needs in emergencies and strategies for this advocacy; and
- iii) Strategies and opportunities for integrating disaster preparedness concerns within the partner organisations' ongoing development programs targeting the elderly.

It was noted that the outcomes from the group provided a broader framework for disaster preparedness and response. However, the interested organisations needed to undertake further work for the development of their organisational preparedness plans. Moreover, they might require further technical assistance to undertake this kind of planning exercise.

In the current environment of heightened concerns about a possible Avian Influenza pandemic, APRDC organised a presentation by the Tsao Foundation regarding how organisations can prepare and indeed prevent spread of Avian Influenza.

Following this, APRDC facilitated a plenary discussion inviting HAI partner organisations to enlist resources or capacities that they can offer to other partners for supporting capacity building of the network in elderly sensitive emergency preparedness and response. During this session, the specific needs and expectations of partner agencies in strengthening organisation-specific emergency preparedness were also discussed. It was evident through the discussions that the partner agencies had many strengths in the areas of disaster preparedness planning and emergency response. These resources of partner organisations could be utilized for building the capacities within the network.

Conclusions and recommendations

HAI has a large network of partners and can play a significant role in promoting disaster preparedness not only for older people, but also for the broader communities in the member countries. As a result of the workshop, HAI members now have a common knowledge, and an understanding of how to take concrete steps in the future. The sharing of experience by the members and ADPC facilitators provide useful insights and practical lessons for all network members.



HAI has a large network of partners and can play a significant role in promoting disaster preparedness not only for older people, but also for the broader communities in the member countries. A small number of HAI network members have strengths and experiences on the following areas: Highly developed skills to cater to older people's needs in term of i) Health (eyesight, mobility, etc), ii) Triage, iii) Emergency relief and supplies, iv) Livelihood support, v) Organising older people into self-help groups and older people's association, vi) Policy for serving older people, vii) Contigency planning, viii) Advocacy strategies, and ix) Mitigation (drought and flood).

However, there is a big gap in the capacity of some members. A large proportion of the member organisations do not have relevant experience and lack understanding of basic concepts of disaster management. Due to diversity of locations and organisational mandates, developing disaster preparedness is now a priority for the network, therefore:

- Further capacity building of the HAI members is needed through extensive trainings. Therefore, APRDC should consider organising short courses preferably on a country level in local languages. It seems that the lack of basic understanding and expertise amongst the partner organisations is a reason for their reluctance to engage in emergency response.
- It is recommended that the APRDC focuses on a smaller geographic sub-region (e.g. a few countries in the South Asia and South-East Asia); identifies resources, and shares opportunities within sub-regions for enhancing disaster preparedness.
- It must be recognised that disaster preparedness planning is a long drawn and dynamic process rather than a paper document. During the group exercise on disaster preparedness and advocacy detailed checklists were prepared on actions that can be taken before, during or after disasters to strengthen the capacity of older people. Within the broad framework provided by this exercise, each interested HAI network will need to undertake a detailed action planning exercise tailored to its respective mandate and the country context.
- It is recommended that preparedness plans be focused towards a specific geographic area. In cases where organisations cater to an entire country, it might be advisable to have a generic plan, with specific information filled in for geographic sub-divisions such as the provincial or district level. As identified by various partner organisations, it is also important to have a good idea of target audiences in preparedness planning. It is therefore recommended that the partner organisations contact the relevant statistics/census departments and health ministries to acquire basic data; and if possible, conduct preliminary 'representative' surveys to validate some of the data.
- The plans must be reviewed on an ongoing (biannual or annual) basis to ensure that organisations have the capacity and resources in place to respond at short notice.
- In order for HAI and its members to achieve substantive success in the area of advocacy it will be essential to engage with the National Disaster Management Offices (NDMOs), UN Disaster Management Teams, and other key players like NGOs and civil society organisations. This will need to be done in a proactive manner during normal times, prior to the occurrence of disasters. Therefore, the trust and relationship that have been built can be exploited to influence the policies before and during a disaster to serve the needs of older people.
- APRDC and HAI might like to establish a regional disaster preparedness support fund to encourage disaster preparedness initiatives by the members.
- APRDC might also engage in the production of the technical materials; e.g. manuals on disaster preparedness and ageing, and advocacy approaches to promote older people-sensitive disaster preparedness. The manual on advocacy should provide country-specific inputs on i) hazards and vulnerability, ii) demographic data of older people and their vulnerabilities, iii) key players in disaster preparedness, and their mandates, and iv) the strategies that HAI members can adopt.

Good practice:

The Department of Census and Statistics in Weligama Divisional Secretariat of Matara, Sri Lanka collected disaggregated data on gender and age before and after the tsunami which allowed for a more accurate analysis of the tsunami casualties.

Presentations of group sessions on disaster planning

The main objective is to find out what key areas are necessary for an organisation to support disaster responses.

Group I: Flood

8

- Before: Identify the older people
- During: Provide targeted relief
- After: Recovery implementation, capacity building, review assessment, recovery plan, collaboration, advocacy, strategy, and disaster risk reduction

Group 2: Flood

Before:

- Work through partners to be on the ground early;
- Develop awareness of floods in the community before hand;
- Develop early warning systems that is appropriate for older people;
- Undertake risk-mapping to know where the older people are located;
- Identify flood areas and where safe areas are;
- Develop a plan for coordinating logistics (transportation plans, evacuation centers, etc);
- Have an evacuation/relief plan in place with a contingency plan;
- Work with multi-sector committees to coordinate the plan, and organise some drills involving older people; and
- Develop a contact list of organisations and agencies who are involved in emergencies.

During:

- Follow the actions according to the plan/manual;
- Evacuate and ensure that older people are given priority during the evacuation. Also, remind older people to take along their medication;
- Provide food, clean water, medical care, and spiritual support;
- Mobilise the community to provide support to older people;
- Coordinate with the other organisations involved in relief;
- Identify missing people (have records in order), and search for those who are missing;
- Develop a list of older people who are affected and use it to provide support as a priority; and
- Use the media.

After:

- Undertake a damage assessment, visiting areas with participation of older people;
- Develop a rehabilitation plan with participation of older people, and providing an opportunity for development in the rebuilding process;
- Encourage the government welfare bodies to provide cash and financial assistance to get the people back to a state of normalcy as quickly as possible;
- Restore the infrastructure, while taking the SPHERE standards into consideration to reduce damage in the future; and
- Document lessons learned, and disseminate to the stakeholders in the area.

Advocacy:

- Identify the national and international partners to be targeted: GOs, NGOs, and the private sector/individuals;
- Develop strategies to form partnerships;
- Involve partner organisations in planning;
- Establish funding for flood relief with commitments and pledges;
 - Refer to the rights of older people; and
- Form older people organisations.

Tools for advocacy:

- Place an emphasis on the rights of older people;
- Ensure recognition of donors; and
- Develop information, education and communication (IEC) materials, and utilise different types of media (e.g., print, electronic media, etc.)



'Older people's poverty leads to a spiral of problems related to shelter, food, water, health, transport and schooling of children in their care that further undermine their ability to support themselves.'

"Older people in disaster and humanitarian crises: guidelines for best practice," HelpAge International, 2000. Disaster Risk Reduction Strategy:

- Undertake quality construction to withstand floods; and
- Reforestation and preservation of the environment.

Discussion Point: A question was raised on how best to integrate these plans with the organisation's regular programmes. It was agreed in principle that there needs to be on-going preparation work in the organisation's program activities.

Group 3: Typhoons

Before:

- Identify cyclone by type and areas;
- Undertake a risk and hazard analysis;
- Undertake social mapping;
- Develop an early warning systems;
- Translate messages in clear language;
- Have an evacuation plan for groups of older people;
- Make provisions of shelter for older people;
- Organise training for volunteers;
- Have a logistical plan;
- Ensure adequate supply of water, food and medicine; and
- Have an alternative communication system in place.

During:

- Follow the action plan

After:

- Undertake an assessment of the impact and the immediate response; and
- Follow the rehabilitation plan.

Tools for Advocacy:

- Identify partners;
- Conduct seminars/workshops;
- Collect data; and
- Utilise the media (all forms)

Disaster Risk Reduction Strategy:

- Train personnel;
- Raise resources;
- Monitor and evaluate; and
- Update the plans accordingly

Discussion Points:

- The early warning system is prepared by a national organisation. But an organisation can focus on having a system for older people at grass roots level, making it more effective locally;
- The early warning system works for those with access, but also need to be able to communicate it to the potential affected older people; and
- Organisations can also influence the general guidelines at the national level. Look at emergencies from two perspectives: preparation of the managers, and preparation of older people who are likely to be affected.

Group 4: Drought

Identify the Main Risks: A drought has a more gradual impact on people's and animal's lives. A shortage of water, destruction of crops, a decline of health and hygiene, and a fire hazard.

Before:

- Physical intervention (rain water harvesting, plan for irrigation and conservation);
- Capacity building (water resource mapping); and
- Advocacy (hospitals and healthcare providers.)

During:

- Providing pumps;
- Digging wells; and
- Training on healthcare and sanitation

'Older persons are often afflicted by poverty owing to a host of factors, including lack of skills or skills mismatch, lack of resources, ill health and social prejudices. Strategy for Preparedness: Underground cisterns, community ponds maintained by OPAs, dykes on older people's farms (for water and irrigation), fruit orchards as a supplemental diet to families, employment generation during drought years, storing seeds and fodder, and medical camps for older people.

Advocacy: At the national and international level

Strategies: Develop a network of 'like-minded' organisations

Group 5: Advocacy in the Tsunami

Advocacy in three areas:

- 1. Disaster preparedness;
- 2. Relief and response; and
- 3. Rehabilitation and reconstruction (joint strategy, local values and culture included).

Recommendation for advocacy for HAI and UNESCAP: Promote an attitude that treats older people as people who actively participate and make decisions about their future.

Develop specific indicators in accordance with human rights laws, and ensure that older people have access to livelihoods and productive activities.

Group 6: Earthquakes

Before:

- Planning in mapping (location, safe points, resources);
- Capacity building;
- Emergency funds; and

Public awareness and education (part of each process).

During:

- Coordination of relief; and
- Organise help from other areas.

After:

_

- Search for missing, and rehabilitation of communities

Information available:

A demographic and contingency plan

Advocacy:

- Identify partners (GO, NGOs, media, volunteers, etc.);
- Develop a strategy of research and documentation; and
- Empower organisations of older people to participate in disaster preparedness.

Disaster Risk Reduction Strategy: On-going work in health and in the emotional security, economic security, shelters, and awareness for older people.

Discussion Points:

There was little evidence that the presentations are dealing with real disaster situations; in general, the comments about preparedness are important (as the tactics for surviving in disasters is an on-going work). What needs to be in place is a mechanism for dealing with vulnerable people; with greater emphasis on what older people can do, and what they can contribute in emergency situations.

The older people need to be prepared for disaster situations, and the community needs to be prepared to help the older and vulnerable people in disaster situations.

Question for the participants is whether your organisation has the core competency to react in emergency situations. If the answer is no, the effort needs to be made to obtain the competency. At a minimum, there must be a plan A and B (contingency plan), and there needs to be a framework with specific actions to be taken. There was a request that HAI provide a copy of the Red Cross and SPHERE guidelines to each organisation.

UNESCAP, 2005.

10

Plenary Discussion: Network and Disaster Management Plans Facilitated by APRDC

The purpose of the workshop is to increase the capacity of the network members in diaster preparedness, and to understand which organisations have capacity to support other members in time of emergencies. Some notes from this session are:

- Worldwide Emergencies (WWE) is a part of HAI and based in London. WWE has experience in Africa and is currently working through HelpAge Sri Lanka on the tsunami response. The long term objective of HAI in emergencies is both to advise and support network members by building relationship with donors and acting as a liason. HAI also develops expertise on issues of older people in emergencies, to create a set of advocacy materials, as well as to enhance the capacities to directly manage a response.
- A comment was made in relation to the coordination between government agencies and other agencies; there is still confusion on what role various agencies should play, and so there needs to be more clarity in this area.
- It was felt that it is difficult to establish concrete roles for agencies because each country has
 its own particular way of responding to natural disasters. For example, China has its own
 disaster preparedness plans. In Indonesia, a new organisation has been established to
 coordinate responses from all sectors in time of disasters. The biggest problem tend to be
 with NGOs and INGOs, who are competing for clients and publicity (where more
 resources are available than the capacity of the organisations to undertake effective operations).
- ADPC expressed the view that diaster management is in the domain of social, economic and political systems of a country. Planning is becoming the business of everybody and there is a role for HAI to play. ADPC can provide training and action plans, introductions to the key players in the countries and materials (handbooks and guidebooks). It is important, though, that the network members work on both plans or advocacy when they return to their respective countries.
- Two items that the network desires are: a manual on disaster and ageing by the ADPC and as an advocacy strategy for older people in emergencies.
- It was noted that a more concreted approach by the network is needed. When preparing for disasters, prepare the managers (strengthen capacities), and have a component of preparing older people and their organisations so that they are well-equipped to take action in times of disasters.
- Some issues were raised regarding moving forward in disaster preparedness. First, there is capacity issue for network members, having both an internal and external strategy for handling disaster situations. Second, there is issue of developing tools and skills that can be applied in times of diasters. Some organisations are not prepared to involve themselves at the rescue stage, but many can work at the relief and rehabilitation stages and there needs to be plans, skills and capacity to ensure older people are involved.

How Best to Take the Network Forward in the Areas of Disaster Management?

A. What network resources are available and who has the capacity to support others in the network in time of emergencies?

RIC - offers to share their contingency plan, and to help others to develop contingency plans.

HelpAge India – offers to share its community-based disaster preparedness plans, its social mapping and risk mapping materials, as well as rapid participatory survey techniques (through training and sharing materials). "Disaster management is in the domain of the social, economic and political systems of a country. Planning is becoming the business of everybody, and there is a role for HAI to play."

Asia Disaster Preparedness Center (ADPC)

- Tsao Foundation offers to share its national advocacy strategy regarding response to viral diseases, its programme plans and volunteer kits (through training volunteers, and training of trainers).
- InResAge offers to share its research and development, rapid needs assessments methods, instruments to evaluate conditions and expertise in advocacy with the gove rrment in terms of older people (in the areas of health and nutrition for older people).
- SCARS (not a member) they offer psycho-social counselling expertise (recommended by HelpAge India).
- HAI has materials on drought disasters and older people to share with members. APRDC can also facilitate learning and sharing in disaster management, including research and advocacy.
- GRAVIS offers its expertise in drought mitigation and lessons learned. They have training manuals, advocacy tools for holding seminars, a model on self-reliance for older people that can be shared, a model to take care of animals in drought situations and experience in combining traditional knowledge and technology (through training, exposure visits, and materials).
- PMI offer to share its vision restoration training and rehabilitation.
- VWU They have experience in dealing with disaster situations and the aftermath (not so experienced in preparation). They can offer gender awareness training and advocacy experience with National Committee for Advancement; also the use of micro-credit training kits for restoration of livelihoods (focused on older women) and advocacy training (through available materials).
- NEPAN offers extensive advocacy experience on how to organise and mobilise a local network, and has resources in participatory assessments (both materials and training resources).
- Centre on Ageing in Australia offers to link network members and country agencies with Australian agencies, which have extensive experience.
- UNESCAP can provide the network with information, as well as link with other disaster management actors.
- PAGE (Philippines) offers its experience in policy and practices involving older people, they also offered to host meetings and has capacity for training volunteers.

Should an emergency occur, there are network members who can respond with a rapid deployment of staff, including RIC, HelpAge India, COSE Philippines, PMI and VWU. HAI APRDC could offer training in rapid development and assessments for network members as well.

B. Which organisations are willing to develop their competencies in disaster management? What are the needs of members and their requests for support?

- NASCOM in Malaysia requests HAI support to include older people in national disaster plans and to include an introduction to agencies involved in the planning process.
- CNCA in China disaster management is undertaken by the Ministry of Civil Affairs (older people will be included in relief situations, however currently there is no strategy as yet). CNCA would like HAI's support in training at grass-roots level and strengthen its advocacy work.
- HelpAge Sri Lanka requests HAI's support in training its staff in disaster management, in capacity building of the organisation and also in advocacy.
- YMCA Myanmar requests input on the national policy process from the experience in other countries.
- VAE would like to have IEC materials and more details on the planning process in disaster preparedness.

"Our problems are obvious - we are poor, we are old and we are women so no-one wants us. We are alone."

Older women, Moheshkali, Bangladesh

- FOPDEV requests HAI's support in training for flood disasters, relief and rehabilitation and advocacy in this area.
- RIC requests HAI's support in preparation and response to earthquake disasters and in avian influenza.
- BWHC requests training in psycho-social counselling and exposure to rehabilitation work.
- YEL requests support in the area of capacity building and preparedness plans.
- COSE requests training for capacity building in disaster management.
- The Lao Red Cross requests additional support and information, both in the training and materials for inclusion of older people.
- VWU requests support in its disaster preparedness training.

Tsao Foundation - requests support in preparedness plans and training.

What can be improved for upcoming disasters?

As a result of the workshop, members now have a common knowledge, and a plan to take concrete steps in the coming months and year. Disaster preparedness is a common need and it is hoped that the sharing of experiences by the members has provided insight and practical lessons for the other members in the network. The network is also a source of support that can be used.

HAI will seek funding and coordinate its effort to build members' capacity. Resources can come from both HAI (WWE can be tapped as can APRDC in the coming year) and the network (which has a large capacity to help other members).

Avian Influenza: Risks and Preparedness

Facilitated by Tsao Foundation

14

Session objective: To provide some practical planning for organisations in relation to the Avian Influenza.

Background on the Avian Flu: There is a vaccine for birds but not for humans. For humans, the vaccine is still being tested. The danger is if there is a viral mutation, where the virus is able to spread from person to person.

The Avian Flu poses an economic risk, with a potential cost to the global economy of US\$800 billion. There is also an impact at the family level and for older people because of the potential for rapid transmission. Older people maybe at a higher risk from the Avian Flu for several reasons: they have a weaker immune system, they may not have typical presentation of symptoms which could result in delayed treatment and there is an issue of access to healthcare for older people (less access to prevention and treatment).

However, older people are a significant resource in mobilising communities. At the family level, they are the ones primarily involved in care-giving. Thus, they are the ones imparting the knowledge of hygiene habits for the household.

Prevention is the best approach to the Avian Flu. There are several preventative measures, including avoiding droppings and contact with poultry, proper hygiene, proper food handling and getting flu shots. Family and community education can be very effective in prevention.

A useful preventative measure is to contact older people and make them aware of services that will be available if there is a pandemic. Network members should also have planned actions which will be taken in case of a pandemic.

Lessons learned from SARS: normal communications do not work (older people were not reached and alternatives through community and localise grass roots organisations had to be used, collaborations are critical (Singapore was able to mobilise people through a national structure, training key leaders who then trained volunteers), early preparation is everything (the underpinnning of disaster preparedness).

Organisational plans and education tools by Tsao Foundation will be distributed to the members as a resource tool.



Section 2: Organisations of Older People

"The conclusion is that each organisation has to devise its own strategy based on its own context. For India, the issue is hunger, older people cannot easily be included in an advocacy strategy."

HAI Regional Conference, 2005.

Organisations of Older People

Facilitated by Mathew Cherian

There are different kinds of older people organisations (OPOs) in the region, facing different set of circumstances. The organisations focus on a range of activities such as microfinance, advocacy, disability, rural development and gender issues. The important goal for OPOs is to mobilise older people to work together on common needs.

UNESCAP – How can OPOs contribute to improving access to services for older people? Can we support governments by providing better services to older people?

There are two poles in the objectives and practice of organisations: one related to self-help groups, and other more focused on advocating for access to health and services. The 'ideal' form of an OPO is one that has both the capacity to manage projects like income-generating activitiesd or self-help and at the same time has the ability and capacity to advocate and 'fight' for the rights of older people.

Group Exercise: Barranga Train

Presentations were made according to different experience in countries included:

- Older Citizens Monitoring (OCMs), Bangladesh
- Self-Help Groups (SHGs), India
- OPOs and advocacy, Philippines
- Older People Organisations, China
- Older People Associations (OPAs), Cambodia

Older Citizens Monitoring (OCMs), Bangladesh

The process, or chain of advocacy, involves a revolving progression that includes assessment, initial review, further analysis, action (practical interventions) and evaluation.

The older people organise themselves into a group which monitor three or four issues, for example, pensions, access to health services, etc. They are organised as a mass organisation with older people involved at every level. The main issue which is being advocated for is social pensions, the goal is to increase the numbers and amount (currently \$2.75 per month). The OCMs are also advocating for general medical care, which is not enough at the moment and there is little geriatric specialisation. There is a microcredit scheme for the very poor in Bangladesh, and the OCMs are advocating to include older people in this programme. Finally, the OCMs are seeking older people participation in local government, ensuring the right to participate by law.

The impact of policy on the lives of older people is significant. Before the OCMs were organised, there was no long-term family support and a general support system breakdown. As a result, the older people became more isolated. After organising the OCMs, older people demonstrate a desire to participate and to have their own committees. Older people raised their voices to claim certain rights, and they became involved in various projects and in local government.

Older people want dignity and to make a contribution; the rights-based approach sustains the OCM, and the system brings dignity and respect; older people are made stronger and more confident.

Because older people want to work, they have raised their voice to be included in microcredit, and removed the age barrier to participation. They want better access to health care system through primary health care. As a result, they are getting health care according to their needs and are more able to care for themselves. This has led to improved quality of life for older people.

Poor older people need help to meet their needs, and they need to be included in the Old Age Allowance. Claiming their rights is encouraging for them. The involvement of government in their cause, such as the case of the district commissioner upholding the older people's programs, is unusual in Bangladesh and a positive sign for older people.

Self-Help Groups (SHGs), India

The self-help groups are primarily formed by older women, who seek to resolve their financial, social and personal issues in collective manner. The structure of the SHGs includes a committee with a president, vice-president and secretary. The membership numbers are no more than 20, and sometimes there is a paid record-keeper, if the skills of the members are lacking.

The strategy of HelpAge India is to introduce the concept of SHGs, organise trainings, seek financial support, empower the SHGs, broaden their agenda, encourage long-term planning, and build sustainability (when HelpAge India withdraws). The common activities focus on orientation leadership, record-keeping, income-generation, linkages with other institutions, and addressing social issues.

They typically undertake exposure visits (16 exposure visits to other organisations) and organise a conference (made up of 650 members).

There is a periodic review of all of their activities, based on the following indicators: parity, transparency, regularity of meetings, issues on the agenda, unity, follow-up of group norms, use of resources, repayment ratio, maintenance of records, and level of independence.

There is a common growth cycle: an initial formation period, followed by greater confidence and then a strong influence in the village, when social issues are addressed.

The impact on older people are multiple: access to finance activities, increased confidence, increased mobility, increased awareness of their rights and increased security (health insurance).

The lessons learned from HelpAge India are:

- 1) Since projects are time-bound, it is sometime difficult to tackle traditions and socio-economic systems;
- 2) Long-term support brings greater confidence to the SHGs;
- 3) The experience and competence of the staff. Follow-up support multiplies the productivity and flexibility of the program;
- 4) It is important to have regular review exercises, to build synergy and coordination with the program partners; and
- 5) Size is important. The larger SHG the more unmanageable they are. However, if they are too small than they loose their effectiveness.

Discussion Points: Have the SHGs brought an intergenerational bond with the younger women? In a few groups where the SHG model was introduced, young women formed their own groups. Also, because of the income generating activities (IGA) loan, the family is indirectly benefiting by the involvement of older women, thus gaining respect from the younger generation.

OPOs and advocacy - pushing for legislation for older people, Philippines

At the Philippines 11th Congress in 1998, older people were invited to the forum on the Magna Carta for older people. COSE was able to train, build awareness and create an advocacy team (which was present at the committee hearings on the magna carta). COSE helped the team in drafting letters, and facilitating the dialogue with legislators.

The impeachment of the president interrupted the process. During the 12th Congress a bill was resubmitted and the team once again became active in pressing for action. There was a signature campaign and they were able to get 60,000 signatures. They also held radio appearances and press conferences on issues of older people and networked with other groups as well as legislators. COSE conducted training to enhance public speeches and lobbying on the Magna Carta, which was finally passed in February 2003.

COSE participated in implementing the rules and regulations, so that each department prepared their guidelines on implementing the law. They also participated in radio interviews, rallies and forums.

The lessons learned from their experience is that the participants gained confidence, networking, skills and learned to apply political pressure. They learned it is important to understand the legislative process and media coverage was helpful in generating public support of the bill.

Part of the law is for the municipality to have its own senior citizens body and thus older people can now participate in local government.



'March for Life' in the Phiilippines Photo: Ed Gerlock /COSE



Members of an OPO in China

Older People Organisations, China

18

Since 1980s, older people account for 10% of the total population, which has resulted in the growth of OPOs (estimated to be 400,000) and 30 national organisations.

The OPOs are registered with the Ministry/Bureau of Civil Affairs. The OPOs can be classified into three general types: professional (of retired scientists and doctors), common interest and comprehensive (where older people form their own groups).

Their principal activities are: cultural activities, drawing and calligraphy, academic research on ageing issues and social activities to improve intergenerational relationships.

Most OPOs are self-managed, however they are under the instructions of local government officials their achievements are through the provision of services to older people, the education of older people, and contribution to the cultural life of older people. In urban areas, there is heightened focus on the social and spiritual life; the rural situation is quite different, and the focus is on improving livelihoods.

Older People Associations (OPAs), Cambodia

The first group was formed through a learning process. HAI formed the first OPA in 1997. By 1999, three more were formed. Now, there are 194 OPAs throughout Cambodia. However, they are not uniform, as some are found among more affluent retired government workers and others (the majority) are in poor, rural communities.

Management of the OPAs – each OPA has its own committee, and the members select their leaders. Each OPA has between 35 to 80 members. Thus far, 56 OPAs have been formed in co-ordination with HAI. HAI is instrumental in providing the initial support to the OPA. After the formation, additional inputs from HAI include technical training, material support and exchange visits. At the national level, a working group was organised to advocate for older people.

OPAs provide a contribution to poor older people and their communities in a variety of ways:

- Increasing social cohesion through the pursuit of common goals and objectives;
- Allocation of funds and local resources to assist the vulnerable members;
- Ideas are created to solve community problems;
- Social and community ceremonies (which help build intergeneration relations);
- Active visitation of older people in their homes;
- Fundraising to meet the needs of the OPAs; and
- Livelihood activities (which improves older people's income and develops greater social status).

Summary of Session

HelpAge International sponsored five case studies, it was found that the Philippines model is rather sustainable. However, it is important to examine OPOs in the context of funding for their own activities. One observation is that in the case of Cambodia and China there is natural progression toward a spiritual life as people age. Neither of these countries have a financial or extended social security system.

In the Philippines, cluster work is ongoing as there is power in numbers. In Thailand, the group is formed first, and then the group can receive a grant from the local authority. The drawback is that older people do not know how to develop proposals, so there has to be additional training in this area.

In Bangladesh, community people have taken over the program. In Indonesia, if one forms an organisation, then the responsibility for sustaining it lies with the founders. There should only be funding for a limited period, after which there should never be dependency on the original sponsor.

Older people are forming their groups in very dynamic ways, and in most countries different things are happening. For example, in the Philippines, the organisations are strong on advocacy and there is keen interest in replicating the model.

The Philippines is a unique model because its organisations include younger people (36 and and above). The OPOs are preparing the younger generation for their old age. Another part of the issue is self-sustainability; there are regulartory laws in place and thus the organisations must be financially responsible. If there are other organisations that are more effective then let them do the work; the organisation can always link with other organisations to tap their resources.

HAI had a workshop which discussed income-generation projects; however, more evidence on what those projects have achieved needs to be gathered.

Professor Yuan – the HAI-EC project in China will finish in July 2006. There is some uncertainty on what will happen to the OPAs once the project finishes. If the OPAs are able to continue and activities proceed, then the project will be considered a success. There is a question on how to improve the sustainability of the OPAs. A lesson to be learned is that those involed need to emphasise older people self-management, as they have proven they can manage themselves. For example, in Sichuan province, the seed money managed by OPA has achieved almost 100% repayment rate.

The experience in Korea shows the relevance of how OPAs are formed. In Korea, there are big OPAs organised by the government. However, the poor older people did not want to join the government's OPAs, and instead they sought and founded their own OPA. They did not have money or resources. The common issue for poor, older Koreans is food security. HelpAge Korea undertook their own fundraising in four provinces, and trained local partners to organise four OPAs. They initiated more fundraising and now they have 8 local partners. It takes time. The problem is sustainability, and the question is how long should HelpAge Korea continue its fundraising to support them. It is estimated that there are 300,000 older people who are very poor.

A question was raised as to how best to form an OPA, should it be project-based or should it be rights-based? Which is better? One observation is that rights-based and project-based are not in contradiction or exclusive of each other. We should not implement projects that do not enhance older people's rights. Another comment was made that organisations focusing solely on advocacy usually have more difficulty in raising financial support.

The conclusion is that each organisation has to devise its own strategy based on its own context. For India, the issue is hunger, older people cannot easily be included in an advocacy strategy. One has to develop a strategy in answer to one's own context. There is no fixed definition of what an organisation's strategy should be - they are different in each country. The commonality is a rights-based vision: everyone has a right to receive access to social services to participate and to maximise the effects for the beneficiaries.

Background information was then provided on the field visit to the OPAs in Bantaey Meanchey Province, Cambodia.



The field visit to an OPA in Cambodia

Feedback from the Field Visit to the OPAs

The seven groups presented their observations from the field visits to the OPAs. The presentations had similar descriptions of the OPAs in relation to the prevailing poverty and their socioeconomic context; however, some OPAs had more activities than others. There was a general conclusion that their activities were benefiting the older members and the more vulnerable through greater social cohesion, improved livelihoods, the practice of homecare and the assistance in accessing the health system.

Discussion Points

20

- Indonesia A comment was made on the sustainability of the OPAs, where the leader indicated that the OPA could continue its activity without outside assistance. Also, the OPA members were satisfied with what they have and were not demanding more assistance;
- Singapore A point was made to the issue of remoteness of the village, which emphasises the importance of advocacy and access for these villagers. Also, it is important not to forget the importance of the spiritual lives of the villagers, in the Cambodian case the spiritual lives are highly integrated with their activities. A final point was made that advocacy is occurring at the practical level in Cambodia; an example being where the community organiser had stepped in to advocate for health services for an OPA member;
- HAI APRDC a conclusion was drawn from the visits and presentations that more can be done in terms of a health program for the OPA members; the opportunity to include this activity is important in future work. This has practical implications as a new project is starting in February 2006;
- HAI London agreement that health presented an opportunity for advocacy in all countries, a common problem that is discussed. In the case of Bangladesh, the OCM project was monitoring the health care facilities to ensure the older people were obtaining services; and
- China expressed the hope that the Cambodian Government would take a more active interest and support for the OPAs, and saw HAI acting as a bridge between the OPA and the government.

Summary Points

- There is a strong link between the OPAs and the members' religious activities;
- There is little participation by women, which needs further encouragement;
- The challenges presented in the context of the Cambodian OPAs was general poverty, extreme, and very low literacy rates among older people;
- The rates of interest charged on the rice bank (20-30%) appeared high; however, not nearly as high as those charged by local money lenders, and it was emphasised that these rates were set by the OPAs themselves;
- It was observed that the OPA members live in a high-risk, food security unstable situation; and
- Sustainability of the OPAs is largely dependent on the socio-economic environment and on the improvement of the livelihoods of members.

Section 2: Social Pensions / Millennium Development Goals

Section 3: Social Pensions / Millennium Development Goals (MDGs)



Mark Gornam discussed about social pesions in different countries

Social Pensions

22

The session was introduced by Dr. Wesumperuma: the objectives of the session were to create a common understanding of social pensions, the problems encountered by the network, the activities currently in progress and what future activities are planned.

A distinction was made between pensions and social pensions, where a pension is a contributory scheme initiated by anyone, and the social pension is a non-contributory cash transfer to older persons by the government.

A table was then presented, outlining the different types of social pensions that are available. This was a general outline to categorise the schemes applied in different countries in the region. The first category was termed a "universal" scheme, whereby all older people are eligible. The second category was a "means-tested" scheme; in this case a selected number of poor, older people receive it based on a given poverty criteria. The third type mentioned was a guaranteed minimum living allowance (GMLA), which is a general scheme also available to older people who meet the criteria. And, finally there are countries where there is no social pension scheme at all.

Discussion Points:

- Nepal made a point that traditionally the government provided a pension scheme, but had decided against continuing it on the basis of the costs involved.
- China they described their system as a GMLA in the rural areas, providing for 5 basic needs, carried out by the local government.
- Pakistan, Sri Lanka and Singapore all have a GMLA through a "destitute allowance".
- The DPRK they have legislation introducing a social pension scheme in 1995; they have had some difficulty implementing that because of economic limitations derived from natural disasters.

A participatory session was then held to determine the principal challenges that countries are facing in relation to introducing/expanding a social pension scheme.

Four conclusions were drawn from the input of the network:

- A few of the members reported a lack of awareness by the public in relation to social pensions.
- 2. More countries reported that their socio-economic position meant they were too poor to afford a social pension.
- 3. By far the most significant problem faced by the countries was the government's attitude and the lack of political will to introduce or expand social pensions. The common arguments are that a social pension will hold back growth, the viability or affordability are not practical, and there is a lack of international cooperation.
- 4. The final conclusion is related to the problems of delivery and implementation of the social pension. It was mentioned that Nepal had problems with certification, others had problems with access, and in general, they pointed out the management problems of the scheme and the difficulties in getting the cash to the right people.

Reference was made to HAI's Age and Security Report, which argues for universal basic pensions and can be used by countries in debating the issue of social pensions.

Presentation by Mark Gorman on social pension issue at the global level:

- There is an ongoing debate about social protection among global actors, including the issue of social pensions;
- HAI was impressed with the response by the media to the Age and Security Report. For rich countries, social pension are a big issue, and this brought the focus on developing countries as well;
- HAI is working with donors, the UK Government, the World Bank and GTZ (German Technical Cooperation);
- HAI strongly believes that older people should have income security, with a basic social pension for all older people; and
- HAI will be involved in developing the work in Asia.

- There is an ILO report on affordability of social protection, and it points out that even poor countries can afford basic, social protection.
- The examples of Nepal and Bangladesh, which are poor and yet have introduced a social pension scheme, reveals that it is really a question of political will and how a government uses its resources.

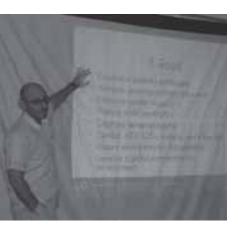
What particular countries are doing in relation to social pensions

- Malaysia Has held a national seminar to introduce a social pension scheme. They are advocating for a contributory system (300 MYR) for those above the age of 60. Also, a memorandum has been developed for advocacy purposes.
- India Has embarked on sensitising both the national and state governments. At the microlevel, they are working to build the awareness of older people to improve certification of older people and thereby improving their access to the existing schemes.
- Vietnam A seminar has been held with the Social Affairs Committee to introduce social pensions at the national level. They are also advocating for improving coverage, by lowering the eligibility age to 80 or 85.
- Philippines Have embarked on working with government leaders and legislators, and undertaking a study on implementing a non-contributory scheme linked to debt-swaps. They will hold an international conference on social pensions (the ISSO will participate), and are gathering research and studies. They are also mobilizing the foundation and its members to pass legislation to use taxes as a way to cover the outlay for social pension.
- China Is working on extension of the GMLA in the rural areas (24 provinces are currently piloting projects using this scheme).
- Sri Lanka They are working with the National Council on Ageing (two studies are available on Sri Lanka: The IP and the DFID Study).
- Singapore They have engaged the government and have built awareness of social pensions among the ministries. They are conducting researc, and have invited an INSS specialist to assist in their impact analysis.
- Bangladesh They are involved in monitoring the delivery of the social pension scheme (part of the OCM project), as they want to expand the number of older people receiving the benefit. They are also involved in data collection and studies to improve availability of information on social pensions in Bangladesh.
- Thailand They are involved in advocating for the expansion of the scheme.
- Nepal Access is a big problem in Nepal and so they are working on the delivery (certification and identification). They are also advocating for increasing the number of older people and ensuring the government is responsible for administering a proper certification process.
- Myanmar They are introducing the concept of social pensions and advocating that the government embark on a social pension scheme.
- Mongolia They have introduced the concept of social pensions to the government.
- Lao PDR Future work is planned by the Ministry of Labor and Social Welfare.

Cambodia - They are advocating at the national level for a non-contributory social pension.

'To collect my pension I have to go to the local bank, which is nearby. I claim it using the card the government provided. I feel safe and confident to collect it."

Older women, Nepal.



Osama Rajkhan of UNESCAP facilitated MDGs session

Millennium Development Goals (MDGs)

The Millennium Development Goals (MDGs) provide benchmarks for the international community's efforts for development. They encompass a set of eight goals aimed at halving extreme poverty and hunger, reducing gender inequality, infant, child and maternal mortality, the impact of poverty diseases and environment damage, and fostering a global partnership for development with fairer trade and more and better aid.

There are eight goals including:

24

- Goal 1 Eradicate extreme poverty and hunger
- Goal 2 Achieve universal primary education
- Goal 3 Promote gender equality and empower women
- Goal 4 Reduce child mortality
- Goal 5 Improve maternal health
- Goal 6 Combat HIV/AIDS, malaria, and other diseases
- Goal 7 Ensure environmental sustainability

Goal 8 Develop a global partnership for development

Targets have been set for each goal, mostly for 2015, using 1990 as a benchmark. Indicators have been identified to measure progress against each target.

Issues concerning Asia/Pacific region and older people issues:

- MDGs do not tell us about sub-national disparities, given different circumstances in each country
- MDGs attempt to help countries to meet goals in term of national average, then leave vast numbers of poor, old and needy people behind
- Studies on changing demographics (increased numbers of older population age over 60 in 2025) reveal emerging risks and vulnerabilities faced by older people

Action required to ensure MDGs target poorest

In the paper 'MDGs must target poorest say older people,' HelpAge International argues that the MDGs can make a difference to the lives of many millions of poor people around the world. However, to do so and to deliver on a sound human rights agenda for equitable development for all, development interventions to achieve the MDGs should:

- 1. Acknowledge older women and men as effective agents of change and contributions to the aims and aspirations of the Millennium Development Goals.
- 2. Ensure poverty analysis is disaggregated by gender and age as well as ethnicity and disability.
- 3. Make gender equality a reality for women and men for all ages and throughout the life cycle, through lifelong education and employment rights for women.
- 4. Ensure an equitable and right-based approach to HIV/AIDS which gives the over-50s equal access to testing, counselling and treatment and acknowledgement and alleviates the burden on women of all ages.
- 5. Encompass the principles of equity, participation, intergenerational development and effective aid.
- Incorporate social protection measures, including social pensions into poverty reduction strategies.

Section 4: The HAI Network

1 CAS



The annual Regional Conference provides network members an opportunity to work together and share experiences.

Network Strategy

26

Understand What the Network Can Do, and How They Plan to Do It

- Philippines They want to initiate research and action on social pensions (especially funding of social pensions); they plan on exchanging research, collaborating with HAI and the ASEAN coalition, and they plan on demonstrating self-help within the family. They will also build on their alliance with the Federation of Senior Citizens (3 million members).
- Malaysia They want to show the benefits of social pension; they plan on documenting the success stories. They also want to present arguments on affordability.
- Sri Lanka They would like to collaborate with HAI.
- Thailand (SCAT) They propose a contributory plan for social pensions in the rural areas as 75% of older people live there.
- Singapore (Tsao Foundation) They plan on disseminating HAI's and the network's research; they plan on humanising the research as well, presenting case studies to advocate for social pensions.
- Nepal (NEPAN) They plan on empowering OPAs and like-minded organisations by sensitisation and training, and by building a larger network that can be mobilised.
- Bangladesh The country spends \$43 million on social pensions, but they have not evaluated its impact. They plan to research the impact on older people and disseminate this information and make it a political issue in the upcoming elections and use it in dialouge with the government (the caucus in the government on ageing issues).
- China The CNCA will work with the Ministry of Civil Affairs to undertake research on the impact of social pensions.
- India HelpAge India will research affordability; GRAVIS would like to improve access to pensions through dialogue with the local government.

Discussion Points:

- Mark Gorman It is important to demonstrate the human side of the benefits that social pensions bring. In India it is only \$2 per month that an older person receives; it has been shown that people live on that amount. Also, it is important to see how poor countries afford having a social pension; Lesotho in Africa, is an example of one government providing a social pension even when told not to do it by the IMF.
- EK Countries are doing different things in regards to pensions ages vary, as does the amounts thing is to move forward. COSE is doing research in the area of debt swaps, whereby foreign debts are forgiven but used internally by the government to fund social pensions.
- Mark Gorman There are concrete actions to be taken in Asia. Africa is pushing forward, and HAI is part of international campaign with ILO and WB (social protection department) support. Three areas where HAI can support countries:
 - 1. Disseminating information and research;
 - 2. Advising on experts who can provide input; and
 - 3. Learning from countries on the ground (HelpAge India and RIC in Bangladesh).
- The main point is that a small amount of money can have a big impact and older people are not asking for much.
- Wesum The network members who are involved in social pension work will hear from APRDC and APRDC will be involved in supporting the work of the network. Summary points are that research and studies on impact are important to develop, as is creating a dialogue with the governments to advocate for social pensions.

Vision and Mechanics of the Network

The network has had regular, annual, meetings and has brought about exchanges and bi-lateral meetings between members. One example is the South Asian Forum on Ageing, which allows members to be a part of small working units. There have also been regional initiatives, such as home-care (initiated by HA Korea in 10 countries), and collaboration between Sri Lanka and India on the tsunami work and there have been exchanges (for example COSE helping with evaluation in India and CNCA going to Gujarat for a participatory evaluation workshop). Disaster management is another area where the network can in the future develop competency by collaborating and exchanging valuable lessons and resources.

There are three questions to be discussed by the network:

- 1. Who can be members?
 - There is a tight definition that says only affiliates who are approved by the board are eligible to be members.
 - There is a loose definition that says all organisations that share the common goal of working for and with older people can be members.
- 2. Can there be a set of shared strategies?
 - In the areas of social protection health, income, and pension can there be a common focus for the network?
 - Also in the area of disaster management, can there be a common focus for the network?

3. Different organisations are part of the network – NGOs, government, mass organisations, training centers, educational institutions – which of these sector are under-represented and need to be prioritised?

Discussion Points, Question One:

- Philippines The word, 'disadvantaged,' is not practical as they work with and for all older people.
- HAI While not for all members, for HAI, the work it undertakes is for disadvantaged older people.
- Pakistan There needs to be a balanced approach that includes those disadvantaged by social, economic or both circumstances.
- Indonesia The word, disadvantaged, results from the nature of NGOs who primarily work on projects involving disadvantaged older people.
- Bangladesh There is priority on economic and financial circumstances rather than social ones.
- UNESCAP A question of whether to add the word, vulnerability, to the definition, for the sake of clarity.
- EK There is a general consensus that the word, disadvantaged, poses problems for the network in its definition of members. We shall consider these points.

Discussion Points, Question Two:

- Philippines the definition of shared strategies is one that implies no set goals, but overall goals that move in the same direction, which means there will be some generality.
- India what about informal terms, social security is a better term to use than social pension.
- Pakistan shared values may be better terminology, as it implies joint commitment.
- Singapore good to have a common focus, and not necessarily the same strategy.
- EK may be better to talk of shared values, where there is a common application for research and capacity building in a particular area.
- Korea strategy has broad implications, such as elimination of poverty. From this broad strategy, one then develops an action plan.

28



Participants from GRAVIS, India

- UNESCAP Reminding members that there is a regional strategy in place through Shanghai Initiative. Members cannot ignore the strategies, as there will come a time where countries will be asked what have they done to implement the strategy.
- Bangladesh There should be a separate category under social protection for OPAs.
- Philippines Can connect with the 3 directives of Shanghai Initiative, as one points to the issue of enhancing the well-being of older people.
- Singapore Disaster management is a large issue to cover for members, which may take away important resources; may be better to focus on advocacy.
- EK Raises a question of competence in times of disaster. May be better to work with those implementing relief, but need to build legitimacy and capacity to respond.
- UNESCAP Issue of both bottom-up and top-down approaches. Social protection and disaster management are both bottom-up approaches, and question is raised on what are your shared values in these areas.

Quyen - Focus should be on what members can do to influence decision-makers in the future.

EK – A general consensus that network should talk along the lines of general commonalities, where there can be joint work on issues like home-care, livelihood, and OPAs.

Discussion Points, Question 3:

- EK clarification on question is: what types of organisations should be involved more within the network?
- Pakistan governments should be more involved as it is critical to influence them, especially involving local government to achieve program objectives.
- Philippines It has multi-sector membership in its organisation.
- Bangladesh Donors should also be included in the list.
- UK it is important to mainstream the ageing issues through organisations already on the ground.
- India need to prioritise to enable maximum outreach to older people.

Singapore – agrees with UK

EK - network is weak in academic and research organisations.

- Wesum clarification that these are organisations in the network, and not referring to those working with in general specific to the network's membership.
- Philippines Since 1991, HAI has invited research centers (which can form their own network as well). Observation that HAI is dominated by NGOs in implementation of projects, and needs more research centers for evaluation and monitoring.
- Korea requests clarification understanding is that only NGOs are network members, but the NGOs can invite others to work with them.
- HAI based on the strict definition, the Board would say that only NGOs are network members. In practice and in the Asia region in particular, the definition is more loose.
- Pakistan it is in the interest of the network to strengthen itself by inviting others to participate.
- EK conclusion is there is added value in the participation of different organisations, and a need to reinforce the network in the area of academic organisations.

Next Regional Conference

A question was raised about whether it is more practical to keep the annual regional conferences in one single location, or whether there is an advantage in changing venues.

Discussion Points:

Dr Boikhan - Argues in favour of one location, as logistics a problem.

Rola - Recommends every 2 years in Thailand, and the other year in a different location.

- BWHC Argues in favour of regional conference in one place, with a separate itinerary for those who wish to tour.
- RIC Must rotate because it is a regional body, the host country contributes to the work, and there is a reality that life is different for others.
- DW In favour of rotation because brings pride and is an opportunity for advocacy in the host country, it adds dimension to the work of the network and provides a larger presence in the region.
- India There is more exposure and knowledge gained through rotation.
- Thailand Agrees with DW, it serves the network to rotate.
- Sri Lanka Also agrees with DW.
- Vietnam Consensus to encourage others to host, a voluntary gesture.
- Nepal Need to go and see the work being done, so change venues.
- EK Majority accepts position that need to rotate whenever possible.

Should the Next Regional Conference be Smaller?

- EK Difficult to manage this size of a conference. If a smaller group, then there will be more focused discussions, a culmination of other meetings prior to the conference. A more manageable size is about 50 participants.
- Bangladesh (BWHC) Current size is not cost-effective for Bangladesh.
- Mongolia More manageable if it is a smaller group.
- Rola Area meetings and information beforehand is very effective and helpful. Why suggest meeting every 2 years, with the other annual meetings for working groups.

Where Will It Be Held?

- In 2006, proposed venues are Indonesia, India (Jaipur/ Jodpur/ Cuddalore), and Singapore.
- In 2007, Bangladesh will be under consideration for hosting the event.

When Will It Be Held?

It depends on the location organisations' schedules. By March/April 2006, a decision will be made on the next venue.

Concluding Remarks: Expressing gratitude to HAI, and HAI Cambodia for hosting the event.

Participants and honoured guests

Kittipan Kanjanapipatkul (4th from left), Dr Wesum (first left) and participants supported by the Colombo Plan

Bangladesh

30

Mr Abul Haseeb Khan, Director

Resource Integration Centre (RIC) 9/2, Block – D, Lalmatia, Dhaka – 1207 Tel: +880 2 811 8475 Fax: +880 2 811 4034 Mobile Phone: +8801 7154 8790 Res. +880 2 861 2112 e-mail: ricdirector@agni.com, ricdirector@yahoo. com, haseeb@bangla.net

Mr Masudul Haque

Deputy Director Community Based Programme Bangladesh Women's Health Coalition 10/2 Iqbal Road, Mohammadapur Dhaka – 1207 GPO Box #2295, Dhaka Tel: +880 2 811 0974-6 Fax: +880 2 811 7969 e-mail: bwhc@bdonline.com

Brunei Darussalam

Mr Jahali Suhaili

Act. Deputy Controller of Pensions Ministry of Culture, Youth & Sports Simpang 336-17 Jalan Kebangsaan BC4415 Bandar Seri Begawan Tel: +673 238 0664, 238 0667, 238 0678 Fax: +673 238 0673, 238 2107 e-mail: jahali_suhaili@japem.gov.bn, jahali_suhaili@hotmail.com

Cambodia

H.E. Ith Sam Heng, Minister Ministry of Social Affairs, Veterans and Youth Rehabilitation

Mr Doung Hong, Director Mr Sorn Savnin, Deputy Director Retirement Department Ministry of Social Affairs, Veterans and Youth Rehabilitation No. 788 B Preah Monivong Blvd Boeng Trabek, Phnom Penh

Mr Saneth Vathna, Deputy Director-General Directorate of Technical Affairs 68, Norodom Blvd, Phnom Penh Tel: +855 12 565 022 e-mail: sanethvathna@yahoo.com

Mr Kong Vutha Social Affairs Department, Battambang Dr Prak Piseth Raingsey, Director Dr Khuon Eng Mony, Deputy Director Ministry of Health

Department of Preventive Medicine **Mr Sao Soeun**

Health Department, Battambang

Dr Team Leang Chay Health Department, Banteay Meanchey

Mr Dim Vy, Programme Manager Mr Kim Sotha, Finance Manager Mr Ven Yath, Community Organiser Ms Bun Sampov, Community Organiser Ms Men Sam Phoan, Community Organiser Mr Phan In, Community Organiser Ms Vong Sok Yem, Community Organiser HelpAge International 152 Romchek 4, Rattanak Commune, Battambang Tel: +855 12 949 375, +855 23 216076 Fax: +855 53 952 797, +855 23 216076 For emergencies Mobile: +855 12 908 540 e-mail: haicambb@camintel.com, dimvy@online.com.kh

Mr Ek Marady, Finance Manager Village Support Group #177, Group 21 Kamakor Village, Svaypor Commune Battambang District, Battambang Province e-mail: vsg@online.com.kh

Mr. Pouk Cham Roeun, Director Khmer Rural Development Association National Road No 5, Kansaibanteay Village Moung Russey District, Battambang

Mr Hoeung Kim Soeung, Director

Khmer Farmer Development Group 1, National Road 5 O'ambel Village and Commune Sereisophone District, Banteay Meanchey

Mr Leang Saorei, Director

Kumnit Thmey Organisation House 1172, Group 35 Sophy Village, Campongsvay Commune Sery Sophon District, Banteay Meanchey e-mail: kn.to@yahoo.com

Mr Vanna Sok, Programme Manager

Population and Development UNFPA, 225 Pasteur St. (51) Boeng Keng Kang 1, Chamkar Mon P.O. Box 877, Phnom Penh Tel: +855 23 215 519, 216 295 ext. 209 Fax: +855 23 211 339 Mobile: +855 12 850 571 e-mail: vsok@unfpa.org

China

Mr Yuan Xinli, Vice-Director Mr Yang Dongfa, Vice-Director Ms Zhang Xiaoya, Project Assistant International Department China National Committee on Ageing (CNCA) Jia 57 Andingmenwai Dajie, Beijing 100011 Tel: +86 10 6426 0426 Fax: +86 10 6425 0099 e-mail: zhxy@cnca.org.cn, cnca@public.east.cn.net

Mr Xing Zhibing, Director

Hunan Provincial Committee on Ageing Donfend Road, 276#, Changsha, Hunan Province Tel: +86 731 450 2075, +86 731 453 0599 +86 133 8 423 869 Fax: +86 731 450 2063 e-mail: liaosha1979@yahoo.com

Mr Ai Xiangdong, Director

Shaanxi Provincial Committee on Ageing Xincheng District, Xi'an 710006 Tel: +86 29 729 1657 Fax: +86 29 8729 1657 e-mail: dexy810@sohu.com

Prof Yuan Hong Jiang, Director Health Promotion and Training Centre on Ageing The West China Medical Center Sichuan University, 19 #3rd, Section, Ren-Min-Nan Road Chengdu, Sichuan 610041 Tel: +86 28 8550 1307 (office), 85 501 786 (home) Fax: +86 28 8550 1115 e-mail: yhj@wcums.edu.cn

Mr Zhang Tongsong Director of the Secretariat of Retired Staff Bureau The State Administration of Radio, Film and Television

India

Mr Mathew Cherian; Chief Executive <Mathew.Cherian@helpageindia.org> Ms Anupama Datta; Manager - Research and Strategic Development <anupama@helpageindia.org> Mr Avenash Datta; Head of Emergencies <avenash.Datta@helpageindia.org> Mr Rajeswar Devakonda, Head of Tsunami Project <hd.hi.cud@gmail.com> Mr Akhilesh Sharma, Country Head Programmes <akshilesh.sharma@helpageindia.org> Mobile Phone: +98 10 092 238, Direct: +98 51 688 949 Ms Sharma Hina Anil, Senior Manager <helpagead1@sancharnet.in> HelpAge India, C-14 Qutab Institutional Area South of I.I.T. New Delhi 110016 Tel: +91 11 51 688 955-59, 26 523 081

Fax: +91 11 26 852 916

31

Ms Indrani Rajadurai, Regional Director HelpAge India; 3C, Thiagaraja Complex 853, Poonamallee High Road Kilpauk, Chennai 600 010 Tel: +91 44 25 322 149 Mobile: +94 44 022 149 Fax: +91 44 26 480 874 e-mail : helpageind@touchtelindia.net

Ms Shashi Tyagi, Secretary (Chief functionary) Ms Samantha Chattaraj, Co-Director Mr Varun Sharma, Finance Officer GRAVIS 3/458, Milk Men Colony Pal Road, Jodhpur-342 008 Rajasthan INDIA Tel: +91 291 274 1317 Fax: +91 291 274 4549 e-mail: gravis@datainfosys.net

Indonesia

Ms Eva A.J. Sabdono, Executive Director Yayasan Emong Lansia (YEL) Jl. Brawijaya no.15 Jakarta 12160 Tel: +62 21 722 1981, 392 1772 Fax: +62 21 753 3651 e-mail: yel@cbn.net.id

Prof. Nugroho Abikusno, Associate Dean Indonesian Research Centre on Ageing Faculty of Medicine Trisakti University Jalan Kyai Tapa, Grogol, Jakarta 10440 Tel: +62 21 567 2731 Fax: +62 21 566 0706

Republic of Korea

Mr Cho Ki Dong, President Mr Cho Hyun Se, Executive Secretary Ms Kim So Young, Programme Officer HelpAge Korea; PO Box 59, Youngdungpo Seoul 150-650

Tel: +82 22 631 3212 Fax: +82 22 631 3215 e-mail: hak@helpage.or.kr, hyun@helpage.or.kr

Democratic People's Republic of Korea (DPRK)

Dr Ryang Hui Chol, Chief Executive

Mr. Kim Chang II HelpAge DPRK; Othan-Dong, Central Dist Pyongyang Tel: +850 456 1325 Fax:+850 2 381 4410 e-mail: tghkm@kcckp.net

Lao PDR

Mr Bounneung Sidavong, Deputy Head Division Department of Pensioner Policy and Elderly Ministry of Labour and Social Welfare Pang Kham Road, Vientiane Tel: +856 21 213006 Mobile: +856 20 611656 Fax: +856 21 213287 e-mail: anousa@muonglao.com

Dr Boualakoth Keomayphit, Vice President Lao Red Cross

Setthathirath Avenue, Immpasse Xieng Ngen P.O. Box 650, Vientiane

Tel: +856 21 222390, 212647, 214835, 212126 Mobile: +856 20 590 4075 Fax: +856 21 215763 e-mail: hqcro@laotel.com, lhqcross@laotel.com, Ircifdhg@laotel.com

Ms Bundith Prathoumvanh, Director General Ms Daovone Symeaunguong, Technical Staff Lao Woman Union, Department of Development Munthatourath Road, P.O. Box 59, Vientiane Tel: +856 21 214 306 Fax: +856 21 414 009 Mobile: +856 20 551 6264 e-mail: gridvte@ctillao.com e-mail: cose@ideal-access.ph

Malavsia

Mr Abdul Rahim Zakariah

Hon. General Secretary (E-mail: rahimzakariah@yahoo.com) USIAMAS, Ground Floor, Menara Perkim 150 Jalan Ipoh, 51200 Kuala Lumpur Tel: +603 8042 2201 Fax: +603 4042 2202 e-mail: usiamas@hotmail.com

Prof Normah Dali & Prof. Mohd Darbi Hashim <anndali@hotmail.com>

National Council of Senior Citizens Organisation Malaysia (NACSCOM) Room 9&10, 2nd Floor Bangunan Sultan Salahuddin Abdul Aziz Shah, 16 Jalan Utara, 46200 Petaling Jaya Selangor Darul Ehsan Tel: +60 3 7958 5794 Fax: +60 3 7958 5949 e-mail: ikint@pd.jaring.my

Mr Soon Boon Keng, Honorary Secretary Senior Citizens' Association Johor Bahru JKR583. Jalan Petrie 80100 Johor Bahru Tel: +60 72 266 176 e-mail: k_soon71@yahoo.com

Mr Cheah Seong Paik, Lawrence, President ASEAN NGO Coalition on Ageing 15 Jalan Gajah, Fettes Park Tanjong Tokong, 11200 Penang Tel: +604 890 7512 (R), +604 226 2128 Fax: +604 890 7512 H/P: +60 12 488 2419 e-mail: tyt9988@streamyx.com

Mongolia

Mr J Tsendsuren, Chairman Mr N Tuvdennyam, Foreign Advisor Mongolian Association of Elderly People (MAEP) Post Offi ce 44, Chinggis Avenu 3, Ulaanbaator Tel: +976 11 326 138 Fax: +976 11 326 138 e-mail: ahmad@mbox.mn, anuda@magicnet.mn

Myanmar

Mr Richard KAing

National Council of YMCAs, P O Box 722, GPO Yangon Tel: +95 1 296 306 /296-434 Fax: +95 1 296 898 E-mail: natymca@mptmail.net.mm

Nepal

Mr Uttam Uprety, Member of Executive Committee Nepal Participatory Action Network (NEPAN) P.O.Box 13791 Kathmandu Tel: +977 1 478 1955 Fax: +977 1 478 0959 e-mail: nepan@mos.com.np, dahai@savechildrennorway.org.np

Mr Prakash Akela

Child and Women Development Center (CWDC) Swasthya Sewa Tatha Shanti Ashram Sankhmul, Lalitpur Tel: +977 1 555 0037 Email: cwdcepscc@wlink.com.np

Pakistan

Dr Mohammed Shafi S Boikhan, Director Ms Majida B. Razvi, Secretary General PMI justicrazvi@hotmail.com, justicrazvi@yahoo.com Pakistan Medico International (PMI) Medico Health Centre, Orangi Town, Sector 4 Karachi 75800 Tel: +92 21 665 6831 Fax: +92 21 665 1910 e-mail: pmiboik@khi.compol.com

Philippines

Ms Socorro A Sarabia, Executive Director Ms Generosa M Macaiba, Legislative Advocate Coalition of Services of the Elderly, Inc Mezzanine, Mariwasa Building 717 Aurora Blvd., Quezon City Tel: +63 2 722 0418, 725 6567 Fax: +63 2 722 0418

Dr Bienvenido Rola, VP for International Affairs/ Municipal Coordinator for Los Banos <jessrola@hotmail.com> APO Inc, Manila

Mr Jose A Fajardo Jr

Deputy Provincial Executive Director, APO, Laguna Hon. Adelina O. Fernando, Municipal Councillor,

Pila, Laguna and Chairperson Red Cross, Pila Chapter, 443 Magnolia St., Villa Adelina III Bulilan Sur. Pila. Laguna Tel: 49 251 2316 Res: 49 251 2217



Participants from Republic of Korea and DPRK singing a Korean song

Singapore

Ms Normala Manap, Vice President-Development <mala@tsaofoundation.org> Ms Susan Mende, Chief Operating Officer <susanmende@tsaofoundation.org> Ms Susanna Concordo, Senior Programme Officer <susanaconcordo@tsaofoundation.org> Tsao Foundation 5 Temasek Boulevard #12-06 Suntec Tower Five, Singapore 038 985 Tel: +65 433 2682, 433 2740 Fax: +65 337 9719 Sri Lanka

Mr N W E Wijewantha, Executive Director Mr Laksman Perera, Programme Coordinator <Lakshman@helpagetou.org> Mr Samantha Liyanawaduge, Programme Director HelpAge Sri Lanka Age-Care Centre, 102 Pemananda Mawatha Raththanapitiya, Boralesgamuwa Tel: +941 823 752-4 Fax: +941 811 147 e-mail: helpage@sltnet.lk

Thailand

Mr Sawang Kaewkantha, Executive Director Foundation for Older Persons' Development (FOPDEV) c/o Faculty of Nursing, Chiang Mai University Chiang Mai 50200 Tel: +66 53 358 141-2 Fax: +66 53 358 142 e-mail: sawang@fopdev.org

Asso Prof Linchong Pothiban

Faculty of Nursing, Chiang Mai University Chiang Mai 50200 Tel: +66 53 945 023 Fax: +66 53 217 145, 894 171 e-mail: linchong@chiangmai.ac.th

Ms Chandra Pitrachat

Senior Citizens Association of Thailand (SCAT) Din Daeng Social Service Centre for the Elderly 4641 Mitmaitree Road, Din Daeng, Bangkok 10320 Tel: +66 2 2463246, 243 4072 Fax: 66 2 246 3246

Vietnam

Ms Nguyen Thi Than, Vice President Mr Nguyen The Hue, Director of Vietnamese Research Institute of the Elderly <nthcpdsvn2004@yahoo.com> Vietnam Association of the Elderly (VAE) 12 Le Hong Phong, Ba Dinh District, Hanoi Tel: +844 7344078 Fax: +844 733 4474 e-mail: vae@fpt.vn

Ms Pham Hoai Giang, Chief

Ms Tran Bich Thuy, Officer Vietname Women's Union (VWU) International Relations Department 39 Hang Chuoi, Hanoi Tel: +844 971 7225 Fax: +844 971 3143 e-mail: vwunion@netnam.org.vn

Ms Nguyen Thi Ngoc Trai, Director

(Cell phone 0913 030 830) **Mr Pham Huy Tien**, International Cooperation RECAS, Room 201, B6; Block of Flats, Giang Vo Badinh, Hanoi Tel: +844 726 2123 Fax: +844 726 2124 e-mail: recas@fpt.vn

Mr Nguyen Minh Tan Deputy of Hi-Tech Medical Center Thai Nguyen Medical College 284 Luong Ngoc Quyen Street, Thai Nguyen City Tel: +84 280 854499, 913 005 415 Fax: +84 280 854489 e-mail: qhqtyk@hn.vnn.vn, tnmed04@yahoo.com

INTERNATIONAL

HelpAge International Board Members

Prof Gary Andrews, Director

Centre for Ageing Studies, Flinders University, The Mark Oliphant Building, Laffer Drive, Science Park Adelaide, Bedford Park, South Australia 5042 Tel: +618 8201 7552 Fax: +618 8201 7551 e-mail: aggra@flinders.edu.au

Dr Kanwaljit Soin e-mail: ortho@singnet.com.sg

HelpAge International, London Office

Mr Mark Gorman, Deputy Chief Executive and Director of Policy Development <mgorman@helpage.org>

Mr Heywood Hadfield <hhadfield@helpage.org> HelpAge International, First Floor, York House, 207-221 Pentonville Road, London N1 9ZN, UK Tel: 44 207 278 7778 Fax: 44 207 843 1840

REGIONAL

HAI Regional Development Centre

Mr Eduardo Klien, Regional Representative <eduardo@helpageasia.org>

Dr Dharmapriya Wesumperuma, Head of Programmes <wesum@helpageasia.org> Ms Yolanda Weldring, Rehabilitation Programme

Support Manager Tsunami

Mr Godfred Paul, Regional Project Manager

<goddy@helpageasia.org>

Mr Quyen Tran, Regional Project Manager <quyen@helpageasia.org>

Ms Usa Kiewrord, Regional Project Manager <usa@helpageasia.org>

Ms Boondee Pattalapusit, Administration

Manager <boondee@helpageasia.org>

Ms Pajaree Suwannakarn, Communications

Manager <pak@helpageasia.org>

HelpAge International - APRDC 6, Soi 17 Nimmanhaemin Road, Chiang Mai 50200 Tel: +66 53 225 440 Fax: +66 53 225 441 e-mail: hai@helpageasia.org

The Colombo Plan Secretariat

Mr Kittipan Kanjanapipatkul, Secretary-General The Colombo Plan Secretariat 28, St. Michael's Road, Colombo 3, SRI LANKA Tol: 104.11.238.1831.256.4448 Fox: 104.11.256.465

Tel: +94 11 238 1831, 256 4448 Fax: +94 11 256 4531 e-mail: kittipan@colombo-plan.org

UNESCAP

Mr Osama Rajkhan, Social Sffairs Offi cer, Population and Social Integration Section Emerging Social Issues Division UNESCAP 6th Floor, United Nations Building Rajadamnern Nok Avenue, Bangkok 10200 Tel: +66 2 288 1845 Fax: +66 2 288 1030 e-mai: rajkhan.unescap@un.org

ASEAN Secretariat

Mr Benedictus Dwiagus Stepantoro

Technical Assistant, Human Development Unit Bureau for Resources Development The ASEAN Secretariat, 70 JI Sisingamangaraja Jakarta 12110 INDONESIA Tel: +62 21 726 2991, 724 3372 ext. 359 Fax: +62 21 739 8234, 724 3504 e-mail: dwiagus@aseansec.org

Asian Disaster Preparedness Center (ADPC)

Ms Supriya Prabhu <supriya@adpc.net> Mr M Zubair <mzubair@adpc.net> Asian Disaster Preparedness Center P.O. Box 4, Klong Luang, Pathumthani 12120 THAILAND Tel: +66 2 516 5900-10, Fax: +66 2 524 5350 /60 e-mail: adpc@adpc.net



Cho Hyun Se, HelpAge Korea and Usa Kiewrord of HAI APRDC

Selected resources

The impact of the Indian Ocean tsunami on older people: Issues and recommendations This report describes the impact of the Indian Ocean tsunami on older people in four severely affected countries – India, Indonesia, Sri Lanka and Thailand. The report is based on a rapid-assessment survey carried out during the initial relief phase following the tsunami.

Life after the tsunami: Older people surviving and rebuilding their lives This DVD examines the impact of the Indian Ocean tsunami on older people in severely affected countries.

Age and security: How social pensions can deliver effective aid to poor older people and their families

This report makes a strong case for providing universal non-contributory pensions or "social pensions" to older people in developing countries.

It describes how social pensions effectively target aid, reducing the poverty of older people and the families that they so often support.

MDGs must target poorest say older people

This report asks the international community to acknowledge that the efforts to achieve the Millennium Development Goals (MDGs) must respond to the needs and rights of the poorest, including older people, in order to be meaningful.

AgeNews Asia/Pacific

This regional newsletter aims to highlight issues of ageing and the rights of older people in Asia/Pacific as well as sharing experience in working with and for older people. It is published every four months.

Visit our website

www.helpage.org for key facts on ageing, regularly updated news features, policy, research and programme information and details of all publications including translations, with many texts available to view on screen and download.

Ageing and Developmen

A regular briefing providing news and analysis of ageing as a mainstream development issue. Free to policy makers, programme planners and researchers concerned with development and poverty eradication.

Non-contributory pensions and poverty prevention: a comparative study of Brazil and South Africa (2003)

HelpAge International/ Institute of Development. Research-based analysis of non-contributory pension programmes in Brazil and South Africa, providing evidence of impact and lessons for other developing countries. Equal treatment, equal rights: ten actions to end age discrimination (2001) This report describes the impact of age discrimination on older people and their families. It sets out the action needed to ensure that older people across the world benefit from the full range of internationally accepted human rights.

The mark of a noble society: human right and older people (2001) Published to mark UN Human Rights Day on 10 December, this discussion paper challenges the widespread neglect of older people's rights.

Coping with love: Older people and HIV/ AIDS in Thailand

This report presents the findings of research carried out in northern Thailand. It highlights the issues faced by older people affected by HIV/ AIDS, the contributions they are making to their households, and the lack of services and support available to them.

Forgotten families: older people as carers of orphans and vulnerable children

HelpAge International and International HIV/AIDS Alliance (2003)

Overview of the role of older people in supporting orphans and vulnerable children, good practice examples from community-based programmes and recommendations for programmes and policy makers involved in the global fight against HIV/AIDS.

Population ageing and development – new strategies for social protection (2002)

Report of a seminar organised by HelpAge International, National Academy of Social Insurance and Initiative for Policy Dialouge in Washington DC, USA.

State of the world's older people 2002 (2002)

Overview of the situation of older people in Asia, Africa, Latin America, Caribbean and Eastern and Central Europe, including information on national and international policies relating to older people, statistical information and older people's view.

All the publications listed above are available from our website www.helpage.org or can be ordered:

Publications Orders HelpAge International PO Box 32832, London N1 9ZN, UK e-mail: hai@helpage.org

HelpAge International - Asia/Pacific Chiang Mai, Thailand e-mail: hai@helpageasia.org



Participants visited an Older People Association in Banthey Meanchey province

HelpAge International Asia/Pacific Regional Management Centre 6, Soi 7 Nimmanhemin Road Chiang Mai 50200 THAILAND Tel +66 53 255 081 Fax +66 53 894 214 e-mail: hai@helpageasia.org www.helpage.org

Asia/Pacific Regional Conference 1993-2005

2005	Siem Reap, Cambodia Learning from the Tsunami: Older People and Emergencies
2004	Hanoi, Vietnam A Strong Network for the Rights of Older People
2003	Chiang Mai, Thailand Health, Social and Economic Challenges of Ageing in the Asia/Pacific Region: Including older people
2002	Colombo, Sri Lanka After Madrid - Linking Ideas and Action Through the HAI Network
2001	Beijing, China <i>The Voices of Older People</i>
2000	Delhi, India A New Century of Independence and Better Quality of Life for Older People
1999	Chiang Mai, Thailand Changing Lives: Positive Ageing into the 21st Century
1998	Singapore Developing the HAI Network in the Asia/Pacific Region
1997	Perth, Australia
1996	Macau, Hong Kong
1995	Chiang Mai, Thailand
1994	Chiang Mai, Thailand
1993	Manila. Philippines





Working together to improve

the lives of disadvantaged

