

# Battling against Droughts

Recollecting older people led climate resilient drought mitigation efforts in the Thar Desert, India



**HelpAge  
International**

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## **FOREWORD**

Droughts have been a major developmental challenge in India and in many other countries of the world. With climate change occurring in all parts of the world, droughts are becoming more complicated natural phenomenon. Older people living in rural India have to live very difficult lives impacted by droughts. As a result, there are severe poverty and health and nutrition challenges faced by older people. At the same time, older people with their knowledge and wisdom have also been effective leaders on drought mitigation.

GRAVIS has been organizing drought mitigation interventions in the Thar Desert in the leadership of older people. Our work reaches out to about 100,000 older people and a total population of over 1 million people. As an affiliate of Help Age International, GRAVIS has received important financial and technical support and the Help Age-GRAVIS partnership has demonstrated an effective drought mitigation model led by older people.

This document discusses the aspects of older people's contributions in drought mitigation and the experiences of Help Age and GRAVIS on this important need. Older people, worldwide, are an important resource to combat droughts within their communities.

**Shashi Tyagi**

Secretary of GRAVIS

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## I Ageing Population : A global and regional perspective

Advances in health care and rapid economic development has resulted increased life expectancy and declining fertility. Consequently, the world population has been experiencing significant population ageing-- a demographic trend ongoing since the mid-twentieth century. According to the World Population Ageing Report 2017<sup>1</sup>, the global population over 60 years and above was about 962 million, double what it was in 1980 and projected to double again by 2050 when there will be 1.6 billion older people representing 16.7% of the world's total population.

In the same period, the youth population will remain flat and the working-age population (aged 20 to 64) will increase only moderately, 25.6 percent. Perhaps an even more telling illustration of the sharply different growth trajectories of the older and younger populations is the converging, crossing, and then diverging of the percentages of older people and children under age 5 from 1950 to 2050. For the first time in human history, people aged 65 and over will outnumber children under age five. This crossing is just around the corner, before 2020. These two age groups will then continue to grow in opposite directions. By 2050, the proportion of the population aged 65 and older (15.6 percent) will be more than double that of children under age 5 (7.2 percent). This unique demographic phenomenon of the “crossing” is unprecedented.<sup>2</sup>



*Older people in rural India*

<sup>1</sup> World Population Ageing Report 2017, Department of Economic and Social Affairs, United Nations, 2017

<sup>2</sup> Wan He, Daniel Goodkind, and Paul Kowa, An Aging World: 2015, International Population Reports, <https://www.census.gov/content/dam/Census/library/publications/2016/demo/p95-16-1.pdf>



The demographic transition is marked by a rapid rate of population ageing, particularly among those aged 80 years and above. Globally, the number of persons aged 80 years or over is projected to increase more than threefold between 2017 and 2050, rising from 137 million to 425 million.

There is a larger proportion and number of older females as compared to older males owing to longer life expectancy of women (both at birth and at older ages). During 2015 out of the total 8.5 percent of the 65 plus population, 7.5% were constituted of males and 9.5% was constituted of females. This gap is expected to widen when the elderly population will reach 16.7%, with male elders population at 14.9% and females' at 18.5%. This gender gap could have significant implications in providing for old age care, for example due to a higher number of unmarried older women and older women living alone. There is an urgent need for policy makers to develop and implement policies to address the needs and interests of older people, factoring in the specific needs older women.

### ***Regional Dimensions***

Global trends in population ageing at times tend to mask the great deal of heterogeneity that exists in the growth rates of the older population across regions and income groups. Although the process of population ageing is most advanced in Europe and Northern America, where more than one in five persons was aged 60 or over in 2017, other regions, especially Asia Pacific and South Asia have also caught up. However, both the expanse in terms of number of ageing people and number of very old people, partially because of increased life expectancy, vary considerably among countries and regions. In 2050, older persons are expected to account for 35 per cent of the population in Europe, 28 per cent in Northern America, 25 per cent in Latin America and the Caribbean, 24 per cent in Asia, 23 per cent in Oceania and 9 per cent in Africa. Calculated in terms of the absolute number, Asia is going to have the largest chunk of older population in the world.

### ***Responding to the Emerging Needs***

In the wake of demographic transitions, the urgency of adjusting the global development targets to address the issues confronted by ageing population has been felt and global community has made several corresponding commitments. Several international human rights treaties and instruments refer to ageing or older persons, enshrining the freedom from discrimination of older people, older migrants and older people with disabilities; health, social security and an adequate standard of living; while also upholding the right to be free from exploitation, violence and abuse.

The Vienna International Plan of Action on Ageing was the first international instrument on ageing adopted in 1982 at the World Assembly on Ageing in Vienna, Austria. It includes 62 recommendations for action addressing research, data collection and analysis, training and education, as well as the sectoral areas encompassing: health and nutrition, protection of elderly consumers, housing and environment, family, social welfare, income security and employment, and education. It took the international community two decades to get the plan of action recognised by the United Nations. In 2002, the United Nations General Assembly endorsed the Political declaration and Madrid international plan of action on ageing that identified three priorities for ensuing well being of older people. These were: “older persons and development; advancing health and well-being into old age; and ensuring that older people benefit from enabling and supportive environments”. The Assembly gave the United Nations regional commissions responsibility for translating the International Plan of Action on Ageing into regional action plans reflecting, inter alia, the demographic, economic and cultural specificities of each region and

servicing as a basis for implementing the recommendations. The third and most recent review and appraisal process has highlighted several common challenges across regions, from the various perspectives of demographic transition, cultural norms and level of economic development. For instance, the health and well-being of older persons and the improvement of related health and care services, as well as the expansion, improvement and sustainability of social protection systems and other income support measures, remain a priority in all regions. 60. Major constraints on the further implementation of the Madrid International Plan of Action on Ageing remain the same as those identified during the second review and appraisal in 2012 in some regions: lack of human and financial resources, lack of political will and lack of data for evidence based policymaking and, hence, recognition of the need for policy action on ageing.<sup>3</sup>

Health provides a particular scope for focused work on ageing—a sector at the forefront of issues pertaining to ageing. Health of older people has also been able to attract attention by the international community and the international agencies focusing on health. In 2002 the World Health Organization (WHO) released a report 'Active ageing: a policy framework' and defined active ageing as “the process of optimizing opportunities for health, participation and security to enhance quality of life as people age”. It emphasized the need for action across multiple sectors and has the goal of ensuring that “older persons remain a resource to their families, communities and economies”. The WHO policy framework identifies six key determinants of active ageing: economic, behavioural, personal, social, health and social services, and the physical environment.

More recently, the Global Strategy and Action Plan on Ageing and Health 2016-2020, adopted by Member States at the World Health Assembly in 2016, is a significant step forward in establishing a framework for improved health and care of older people. The Strategy (2016 – 2020) has two goals: five years of evidence-based action to maximize functional ability that reaches every person; and by 2020, establish evidence and partnerships necessary to support a Decade of *Healthy Ageing* from 2020 to 2030. Specifically, the strategy focuses on five strategic objectives: commitment to action on *Healthy Ageing* in every country; developing age-friendly environments; aligning health systems to the needs of older populations; developing sustainable and equitable systems for providing long-term care (home, communities, institutions); and improving measurement, monitoring and research on *Healthy Ageing*.

Other relevant initiatives of WHO include – Age-friendly World, Integrated Care for Older People (ICOPE) and Priority for Assistive Technology. Creation of age friendly communities is key strategy that enables people of all ages to actively participate in community activities and treats everyone with respect, regardless of their age. It helps older people stay connected to people that are important to them. And it helps people stay healthy and active even at the oldest ages and provides appropriate support to those who can no longer look after themselves. The WHO Guidelines on Integrated Care for Older People (ICOPE) propose evidence-based recommendations for health care professionals to prevent, slow or reverse declines in the physical and mental capacities of older people. These recommendations require countries to place the needs and preferences of older adults at the centre and to coordinate care. The

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<sup>3</sup>Commission for Social Development Fifty-sixth session 29 January–7 February 2018 Item 3 (b) (iv) of the provisional agenda, Follow-up to the World Summit for Social Development and the twenty-fourth special session of the General Assembly: Third review and appraisal of the Madrid International Plan of Action on Ageing, 2002 Report of the Secretary-General, <http://undocs.org/E/CN.5/2018/4>

ICOPE Guidelines are supposed allow countries to improve the health and well-being of their older populations, and to move closer to the achievement of universal health coverage for all at all ages.

Assistive technology enables people to live healthy, productive, independent, and dignified lives, and to participate in education, the labour market and civic life. It reduces the need for formal health and support services, long-term care and the work of caregivers. Recognizing that without assistive technology, people are often excluded, isolated, and locked into poverty, thereby increasing the impact of disease and disability on a person, their family, and society, WHO has recommended the prioritizing access of older people to assistive technologies.

The discussions on the sustainable development goals (SDGs) for 2016-2030, which replace the Millennium Development Goals, have also referred to population ageing and the need to align development targets to a vision of wellbeing of older people. 'Ageing, Older Persons and the 2030 Agenda for Sustainable Development' clearly articulates the necessity of investing in ageing for achieving greater levels of social development, while also acknowledging the opportunities that exist with the large number of ageing population and their constructive role in social development. It states that population ageing provides significant opportunities for sustainable development which are associated with the active participation of older generations in the economy, labour market and society at large. In view of their experience, knowledge and skills, older persons are important actors in communities, making key contributions in the areas of economic development and social progress.

Sustainable Development Goals (SDGs) are the key social development goals recognised by most countries in the world and with ageing cutting across the goals on poverty eradication, good health, gender equality, economic growth and decent work, reduced inequalities and sustainable cities, lend a renewed commitment to investment in ageing population. Therefore, while it is essential to address the exclusion and vulnerability of – and intersectional discrimination against – many older persons in the implementation of the new agenda, it is even more important to go beyond treating older persons as a vulnerable group. Older persons must be recognized as the active agents of societal development in order to achieve truly transformative, inclusive and sustainable development outcomes. SDGs chalk out the plan to mainstream agenda of ageing with the larger development process and also define the role of various international agencies and national governments towards wellbeing of ageing population.

With collective efforts, UN agencies, policymakers, civil society and other stakeholders can support setting a new agenda of active and healthy ageing that can reduce the vulnerabilities and enhance the rights, capabilities and resilience of older persons, and thus fulfil the pledge of the 2030 Agenda to leave no one behind.<sup>4</sup>

Given the absolute and proportionate increase in the number of older in the world, a greater emphasis of ageing related issues needs to be part of the overall social development agenda and global community collectively. Individual nations, local government and civil society organisations also need to mainstream the concerns of older people across all relevant sectors. As seen above, the international community has committed itself to the wellbeing of older people and the same has also been expressed at various international fora. However, like other vulnerable groups older population also is not a homogenous group – regional dimensions, gender, socio-economic conditions and even climate change

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<sup>4</sup> [https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2017/07/UNDP\\_AARP\\_HelpAge\\_International\\_AgeingOlderpersons-and-2030-Agenda-2.pdf](https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2017/07/UNDP_AARP_HelpAge_International_AgeingOlderpersons-and-2030-Agenda-2.pdf)

has a lot do with status of older people across the globe. Their hardships and are even more challenging in the developing world especially in impoverished communities. Overall, social development is bound to be impacted if health care, social protection, skill development, housing and care for elderly, including women is not factored in into the respective policies.

- Mainstream ageing issues in their programmes of work, while stressing the need to ensure that the rights of older persons, including to income, health, education, security, voice and participation are addressed;
- Adopt an explicit life-course approach in their research portfolios that is used to support guidance, programmes and projects, while ensuring that more attention is paid to the situation of older persons by programmes;
- Build in the intersection of ageing with other critical issues including poverty, health, gender, decent work, inequalities, disability, environment, governance and conflict;
- Enhance coordination and cooperation with global and regional intergovernmental organizations, bi- and multi-lateral development partners, international and national non-governmental organizations, the private sector, academia and other relevant stakeholders to develop sustainable partnerships and promote dignified ageing and issues related to older persons, while building on existing good practices in terms of global platforms, coalitions and agreements on shared programmes of work;
- Support better collection, analysis, dissemination and use of age-disaggregated data; and advocate for the inclusion of data on ageing in national instruments, policies and reporting;
- Encourage national and local policy development and implementation to be human rights-based, age-sensitive and all-age-inclusive, with measurable indicators to track progress on the situation of older persons.

## II Ageing in a developing world : Older people in India

In low and middle income countries, the phenomenon of population ageing is often emerging within the backdrop of poverty, illiteracy, gender vulnerability, economic underdevelopment, constrained public resources, and frail institutions to support older people, rendering older people even more vulnerable as compared to those in developed societies. Another major difference in the context of Asian developing countries is the pace of population ageing, and the magnanimous number of older people in LMICs, which exceeds those in HICs. This in itself makes ageing a development issue but, more importantly, this has implications for social development in Asian countries. It is also to be noted that despite this rapid demographic change and the impending challenge, other vulnerable groups such as women and children who are substantial part of the population, remain the priority and major focus of national policies and programmes. Although the need for enhanced investments in programmes and policies for older people is being recognised of late, older peoples' concerns figure in only as peripheral issues. While younger generations are an important priority, given their productive potential, it is important that countries also pay attention towards creation of safety nets and building the older population as a resource before a situation comes where their proportionate poverty, resourcelessness and vulnerability neutralises the social development in the field of health, poverty alleviation, skill development and entrepreneurship, etc.<sup>5</sup>

The share of India's population aged 60 and older is projected to climb from 8 % in 2010 to 19 % in 2050. According to Population Census 2011 there are nearly 104 million elderly persons (aged 60 years or above) in India; 53 million females and 51 million males. Both the share and size of elderly population is increasing over time. One important aspects of ageing population in India is the fact that a large part, 71% of them, reside in rural areas (which slightly higher for the overall average of 68%) while 29 % are in urban areas. This phenomenon has implications for rural development policy for India that entails enabling access for rural population to all the basic facilities such as health care and programmes or income generation etc. As per the available data on older population in India, it was found that in rural areas, 66% of older men and 28% of older women were working, while in urban areas only 46% of older men and about 11% of older women were working. The percentage of literate older people overall was 44%, though older men have a literacy rate (59%) more than double that of older women (28%). Skill development becomes a major issue to be looked at considering the proportion and extent of illiteracy. Particularly given that with lower educational attainment labour is more likely to be heavy labour or agriculture which ageing can make more difficult.

Much of the problems faced by the elderly across the developing world are similar, there are also many region specific variations emanating largely from socio economic conditions, lack of adequate social protection measures, health facilities and financial insecurities that further aggravate their situation as compared to their counterparts in developed world. Health care, skill building and social security are the key sectors that have implications on older people's status in the society.

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<sup>5</sup> Vandana Desai and Matthew Tye, Critically Understanding Asian Perspectives on Ageing, *Third World Quarterly*, Vol. 30, No. 5, 2009.



The growing number of older persons puts extra pressure on already weak health care and social care systems in the country. In case of large number of older persons in the population, the country needs more and more health and medical services, facilities and resources. With the increasing trend of nuclear families in the society and with fewer children in the family, the care of older people with care support needs by families gets increasingly difficult. The need for provision of safety nets and social security assumes greater importance in this situation.

While there has been a growing recognition of the need to respond to older peoples' problems, it was only in 1999 that a National Policy on Older Persons (NPOP) was adopted in India. This policy underscored the need for public initiatives in areas of financial security, health care, nutrition, shelter, education, welfare and protection of life and property of the aged. Old age pensions are also one of the ways through the government provides some monetary support to poor elderly people. However, despite these commitments and policy guidelines, some of the more recent data on issues of ageing reveals very high physical and financial dependence faced by older people in India.<sup>6</sup>



*Multi - generation rural life in India*

<sup>6</sup> Alam, M., et al., Report on the Status of Elderly in Select States of India, 2011. New Delhi, India, UNFPA India, 2012

### III Ageing in a difficult desert : Older people in the Thar Desert

Health and general wellbeing and largely determined by the individual characteristics, physiology as well as economic status that in turn determine access to health facilities, food and nutrition. However, socio-economic and physical environment also play a critical role in ensuring healthy and active life. Especially in older age when physical capacities deteriorate surrounding environment plays a vital role. Very high as well as very low temperatures affect the physical state in old age much more than they affect younger people. If the surrounding environment is not conducive for general health and wellbeing, older people are bound to be affected more younger people. The Thar Desert is an extremely challenging environment with exigently difficult geographic and climatic condition which has major implications for survival and general wellbeing. It forms a sizable part of Western India and is a land of difficult terrain, extreme climatic conditions and acute water shortage. For about 30 million inhabitants of Great Indian Thar Desert life is characterised by the constant negotiation for survival. The travesty of dependence of rainfed agriculture and animal husbandry in a perennially drought stricken arid region poses multiple challenges for the communities in rural areas. Recurrent droughts result in truncated agricultural productivity and inadequate quantity of food grains, insufficient to fill bellies or barter for other goods. In an already low income rural context this situation reinforces poverty and renders the population beleaguered by perpetual stress. In an already challenging climatic context with financial insecurities, any other vulnerabilities be it associated with gender, caste, age or residence/location add multi-fold complexities to life and the quest for survival. Non availability of water within reasonable distance and cultural gender roles means that a significant part of women's lives is spent fetching water. Lack of adequate water for drinking, cooking, personal use, washing and sanitation have severe implications for hygiene and health. This leads to high susceptibility to water borne and communicable diseases further aggravated by the lack of primary health services.

Demographic details of the Indian part of Thar Desert can largely be drawn from the demographic data of the state of Rajasthan that covers 60% part of Thar in India. Rajasthan stands among top five states in the country in terms of elderly population. People aged 60 years and above constitute 7.5% of the total population of Rajasthan, out of which 76% live in rural areas. There are a total of 5.1 million elderly people (60 years and above) in state. Of them 2.7 million are females and 2.4 million male. Almost three-fourths of the elderly in the state comes from rural background.<sup>7</sup> In terms of life expectancy of population in the age group of 60 years and above Rajasthan is far below the national average and among the last five states, which speaks volumes about the medical facilities in the state. Besides literacy levels, the extremes of climate in addition to lifestyle diseases are also taking a toll on persons aged 60 years and above.

**Table 1 - Older people in the state of Rajasthan**

Elderly in the State of Rajasthan	
Percentage of total population	7.5
Total elderly population	5112000
Elderly Females	2680000
Elderly Males	2432000
Elderly in Rural Areas	3924000
Elderly in Urban Areas	1188000

<sup>7</sup> 'Elderly in India 2016', Report released recently by ministry of statistics and programme implementation (MOSPI), Government of India.



*The Thar Desert*

The socio economic and health indicators of Rajasthan are far from satisfactory. As regards older population, education and health related indicators especially in rural areas are a matter of grave concern. There are considerable differences in literacy rates among old people within the state of Rajasthan in rural and urban areas and among females and males. Literacy rates among older males in Rajasthan were about 45.6% as per 2011 census data that were considerably offset by very low literacy (only about 13.6%) among older women, bringing it down to the state average of about meagre 28.8%. Similarly, the difference between literacy rates among older people in rural and urban areas in Rajasthan is significant.

### ***Dependency***

The data pertaining to dependency is a reflection of the state of older people and a cause of concern. Table 2 shows that a large number of elderly females in Rajasthan (78%) are financially dependent on others. While males are marginally better off, overall situation is a reflection of the frail and weak social security structures and emphasise the need to build capacities of older people.

**Table 2 - Percentage of older people dependent on others<sup>8</sup>**

States	Place of residence	Male			Female		
		Not dependent on others	Partially dependent on others	Fully dependent on others	Not dependent on others	Partially dependent on others	Fully dependent on others
Rajasthan	Rural	47	15	38	10	13	78
	Urban	55	14	31	13	8	79
India	Rural	51	15	32	14	12	72
	Urban	56	13	30	17	9	72

<sup>8</sup> Source: National Sample Survey, Sixtieth Round, (January - June 2004)

Poverty and financial insecurities have direct consequences on health, social status and general wellbeing of ageing population. Like in other developing countries, the public health system in India too is resource crunched and public health facilities are inaccessible in most of the rural remote places. Primary and secondary health facilities that are provided based on the population coverage in an area, are situated far away and remain especially illusive to aged and infirm who have difficulties travelling to avail these services. Basic public health facilities are located far away and lack of connectivity through public transport make them inaccessible for elderly. While quality of these services is also concern, they are not in a situation to afford private facilities. Many of the health needs remain either undiagnosed or unaddressed for them.

### ***Ageing with disabilities***

Irrespective of the economic status, disability of any form in the old makes elderly population dependent on others. For the resource less poor people in remote areas where state health institutions are not equipped with the required infrastructure and manpower to address and respond to the needs of elderly people, the struggle for survival is even more burdensome. Population Census 2011 reveals that 6% of elderly population was reported as disabled in rural areas whereas in urban areas 4% of elderly population was disabled. It was also found that Locomotors disability and visual disability are the most prevalent disabilities among elderly persons in India. Almost half of the elderly disabled population was reported to be suffering from these two types of disabilities and a large share of this is from rural Rajasthan. Vision related illnesses are quite high in rural Rajasthan, partially attributable to dusty hot winds that blows across the region in addition to lack of nutrition and healthy food. Crippled health services that survive on incapacitated infrastructure stand deficient in addressing the basic health needs of people, and remain inaccessible and insufficient for addressing older peoples' health issues.

### ***Poverty and weak social security systems***

Older people face particular challenges in a desert located in a poverty ridden rural remote context. Owing to declining physical status most often elderly people are not able to toil in the fields. Scorching heat in the desert makes it even more difficult for them to contribute to most of the agricultural and related processes that are major sources of livelihood for the community. In such a situation their agriculture produce dwindles if they do not have support from within the family. While, very often, given the joint family structures in rural area, such support may be available, older people lose control over the productive resources, especially land. This subsequently results in their financially marginalisation. Other older people are unable to receive such support because of migration of younger population to urban areas. These migrations are induced by lack of water to continue with agricultural activities during droughts, and any other viable vocation in the remote areas. Even if these migrations are seasonal, they do impact agriculture productivity and subsequently food security, health and financial security of the family, with older people.

In the Thar, like in other remote areas in developing countries, social security for the older people gets a further compromised deal with virtually non existence or negligible amount of pension leaving older people at the peril of becoming further impoverished, and insecure. In accessibility is also an issue because of the remote locations, a dlack of literacy and technical skills that are needed to access supports such as old age pensions.

### ***Deprioritised needs***

In impoverished communities with little financial resources at the family's disposal, the care, preference, investments and priorities are directly linked with the productivity and potential gains – both short term and long term. Very often older people are considered unproductive and their needs are deprioritised over others, especially younger males. Older females mostly bear the brunt of this negligent attitude that gets impetus from the patriarchal system and male dominance. Ageing is invariably associated with ill health and sickness is seen as a normal. Access to health facilities is either not available or is not considered important for elderly.

It is important to note that older men and women, irrespective of varying degrees of physical capabilities and educational facilities, are bunched together and are identified as non-productive liabilities for the community. Participation in decision making, especially at the community level dampens owing to their own declining physical strengths as well as discrimination and discouragement by younger people. Although in traditional communities in rural Rajasthan, elder males in the village are entrusted with several responsibilities pertaining to decision making for the village, this is increasingly becoming a tokenistic practice, and younger and affluent males have been assuming decision making powers that they exercise in the name of older people.

### ***Unrecognised unpaid work***

Another disadvantage that older people suffer is the non-recognition of their work. Even when older people are not working in structured formal economy, they continue to contribute to many household and community activities that enable younger members to take on more physically demanding roles. Child care for instance remains a responsibility of older women and men while others are out on work. When young males migrate seasonally, older people also look after the entire household. As life expectancy of older females is more than their male counterparts that implies that not only they spend more number of years taking care of children and older males, they also are required to take care of themselves after passing away of their spouses. This phenomenon of unpaid and most often unrecognised care work is a common sight in rural Rajasthan. It is disheartening to encounter the stereotyping of inertia among older people despite the contribution made by them in the family, community and many of the tasks that either fetch financial gains or would require additional finances in the absence of their support.

The phenomenon of unpaid work is even more prominent in case of older women. It is estimated that around the world, women spend two to ten times more time on unpaid care work than men<sup>9</sup> and more so in rural areas where gender inequalities are much sharper and women are seen to be solely responsible for cooking and serving food, fetching water, cleaning, washing and doing other household chores. Even when men retire from their traditional bread winner role, older women continue to provide unpaid and mostly unrecognised care and support to all the family members. In addition, prevailing gender norms and the fact that women tend to outlive the men they marry or cohabit with, mean that they provide the bulk of unpaid care for ageing spouses and sometimes other family members.

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<sup>9</sup> [https://www.oecd.org/dev/development-gender/Unpaid\\_care\\_work.pdf](https://www.oecd.org/dev/development-gender/Unpaid_care_work.pdf)



## IV Empowering and supporting older people : Approaches and Strategies

While there has been a consensus over empowering and supporting older people, there have been comparative advantages and disadvantages of these strategies, and over a period of time the focus of policy makers and implementers have shifted depending upon their potential impact. For much of the early 20th century the focus on social security and protection for elderly was considered as critical to their wellbeing. However, in late 20<sup>th</sup> and early 21<sup>st</sup> century, it was being increasingly felt that older people are often structurally excluded from access to basic services and support, hence many of the programmatic interventions on the parts of governments and humanitarian agencies, and hence the interventions were guided by the basic tenet of the need to provide focused *special protection* to older people with support systems that enable access too.

The movement from welfaristic to rights based democratic framework has a lot to do with the strategies and means through which vulnerable groups in the modern democracies are supported. In the recent times, emphasis on empowerment is an obvious and evident objective, while social protection is also seen as a precondition for the groups to be able to exercise their entitlements in equitable manner. In recent past the approach of social protection is further extended to include prioritisation of vulnerable groups over others and also simplifying the procedures for accessing the facilities, benefits and services offered by social security agencies.

However, elderly also face identity-based discrimination and multiple sources of deprivation create deep-rooted social exclusion which cannot be addressed solely through conventional income-poverty reduction programmes. Also, the fact that in many Asian countries no universal social security arrangements are available for the elderly and traditional family support systems have eroded in many communities, social security approach tend to become deficient in addressing concerns of ageing population.

Much as a complementary approach *social rights model* is proposed to deal with the efficiency of social protection approach. Social security systems are expected to guarantee indiscriminate access to health services, provide benefits in the case of work losses due to illness, disability, death of family members, old age, unemployment, and maternity, and further support families, children and adult dependents. As a matter of law and fact, however, social security systems in developing countries usually benefit only a minority of the population. From a rights perspective, enormous efforts are necessary to increase the coverage of social security systems, reaching people in the informal sector and from poorer parts of the population.<sup>10</sup> The social rights model advocates provision of benefits and entitlement to elderly as a matter of rights.

The social rights model of empowerment also has not been free from deficiencies. The fate of social rights in developing economies with large population has been marred with the problems of inaccessibility and non-implementation owing to various reasons ranging from resource constraints, inadequate capacities of functionaries or lack of infrastructure. In order to make this approach work and to ensure realisation

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<sup>10</sup> Jayna Kothari, A Social Rights Model for Social Security: Learnings from India, *Law and Politics in Africa, Asia and Latin America*, Vol. 47, No. 1, Thematic Issue: Innovation in Social Security Legislation: Comparative perspectives (2014), pp. 5-21

of these rights, social mobilisation is seen as the key. Mobilisation of the elderly into groups and making them aware about the issues, entitlements, social protections and means to wellbeing are the contributory factors that play vital role in realisation of rights of elder people.

### ***Meaningful and constructive Social roles***

A conceptual mapping of the approaches points towards few areas associated with the mobilisation and social relations that eventually lead to wellbeing of older people. Social networks, social and emotional support, and social roles are three integral components of the social relations for the older people. It is believed that a lot of programmatic emphasis so far has been on social support and enabling networks and not much on social roles that could prove meaningful personally for older people. It is important to consider recognition of social roles as a means of improving health and wellbeing in later life since these are embedded in social relations.<sup>11</sup> Investment in building of special skills, and making the contribution of elderly more relevant for the society, may help operationalise this vision.

### ***Capability Approach***

As people grow older the need to build their social and economic capacities to lead productive lives in their society and economy, becomes critical. It serves as a precondition to ensure basic standards of wellbeing and agency for older people. This also requires creating institutions and social structures that have the capacity to support active ageing in developing countries (especially employment and income generation activities, entitlements such as pensions and complementary public programmes). The capability approach to empowerment of older people, while establishing the need for creation of supportive structures, enables an examination of people's contribution to development and their wellbeing in an integrated fashion.<sup>12</sup>

A range of strategies that have been applied for wellbeing of older people are grounded in one or the other approaches as discussed above or a combination thereof. While each one of these is useful, the development context of a country or a region is the most imperative determinant for their success.

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<sup>11</sup> Ben Heaven, Laura J. E. Brown, Martin White, Linda Errington, John C. Mathers and Suzanne Moffatt, Supporting Well-Being in Retirement through Meaningful Social Roles: Systematic Review of Intervention Studies, *The Milbank Quarterly*, Vol. 91, No. 2 (June 2013), pp. 222-287, Published by: Wiley on behalf of Milbank Memorial Fund

<sup>12</sup> Kamaljit K. Sanghaa, Andrew Le Brocquea, Robert Costanzab, Yvonne Cadet-Jamesc, *Global Ecology and Conservation*, **Application of capability approach to assess the role of ecosystem services in the wellbeing of Indigenous Australians**, Volume 4, July 2015.

## V Constructive roles played by older people to mitigate droughts

Being a significantly large section of the population, the status of older people has direct implications on the aggregated socio economic profile of a community and the society. With the ageing population almost out numbering the younger', development process cannot be sustained without due cognizance to the needs of elderly while also investing in building their capacity to tap them as potential resources. A social development strategy that excludes older people may potentially counterbalance the gains for society and economy. Especially among the poorer population in developing countries, it becomes even more important to enhance the capacity of people as they grow older to lead productive lives in their society and economy, given the resource crunch. This not only serves as a necessary condition to ensure good quality of life for older people but is also a precondition for the nation to accelerate social development process.

While the economic participation by older men and women is quite high, as discussed in earlier section, greater still is their contribution made to the informal economy. Older people have naturally assumed roles such as tending to childcare, cooking and other household tasks and taking on many part-time jobs in the informal sector. Younger adults are 'released' for employment purposes and the cumulative effect is beneficial to the whole household unit. Old people can find themselves sharing their accommodation, pensions or limited incomes from informal employment with the younger generation for longer than they may have anticipated or desired. However, non recognition of these critical roles leads to low self esteem and marginalisation of older people from the social development initiatives.<sup>13</sup> Wellbeing of older people and focusing on improving the standard of living for them also demand formalisation and recognition of the economic contribution of older people. Also, although in the impoverished rural region of the Thar, family-based support system continues to work in providing support for older people but that may be stressful to the providers if they themselves are poor. Higher per capita health expenditure among older people further adds to the strains of care-giving.

### ***HelpAge International-GRAVIS partnership***

HelpAge International (HAI) is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure live. HAI has been promoting formation and capacity building of Older Peoples' Association (OPAs) with a vision to mobilise and empower older people to play catalysts' in their own lives and other marginalized older people. GRAVIS is an NGO working in the Thar Desert of India towards integrated community development with focus on health, food security, livelihood creation and bringing qualitative change in the lives of most impoverished population. HAI and GRAVIS have been working together with a common vision to improve the quality of life of older people in the Thar Desert. HAI-GRAVIS partnership has a clear focus on older people led drought mitigation in the Thar. This partnership entered into a new phase through the Water, Health and Nutrition in the Thar (WHNT) that aims at strengthening the OPA model in rural India and to promote its replication through learning, documentation, exchanges and capacity building. While focusing on access to water, nutrition and health related aspects of older people, WHNT project sought to demonstrate the effectiveness of an older people led drought mitigation model. Key areas of intervention in the project included

<sup>13</sup> [https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2017/07/UNDP\\_AARP\\_HelpAge\\_International\\_AgeingOlderpersons-and-2030-Agenda-2.pdf](https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2017/07/UNDP_AARP_HelpAge_International_AgeingOlderpersons-and-2030-Agenda-2.pdf)

- Strengthening the capacities of existing Older People's Associations created by GRAVIS and HelpAge, and to develop the skills of newly formed OPAs
- Enhancing water availability in drought prone Thar region through rainwater harvesting techniques
- Ensuring food and nutrition security through farming and horticulture
- Improve the health status of OP and other members of the community through community based health interventions
- Bridging the gaps between Government programmes and communities through the leadership of older people
- Imparting training and capacity building to relevant civil society organizations and to government agencies for wider replication of OPA model, and to encourage older peoples participation in various programmes

HAI-GRAVIS partnership also included documenting water, nutrition and health interventions and advocating for replication and leverage Government resources. project was implemented in ten villages of Baap block of Jodhpur District of Rajasthan state in India, which the poorest and least developed block of Jodhpur District. Considering that HAI-GRAVIS have been working in partnership in the same areas, it was decided to include 5 villages where HAI-GRAVIS supported VOPAs were already in place, in addition to 5 fresh villages. This combination enabled exchange of ideas and cross learnings.

### ***Context of GRAVIS' Philosophy, Strategy and Role***

Thar Desert is a difficult terrain that poses several challenges not only for its inhabitants but also for initiating and sustaining any development work. Rural remote areas of the Thar are not connected by transport facilities. The expanse of the Desert, lack of infrastructure and scorching heat are only some of the factors demotivating government agencies to reach out to the most marginalised people in the Desert. Social practices and cultural norms and beliefs also at times deter the expected pace of interventions, especially while ensuring inclusion based on gender, caste and class.

GRAVIS has been working in the Thar for more than three and a half decades with a vision to empower the impoverished rural communities in the region with an integrated community development approach towards rural development with primary focus on water security, food security, education and healthcare. GRAVIS covers over 1,300 villages with its activities and interventions and benefits about 1.3 million people living in the Thar. Traditional wisdom has always been the underpinning of GRAVIS' work and the same has got constantly bolstered by the scientific innovation.

The climatic conditions in the Thar always require GRAVIS to orient all its interventions in the community to the goal of drought preparedness and management. Community centred approach to social development also entailed exploring the potential of the especially vulnerable groups as well to contribute towards drought mitigation while transacting the empowering process. Out of the 1.3 million people that GRAVIS works with million of population in the Thar of which 97500 are above the age of 60 and including 16250 octogenarians. Ageing and health is an important programmatic priority for GRAVIS and in addition to the curative medical services, GRAVIS also looks at the preventive aspects by generating awareness and education of self-care etc.

The integrated community development approach as juxtaposed to the complexity of the problems faced by elderly that are aggravated by the belligerent climate, demands special focus on exploring their

potential and building their capacities to be able to contribute towards addressing water shortage related problems. With the ultimate goal of improving the health and living conditions of older people and their families, HelpAge and GRAVIS have been focusing on water, nutrition and health aspects and has demonstrated the effectiveness of an older people led water, nutrition and health model. Village Older People Organisations (VOPAs) play the catalytic role in this model of drought mitigation. HelpAge and GRAVIS have created over 200 VOPAs so far in the Thar Desert over the years. HelpAge and GRAVIS has not only been strengthening existing VOPAs and replicating its VOPA model to integrate water, nutrition and health components of community development through the leadership of older people leading to a holistic, replicable and sustainable community development approach.

### ***OPAs: Approach, Interventions and Impact***

Mobilising and organizing people augments their collective strength and agility to perform various functions and assume several critical roles in families, communities and society. Such mobilization and organization becomes an important tool for empowering especially the vulnerable groups such as older people. Older People Associations (OPAs) are the groups of older people who come together to conduct social activities, support each other in the groups and others.

Formation of older people's associations (OPA) represents an approach for inclusive, sustainable community development that actively engages growing population of people over 60 as agents of change rather than passive beneficiaries in their own lives and communities.<sup>14</sup> Such OPAs have been established in various countries and regions with a common purpose of advancing the social and economic wellbeing of older people and ensuring their integration in development process. In different contexts, however, these OPAs have taken different forms and shapes. Some of the OPAs have national level organisations too and operate through multi-level structures. Despite various forms and structures that OPAs have, all of them actively engage older people, including in leadership roles. They promote and ensure wide ownership and participation from diverse older people including women and men, often prioritizing those from disadvantaged groups. They are multifunctional, addressing interrelated needs of the older people in the community, such as: livelihoods and support for work in later life; health and social care; social connection; rights and entitlements; disaster preparedness; women's participation; and community participation.

OPAs are also based upon the principle of drawing upon the community's existing resources, particularly the capacities of older people themselves to serve as agents of change in their lives and communities. They seek to strengthen links for older people at the community level with local structures, self government and services. Multifunctional OPAs conduct a wide range of activities that respond to older people's needs, thereby attracting and retaining an active membership. Livelihood support and access to microcredit are often the initial attraction for new members. Once they have joined, members report social connection as an essential reason for their continued involvement. With this foundation, volunteer-based work and civic engagement is facilitated as well, with OPAs providing services and care for the most vulnerable and frail in the community. Each country's model of OPAs differs according to its context. Operationally, OPAs vary in the types of activities they conduct under each domain and organisationally, they may have different membership models for instance some may have all older

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<sup>14</sup> <https://www.ageing.ox.ac.uk/download/199>



people in a given geographic area members of OPAs, while in some others they have representation of older people.

### **VOPAs in Thar**

GRAVIS' drought mitigation strategies have been based on the approach that is driven by the long term goals related to improvement in quality of life of older people. However, in order to lend sustainability to its interventions, GRAVIS has especially emphasized on institutionalizing some of the processes in the social structure and processes. To this end, VOPAs in the Thar are integral component of GRAVIS' drought mitigation strategy. VOPAs help the elderly voice their opinions in the community and ensure that the elderly are respected in their village and are able to contribute to the development of their village. These groups also help to ensure that projects are serving the needs of those over the age of 60. There are currently over 200 VOPAs facilitated by GRAVIS that are operating in villages in the Thar region.

**Table 3 - GRAVIS' work with VOPAs**

Total number of Villages	1300
Number of VOPAs	250
Total members	3250
Male	1462
Female Members	1788

**Table 4 - Interventions with support provide to VOPAs**

<b>Trainings</b>	<b>Outreach</b>	<b>Males</b>	<b>Females</b>
Maintenance of <i>Khadins</i> and <i>Taankas</i>	3225	1875	1350
Horticulture Units	2040	1224	816
Self care trainings	2768	1510	1258
Health Camps	5980	3110	2870
Health Services	4126	2187	1939
Para vets	24	15	09
Rights and entitlements	555	325	230

### **Mobilisation of Older people and formation of VOPAs**

GRAVIS, through its field centres and staff mobilises the older people to form Village Older Peoples' Organisations (VOPAs). Given the fact that literacy and education levels among elderly people in rural Rajasthan are very low and there is also a huge gap between male and female literacy levels among elderly, it normally entails a great deal of engagement with the older people in villages in order to make them aware of their potential strength and advantages of formation of the groups. GRAVIS team provides initial support in formation of groups of older people and handholds the groups until they are

adequately established and actively operating. These VOPAs typically have about ten members each with equal representation of women.

Active and sustained functioning of these VOPAs is highly contingent on the self motivation and capacities of the members of the groups. Recognising this, GRAVIS has been investing considerable amount of energies in building leadership skills and capacities of these groups. Older people who had been neglected and excluded from the community level activities and within their families were brought into the forefront. Their confidence and leadership skills were boosted through trainings and other capacity building interventions that subsequently turned them into strong leaders of social change. One of the most remarkable things about older people being the social leaders is that they advocated for benefits for the wider community, not only for themselves.

**Figure 1 - Range of trainings provided to VOPAs**



The trainings provided by GRAVIS have focused on various aspects pertaining to leadership. Health and nutrition, horticulture, rainwater harvesting, as paravets, rights and entitlements of older people and self care for elderly have been the major themes of the training provided to elderly people.

After the trainings conducted for the VOPAs, these have been actively engaging with the Village Development Communities (VDCs) that are constituted in all villages and the local self-government. Through this engagement with the local self-government, VOPAs have been playing major roles in addressing many issues at the community level such as improving school education, providing better healthcare to women of reproductive age and in ensuring that government funds at village level are used efficiently. However, the most important contribution of VOPAs has been towards lobbying with the local self-government authorities for the implementation of numerous infrastructure projects including constructing village ponds, *khadin*, *taanka* and approach roads.



*A VOPA meeting in progress*

While organizing training sessions for older people, government officials are involved in order to establish connections between VOPAs and government. VOPAs have directly linked with government and as a result of this engagement, government officials now have an improved understanding about the needs and concerns of older people, and through this the VOPA have benefitted from access to pension plans and other government schemes. Officials themselves visited the villages to help around 80 older people fill in the forms for government schemes to ensure that vulnerable members of the village also benefitted. In the medical awareness camps, many of the government employees voluntarily participated and shared their knowledge and experiences about government schemes and benefits. In many villages, VOPAs have played key roles in village level development by planning new initiatives and by partner with existing government programmes such as National Rural Employment Guarantee Act (NREGA) and National Rural Health Mission (NRHM). Many of these VOPAs have remained functional after the external funding support and have continued their efforts with local government programmes and with other local partners.

### ***Older People, VOPAs and Drought mitigation in the Thar***

Water is a precious resource and its scarcity in the Desert makes it even more treasured commodity. Ownership and access to water resources is a key-contributing factor in the Desert for food security as well as sound financial status. It is because availability of water enables better agricultural productivity and enhanced animal produce. Food and fodder security, coupled increased income levels also lead to better health and nutrition and consequently good quality of life for people. Inclusion of vulnerable groups such as women and elderly has been at the epicenter of all the interventions of GRAVIS geared towards drought mitigation. While entire local community has been at the core of all the activities, special care is taken to ensure effective representation of women and elderly in the decision-making, and execution of plans. On one hand self help groups of women (SHGs) enable participation of women, VOPAs in the villages have provided effective platforms for older people in the villages to discuss, articulate and air their concerns and also influence the decision making in their favour.

### ***Improved Food and Nutrition Security***

Food and nutrition security is a constantly at threat in the Thar Desert. For impoverished communities less or untimely rainfall means reduced agricultural produce and less food for consumption. With the limited food at disposal, distribution of food is normally done according to priorities as determined based on the contribution to family income or other factors such as potential growth, etc. Younger males who are generally bread winners are normally entitled to larger quantity of food and children are fed well considering the their nutritional needs. Women and older people's needs are deprioritised within households since they are considered productive to the family and are even considered as liabilities. Such deprioritisation also seems to be an internalised factor even among elderly. They themselves tend to believe that their own food and nutrition is lesser important than the younger ones in the family.

While recognition of the need to invest in their nutrition through consumption of adequate quantity of good food is an aspect of ensuring food and nutrition security for elderly, enabling access to adequate food entailed combatting drought and reducing its impact on food production and availability.

### ***Enhanced agricultural produce***

GRAVIS has facilitated older people led drought mitigation in the Thar by supporting the construction of *rainwater harvesting structures* for agriculture and for personal and drinking purposes. *Khadin* is one such rainwater harvesting structure that enabled sufficient water for agriculture even during dry spells. Construction of *khadin's* in the farms increased soil fertility through holding moisture in the soil, resulting in improved crop yields. GRAVIS' experience has confirmed that for beneficiaries of the *khadin* and the training have seen their yields increase by 2 to 2.5 times. *Khadin* turned barren land into cultivable land of all the beneficiaries due to the moisture retention. Increased crop yields allowed beneficiaries to sell surplus in the market which resulted in income generation. *Khadins* have helped provide an additional income of INR 18,000 to 30,000 (£180-300) per annum for beneficiary households, income vary depending on rainfall patterns and the market price. An increase in production also ensured the food security of the family. Impact of *khadin* can be seen not only in terms of increased production, but also on consequent enhancement in purchasing power.





*More nutrition for families*

***Water Security at household and community level:***

With a view to make water accessible at household level, *taanka* is constructed that has the storage capacity of about 15- 20 thousand litres of water. This underground tank gets filled up during rainy seasons and water is available for household purposes and for drinking throughout the year. Poor rural people do not need to make any expense on buying water for about 6 to 7 months in a year that they otherwise have to do. Construction of *taankas* has made water for household use available within the vicinity and women are saved from drudgery of carrying water from distant sources. Women have more time to complete household chores and other activities as they don't have to fetch water from a distant source. A significant number of women can now engage themselves in other activities like SHG meetings, VOPA meetings and in setting up other income generating activities.

Since the decision relating to the construction of these rainwater harvesting structures are taken in VOPA meetings and VOPAs also constantly analyse the progress and impact of these structures, they become primary agents in the process of ushering in drought preparedness to the community. Trainings



*Water is the most important contributor in the development of Thar*

The impact of availability of safe water can be seen in the form of improved health conditions. Occurrence of waterborne diseases has come down substantially. Fall in the instances of diseases caused dew to infections has also been recorded by GRAVIS staff in its hospital as well as through medical camps. Hygiene practices within the community have improved because of the availability of adequate water for bathing and washing clothes. The cases of skin and other infections have also consequently reduced. Since older people are more likely to get infected because of their weak physical health, they have got benefitted from this change directly. Families have also witnessed increases in disposable income as a result of savings on buying water and reduced expenditure on healthcare. This has been monitored through beneficiary consultations and interviews. Improved physical health and more time to spend on income generating activities help improve the economic status of villagers.

### ***Ownership of Assets***

One of the hallmarks of the GRAVIS' rainwater harvesting interventions has been entrusting the ownership of these household level structures to the elders in the family. Control over the productive resources for water has brought older people back to the forefront and they are able to not only able to influence but also take the decisions also, not only for themselves but for the entire household too. For instance, crops to be grown, time for sowing, and harvesting, etc. are some of the very important areas in which elder people already had a lot of knowledge but the decision making roles in these matters was being assumed by the younger who were physically stronger and also had control over resources. Having the ownership of water sources have not only revitalized their self-esteem but has also improved their status within the family and community. Another important aspect of this change is the reinstating of



### **AHU bringing Dignity and Social Status for Bhikha Ram**

*Sparkling eyes welcome at the entrance of the horticulture units of Bhikha Ram. He is about 65 years old and has planted fruit trees with support from GRAVIS on the land next to his house in an area of about 80x65 feet. In addition to plants, GRAVIS also provided training on maintenance of the horticulture units, taking care of various plant, preparation and use of organic manure and nurturing the plants with small quantity of available water. Bhikha Ram, on his own, has started growing vegetables such as potatoes, radish, cabbage, cauliflower, cluster beans, tomatoes, coriander, garlic onion and green chillies, etc. It is because of his interest and the efforts that he has put in taking care of the plants that a reasonably good quantity of vegetables can be drawn from this kitchen garden. Initially Bhikha Ram was concerned about cattle, especially goats, destroying the plants. With the boundary that he has been able to erect using the mesh provided by GRAVIS and stones gathered from around the same area.*



*Bhikha Ram with freshly plucked vegetables from his AHU*

*With these vegetables Bhikha Ram not only fulfils the daily consumption needs of the family of 24 people but, but also gives away to other people in the village when they visit him. 'I used to sit idle whole day except dropping and picking younger children to nearby school. This kitchen garden not only keeps me occupied but I also feel happy nurturing the plants and also feel proud that my family doesn't need to go to the market and buy vegetables. Now I also get visitors very often.' He says.*

*In view of the quantum of produce, if accumulated and sold in market, it may fetch Bhikha Ram atleast an amount of Rs two to three thousand every month which is a substantial considering that he himself doesn't need to spend anything on it. This horticulture unit has the potential of reducing the financial dependency of Bhikha Ram on his family and has repositioned him as contributor to the family income and savings.*

*Well maintained and productive horticulture unit of Bhikha Ram has got many people in the village interested in setting up similar kitchen gardens. They often consult Bhikha Ram and he always obliges them with his advice.*

These units have not only been addressing the nutritional needs of the community in general but also substantiating the household income that is achieved by selling of additional produce in market. However, most important aspect is the fact that these units have helped older people use their time and knowledge for productive work. People in rural area already have basic knowledge about farming. Also these units are located very close to the house. Owing to all these factors, older people are able to make tangible contribution to household nutrition and family income. In many villages, these units have facilitated enhanced social status for older people since they are able play a key role in combatting hunger and malnutrition within the household.

Horticulture units provide income and, as the units mature, surplus fruits can be sold in the villages to generate more income. Selling of fruits and making vegetables without spending money on purchasing means more money can be saved. Up to 50% increase in income was recorded for the households having these horticulture units.

### ***Revitalisation of Animal husbandry***

Cattle are a productive resource and after farming, a large portion of income and food security for the rural community in the Thar is enabled by animal husbandry. Older people, especially older women in the family end up rearing the cattle since they normally do not have any other 'preoccupation'. However, because of the drought like situation, the community has never enough to feed their cattle. Also, there is only limited quantity of water available and this affect the milk produce. GRAVIS has been trying to address this situation by developing and restoring pasture lands and setting up fodder banks. These fodder banks are run by VOPAs and a large number of cattle owners get free fodder from these banks. Fodder banks are primarily used during emergency and drought periods. In recent past six fodder banks set up by GRAVIUS are being managed by VOPAs. Free fodder is provided to a large number of cattle rearers. These fodder banks are primarily used as an emergency measure during drought like situations when there is absolutely no vegetation in the area. According to the records maintained in fodder bank till recently than 4,000 cattle have benefited from the fodder banks.

Construction of *khadins* have also improved fodder security by making crop residual available and thus has contributed to the improved health of livestock. Increased milk produce from cattle can also be attributed to pasture land developed by GRAVIS that are generally managed by VOPAs with representation of both women and men. In order to further substantiate family income and improving the nutritional status of older people, GRAVIS has also distributed cows that became a major source of income and better nutrition for the family. Many older people also sell surplus milk in the local market. Reported by VOPA members, the provision of cattle has improved the health status of families as a whole. Building on the success of this endeavour GRAVIS has provided milk cows to about 3000 families that are headed by older people. Most cows yield 8 to 12 litres of milk a day that is sufficient to meet the daily consumption needs of a family and the surplus can is sold in the local market. As reported by VOPA members, the provision of cattle has improved the health status of families as a whole. These 254 cows have reproduced, and the number of cows is also multiplying.

The efforts to promote VOPA led animal husbandry are further complemented by the trainings of older people as *paravets*. These *paravets* provide effective support to older people in maintaining healthy and productive livestock, which is critical in remote areas deprived of any medical facilities for cattle. Recently, a cadre of 24 para-vets has been developed that comprises of older people only. This group has





*An older woman with her cow*

so far provided support to 8,400 older people and beneficiaries have reported 50% reduction in diseases among cows and other livestock.

Technical, resource and financial support to animal husbandry through VOPA leadership is a critical aspect of GRAVIS' older people led drought mitigation in the Thar.

### ***Improved health status of older people***

VOPAs have also been playing critical role in ensuring better health and health care services for older people. Availability of water is definitely a factor that has led to improved hygiene resulting in about 50% decrease in water borne diseases recorded due to better hygiene maintained. GRAVIS has also synergised its health programme with VOPAs. Trainings of VOPAs training preventive aspects of healthcare community's health behaviours contributed to good health related practices such as undergoing health check-ups regularly. Awareness on the health and nutrition of elderly has been one of the key themes of discussion during the meetings and trainings conducted for the members of VOPAs. Representatives of VOPAs have also transacted the information on these issues with other elderly people making all of them aware about their health and nutrition related needs. All this has led to behavioural change in the community as regards health practices. It was initially observed that owing to prevalence of several myths, older people preferred not to visit hospitals even during illnesses, however, after the trainings imparted to VOPAs there was a dramatic increase in the number of older people visiting the medical outreach camps. In the villages where VOPAs were formed almost 80% of old persons underwent eye surgeries for cataract.



*Older woman after an eye exam*

Their knowledge and skills are very helpful for older people and they have played a major role in bridging the gaps between sick people and health facilities. Their services are sustained through small charges which cover the cost of restocking medicines and for their time. Linkages established with the Primary Healthcare Centres of government provide clear routes for referrals and consultation.

### ***VOPAs acting as catalysts for empowering community***

Communities affected by natural disasters are constantly in need of state support. This support comes to them either in the form of emergency relief or special schemes. However, very often than not remote communities remain outside the ambit of these support systems. Exclusion of rural population from the welfare programme of the state and federal government is a common phenomenon in the Thar. Coupled with this, lack of awareness about such facilities such as health and education etc., keeps the local population in remote areas at the margins of social protection schemes and other such programmes. Elderly people find it even more difficult to access services, and more importantly social security support such as old age pensions. The need for increasing awareness on entitlements of older people is immense especially among socially marginalised communities and tribal groups. It was seen that the access to schemes such as National Old Age Pension Scheme was negligible and most of the older people did not even know about any such provision by the government.

GRAVIS has been investing in generating awareness through VOPAs among older people about their rights, entitlements and available benefits. During the past two years, 52 awareness camps have been organized in target villages and 2600 older people participated in all these camps. Additionally, five

trainings were organised for SHGs with a focus on older women on their rights and entitlements and approximately about 300 people were reached out to. Awareness and capacity building of VOPAs and SHGs of women in the Thar has in turn contributed towards generating effective demand from people and the number of persons claiming such rights and entitlements has gone up considerably.

### ***Links to local government***

One of the important aspects of VOPAs role has been developing linkages between the local community and government programmes. While enthusiastically playing their roles as leaders of social change, VOPAs continue to show commitment to supporting the broader development of the villages and help address various local issues, reaching out to government and putting forward applications for pension plans and other schemes and benefits. VOPAs efforts by using their linkages resulted into access to Old age pension, widow pensions, handicapped pension, access to housing schemes, and construction of toilets in village level, and even credit cards for farmers. Another crucial contribution has been facilitation of subsidised transport for older people that enables their mobility even beyond the villages. Because of the vibrant VOPAs interventions at the governance level, older people and their families in rural areas are able to improve their financial status and living conditions while also being prepared for any financial emergency triggered by drought like situation.

### ***Gender and Ageing***

VOPAs have been strong instruments for empowering older women. The representation of women in VOPAs has opened a new window of opportunity for women in the area of community development, traditionally dominated by men. VOPAs have played a vital role in achieving this by challenging the stereotyped roles of women. VOPAs have also contributed towards strengthening SHGs as well that are continuously involved in income generating activities, which suggests their ability to accept cultural and behavioural changes. Older women' participating in the Self Help Groups gained skills in planning and implementing income generating activities, financial management, book and record keeping and negotiation skills. Those participating in the vocational training activities also developed skills to undertake a variety of alternative livelihood options including processing and packaging food products and handicrafts.

### ***VOPAs' contribution to management of community based intervention***

Members of VOPA also provide their support as integral part of the project management committees in the villages. Their knowledge about local issues and the context specific challenges are specifically useful in needs assessment, monitoring, awareness and advocacy at the local level. Working closely with VOPAs ensures that GRAVIS team remains abreast with the local issues and interventions are relevant for everyone in the community. Community members selected as village health workers and paravets now have developed knowledge and skills to provide basic health and veterinary care within the project communities. As a result of the training sessions on rights and entitlements, few elderly people are also able to collect and provide information on the government social security schemes to the most vulnerable eligible groups, and this will continue even after the withdrawal of external support.



## VI Key innovations by GRAVIS

Evolution of OPAs coincides with the phenomenon of population ageing across the world. Specific circumstances and needs have shaped the nature, priorities and structures of VOPAs in different countries. Although wellbeing of older people by older people themselves has been the central idea behind OPAs, a range of strategies have been evolved to suit the local context. GRAVIS' focus on integrated community development has a lot of influence on the design of its drought mitigation strategy and hence one can find a nuanced version of OPAs that have been rechristened as VOPAs in the Thar. Few aspects of these VOPAs stand out can be replicated in similar contexts.

### *Context specific interventions*

In most of the developing societies a significant proportion of population depends on rainfed agriculture and cattle rearing and natural disasters such as floods, hurricanes and drought hit them the most. For the drought prone region of the Thar, GRAVIS has evolved a community based older people led drought mitigation model that thrives on building and ameliorating community resilience towards battling the drought. The financial viability and sustainability of rainfed agriculture can be ensured only by construction and use of rainwater harvesting structures that also fulfil other water related needs in arid zones. With focus on the construction of rainwater harvesting structures, GRAVIS has rendered VOPA relevant for the specific and most pressing needs of rural community.

GRAVIS has been particularly focusing on reviving traditional water harvesting technologies with modern scientific and technical inputs. These traditional technologies are best known to older people and hence they can easily assume leadership roles in rainwater harvesting interventions. In addition to this, VOPAs have also been instrumental in providing information on traditional coping mechanisms based on the experiences of older people of previous disasters, is invaluable as part of preparedness planning. VOPAs have also played vital role in relief response and have also been able to mobilise community resources for the same.

Exposure to such natural disasters and potential role of OPAs are the common characteristics of countries in Asian regions where similar disasters always beleaguer impoverished communities. OPAs can act as mobilisers, technical resources and leaders in disaster risk reduction and mobilising community support.

### *Role of culture and tradition*

Rural communities in the Thar have strong cultural identities and value systems. While at times, some of these norms do dampen the introduction and acceptance of innovative ideas, these may be creatively utilised for lending support to interventions. In traditional societies the respect for ageing people can be garnered into support for traditional wisdom. One of the major attributes of the success of VOPAs in the Thar is the fact that these are grounded in traditional prudence and social and cultural norms of the region. Not only the traditional practices have been revitalized by applying technical innovations, the process has been rolled out in conformity with the traditional practices. Although gender and age stereotypes have been constantly challenged, VOPAs have been supported to resort to integrated and equitable community development as frameworks for ensuring social inclusivity in the process. Traditional knowledge pertaining to nutrition, agriculture, rainwater harvesting and coping with drought are the key areas in which VOPAs have been making tangible contributions.



### ***Comprehensive approach to community health***

Shortage of water has direct impact on community health. As mentioned in earlier, health status and health services have been a matter of concern for the Thar region and older people are the most affected. In order to address this vulnerability, GRAVIS has adopted a multipronged strategy constituted on health surveillance, health awareness and sensitisation and provision of services. helpAge and GRAVIS has also invested in promoting healthy living practices and providing health education for older people and linking them to local health services. Such comprehensive view of the older peoples' health needs has an intergenerational impact on the ageing population. Over a period of time older people themselves become the agent of change and start facilitating information dissemination, awareness and sensitisation on health. Their role as catalyst addresses the structural issue of inaccessibility of services in the remote regions. This fills a critical gap between older people and health services.



*Outreach medical service to older people*

### ***Demonstration, Dissemination and replication***

One of the most critical components of GRAVIS' VOPA led community based drought mitigation has been the concurrent documentation, evaluation and dissemination of the experiences in conceptualization and execution of the interventions on the ground. Ongoing review process not only has provided opportunity to ensure the relevance of interventions but the insights have also come in handy while replication of the model in other geographic locations.

Replication of this model has been possible because of the hands on trainings and community based monitoring of the process. Active involvement of community, specifically the older people, from the onset has facilitated community ownership and acceptance of VOPAs and they also enjoy a status similar to other community-based organisations such as Village Development Committees (VDCs).

GRAVIS has created a cadre of trained NGO functionaries that is equipped to not only sustain the process of creation of OPAs but also ensure that the philosophy of VOPAs is penetrated across the Thar region that is in the dire need of such mobilization in support of older people. GRAVIS has been organizing dissemination and advocacy events at local, state and national level with the objective of making the voices of older people heard and taken cognizance of in policy making quarters, and propagating the VOPAs as torch bearers for older peoples' wellbeing. Some of these events have also been attended by the representatives from other countries and helped creating synergies as regards present and prospective role of OPAs.

### ***Institutionalisation of interventions and leveraging from government initiatives***

The lifecycle of VOPAs may be much shorter than other similar groups in the community. There are always chances of comparatively higher turnover with new people joining in and replacing the older ones. Continuity of these associations is in contingent on the linkages drawn with community and public institutions, local self-government, and functionaries. Closer association with these institutions lends



*VOPA raising their demands on International Day of Older People*



VOPAs also work closely with the Village Development Committees (VDCs) and women's self-help groups (SHGs) in the area and are recognized as key community based organization. Through their participation in community/village level decisions issues and concerns relating to older people are also taken on board. Development of linkages hence institutionalize the consideration of older people's concerns by the government agencies, functionaries and community based organisations and the culture of respecting the entitlements of older people gets impetus through their representation by OPAs

### ***Intergenerational communication***

GRAVIS has also taken made deliberate attempts at ensuring that VOPAs do not exist in siloes. The need to keep them ingrained in the larger community aspirations requires them to have a continuous interface with the other sections, age groups and influencers who demonstrate and demand for share in development process much more prominently and vehemently. As a thought through strategy GRAVIS has enabled participation of representatives drawn from youth population as well in the meetings of VOPAs. This provides opportunities for sensitizing the younger population regarding the needs and concerns of younger generation, evolving and effective demand from the community as a whole, and developing a culture of care for older people in the community that transcends generations.

### ***VOPAs as community mobilisers and opinion makers***

OPAs promote participation of elderly people in community life and facilitate mutual support among them. However, in addition to utilising their skills and experience for themselves VOPAs in the Thar have been acting as persuasive community mobilisers in support of community level problems too. VOPAs in the Thar provide a platform for older people to deliberate and synthesize their otherwise dispersed opinions. Older people have not been discussing and forming opinion on only the issues that affect them but have also been engaging on discussions on issues of larger interest of the community. These may include access of girls to school demand for health personnel in the local health facility. VOPAs opinion intensifies the advocacy for resolution of various issues that people in the village face. It is noticed that meetings of VOPAs have the potential to last longer as compared to other groups such as that of SHGs as older people may relative have more time. Issues that demand immediate attention by the local self-government, are discussed in detail and opinion are formed for follow up action.

### ***Gender complementarity***

Sharp gender inequalities that exist in rural India are even more piercing in Thar Desert. These inequalities manifest in oppressive and discriminatory practices against that also have social sanction and women remain at the margin of social, economic and political processes. Reinforcing nature of these cultural and traditional oppressions prevent women from accessing any benefits from the social development. Representation of women in VOPAs is an opportunity for women to not only articulate and share their own concerns but also raise and discuss issues that young girls and women face in the Thar.

In regular VOPA meetings, issues that are discussed range from health, access to services, decision regarding beneficiaries of rainwater harvesting structures, training needs and self-care etc. It is the participation of women that facilitates discussions of issues that are women focused and demand immediate attention by the community as a whole.

### ***VOPA makes Women's voices heard***

*On a hot sunny afternoon, elderly people started gathering in an anganwadi, an early childhood care and education centre, run by government for children under six. They came to attend the meeting of VOPA in Jaitadasar village of Jodhpur district. The meeting was being conducted to underline the importance of self-care among elderly and various healthy living practices. The discussion initially revolved around the need for older people to eat healthy food and local sources of nutrition, various communicable diseases in old age and their prevention. Few older people who had established horticulture units with support from GRAVIS shared their experiences and others sought more information on the investments required in terms of time and energies.*

*An important aspect of this meeting was participation of elderly women in the village who initially kept remain quiet and did not participate much in the discussions, however, as the meeting progressed, unequivocally raised specific problems of women and young girls.*

*Noor Khatoon was particular concerned with the fact that girls are not able to attend the school after primary since there is no school in vicinity for sixth standard onwards for the girls. Access to primary health facilities especially for women was one of the key issues that she raised. All VOPA members also felt the need to hold the primary health care worker accountable and approaching the local government in order to make sure that basic health facilities are made available to all including women and aged. Need to have quality early childhood care and education facilities was emphasised that are important not only for children but also for women who need to go out and work are constrained because of absence of quality child care services for their younger ones.*

*Noor Khatoon said, 'since girls spend a lot of time fetching water, they are unable to go to schools especially when the schools are located far away. VOPA members decided to submit a representation to the local authorities requesting for starting a school for girls close to the village. The influence of Noor Khatoon's interventions was also seen in the demands made by VOPA for better access to health services, health check ups, immunization, etc. and to be done on regular basis*

*Noor Khatoon is a source of inspiration for many women in the village. Challenging the stereotyping of women as only care givers who are supposed to take care of only households chores and fetch water, elderly women like Noor Khatoon make the institutional space of VOPA gender responsive.*



Traditionally defined water fetching role of women, makes them most vulnerable and affected from water scarcity. Farther the source of water, greater the drudgery of women! In the Thar region, any development initiatives are ought to address the issue of access to safe water for it to have social equity as one of the goals to be achieved. VOPAs by providing a forum for discussing and possibly resolving issues that concern women, contribute towards creation of more equitable as well as resilient societies.

It is important to have a gender inclusive and socially equitable approach to sustain the impact of contributions made by VOPA and having it part of the process by design has helped GRAVIS ensure this from the onset itself.

Establishment of VOPAs in the Thar is an exemplar of vibrant community mobilization towards a common goal. VOPAs bring the confidence and the status back to older people that by encouraging them to rebound their strengths.

## VII Older people's associations in India: Regional synergies for Asia Pacific region

As a strategy for empowerment and wellbeing of older people, OPAs have made successful inroads into various regions of the world with different adaptations. Recognising the dire need in the Asian region, in many of the Asian countries OPAs have been supported by international agencies and local civil society organisations. These OPAs have been focusing on addressing the issues that are generally encountered by older people such as health, poverty among older people and need for ensuring sustainable livelihoods. However, there are a number of other specific issues too that are being successfully and efficiently resolved in the leadership of older people through OPAs.

Older Peoples' Associations (OPAs) across the world have been working towards reducing their isolation and vulnerability by creating social support networks. A range of varied issues in the developing world have shaped the type, structure, role and operational aspects of OPAs in these countries. Poverty reduction, alternative livelihoods, mutual care and support and health support are some of the areas that have figured prominently on the agenda of older peoples' associations.

In the Asian region these OPAs have been particularly instrumental in facilitating community development activities. The OPAs in Asian countries approach utilises the skills and experiences of older people to enable them to help themselves and their communities through 'area specific' activities. In the developing regions of Asian countries OPAs have specifically been focusing on poverty alleviation and building livelihood security in addition to providing support for health related issues. Although, older people tend to be affected by poverty more than other age groups, despite their own poverty and vulnerability, older people play an important role in alleviating family and community poverty. OPAs have helped older people to access micro-credit, livelihood grant schemes, and job training leading to income generating activities, thus helping them earn enough money to support themselves and their families.

OPAs in rural China for instance have proven to be effective in supporting older people's economic activities through revolving loan funds and trainings on various vocations such as agriculture and animal husbandry. Livelihood activities facilitated by OPAs have resulted in thousands of older men and women accessing loans for productive activities. In a period of two years an average increase of about 23% in income has been recorded, with almost 99 % loan repayment. 65 per cent of participants reported using profits to purchase a wider variety of foods, improving health and nutrition.

In two areas of Bangladesh OPAs have been involved in Older Citizen's Monitoring (OCM) to monitor the government delivery of policy commitments and to sensitise implementers and policy makers to influence and improve the implementation of policy for the well-being of vulnerable older people. Successes of the OPAs include a 39 per cent increase in the number of older people accessing old age allowances and increased access to free (or reduced cost) health services for older people.<sup>15</sup>

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<sup>15</sup>Older People in Community Development: The Role of Older Peoples' Associations (OPAs) in enhancing local development, HelpAge International, <http://www.helpage.org/silo/files/older-people-in-community-development-the-role-of-older-peoples-associations-opas-in-enhancing-local-development.pdf>

Similarly, income generation activities in Battambang, Cambodia Small start-up grants and vocational training supported by HelpAge International, helped some of the poorest older people in Cambodia participate in income generating activities. OPA members have been trained in new skills suited to their physical capacity such as livestock raising, or establishing food stalls and small shops. Additional business skills trainings have helped participants quadruple their profits. Similar examples are OPA's constructive role in addressing local issues and improving the quality of older people can be seen in other countries too and VOPAs have come to be accepted as the most viable and effective strategy for the wellbeing of older people, more specifically in the developing regions.

In the South Asia regions, Sri Lanka has the highest proportion of older persons – both above 60 year and above 80 years, and it is expected that between 2000 to 2050 Sri Lanka will remain the most 'aged' country in South Asia from. The annual growth rate of the population over 60 years of age in Sri Lanka is increasing faster than that of its rate of growth of total population, and demographic projections clearly indicate an acceleration of the index of aging, reaching 21.9 per cent in 2031 and 27.4 per cent in 2050. Although traditionally, like in the case of India societal values in Sri Lanka have stressed filial responsibility towards caring of aging parents and relatives. However, due to the corrosion of traditional home based family care and changing family system the demand for institutional support has increased. OPAs constitution in Sri Lanka is contemporary to these changes in the social milieu and hence the nature of their role and functions reflect their precipitous strength and potential to play critical role in addressing most pressing issues. OPA response to natural disasters in the past have encouraged penetration of OPAs in many rural areas especially those at the peril of natural disasters.

## VIII Recommendations : Making OPAs more effective

All across the world, OPAs establishment has been propelled the purpose of reinstating the dignity and quality of life of older people, encouraging and motivating them to help each other by providing a forum to discuss their problems, developing solutions for their, providing opportunities for celebrating old age, and promoting community support for vulnerable older people. However, these OPAs have taken different forms and shapes in different contexts for instance older people's associations (OPA), older people's groups (OPG), older people's community (OPC), and so on. In India even older women's self help groups (SHGs) have also been utilized as platform for pursuing similar objectives. It is extremely valuable to have these OPAs established across the length and breadth, in all the regions of the world. In the Asian region, the number of older people and the complexity of their problems, as discussed earlier, make it even more important to mobilise older people into groups. It is equally important to maximise their impact, strengthen their role towards larger community development and well being of older people in particular. Potential of OPAs can be further amplified through a number of measures that can be taken while their formation and operation.

### *Mapping of issues and resources*

Each context and geographical area has its one specific social, environment and political characteristics that define status and issues of all social groups. Formation and function as of OPAs must take cognizance of the specific issues that older people are confronted with the given region and particular geographic area. This may entail conducting a detailed baseline including income, occupation, health status, health services, distances from basic amenities, literacy and education levels, social beliefs, climate, asset ownership and any other issue that may have bearing on community life. The exercise of mapping of issues confronted by various groups, particularly older people also facilitates mapping of local resources available such as land, livestock, community spaces, water, etc.

From the point of view of OPAs this information helps generating plans that are not only relevant for the local context but are equally pragmatic too. Such plans are expected to receive greater degree of acceptance from the community and other stakeholders, and can easily be adjusted based on changed situation and/or emergencies, whenever needed.

### *Prioritisation and contextualisation*

Severity and multiplicity of issues that older people face in the developing world, especially in difficult zones such as the Thar Desert in India, may be draw functionaries into attempting at addressing all the issues simultaneously. This may lead to dilution of efforts made towards improving the situation. Along with this, the need to allocate available resources for achieving significant outcomes will require identification of most pressing issues and prioritise them over others. This may not mean leaving sight of other issues. But the fact that older peoples' priorities are often distinct from those of younger people or children requires their identification and articulation separately so that the operational plans could factor them in. This ensures that older peoples' concerns are not over shadowed by and submerged in larger public good.

Identification of these priorities should be done in a participatory manner, for instance organizing small group discussions can be organised so that different group views are heard. In rural communities in Asian developing countries where men and women tend not to mix or where women are more reluctant to speak in public, small group discussions with older women can be separate to those with older men to ensure that older women are able to express their views and identify their priorities clearly. Such discussion may help



ranking of problems, that helps communities develop priorities for action – for example, hazard ranking helps community members identify which hazards are the most disruptive within their communities and then plan actions to minimise or respond to those specific hazards.

Older people may have chronic health conditions and special nutritional needs which affect their vulnerability and must be taken into consideration by OPAs. In addition, older people may be left as primary carers for children and need to be included in appropriate livelihoods recovery activities that take into consideration their capacities – for example, older people may not be able to take part in food for work programmes which are physically demanding.

### ***Preventing social hegemonies***

Social structures and hierarchies are very strong in the Asian region. Caste, class and gender play a major role in formation of local identities. However, hegemony of particular social groups within these structures tends to maintain the socio-economic *status quo* in terms development deprivation and reinforce exclusions. In India for instance social castes and religious sects are clearly defined boundaries that restrict the passage of resources to particular groups. Similar situation is prevailing in many Asian countries in case of gender based exclusions.

Formation and functioning of OPAs need to account for these disparities and prevent OPAs for becoming tool for furthering such social hegemonies. OPAs should, on the other hand, create an egalitarian platform for all social groups and provide opportunities for addressing the issues of older people in a collective manner.

### ***Tangible and relevant roles***

Functioning of OPAs is very much dependent on their motivation levels and self esteem. Identification of areas where tangible results can be achieved may help maintain the rigour in functioning of OPAs. In India VOPAs are instrumental in combating drought by maintaining AHUs and producing additional food for entire household. Managing of OPA funds is another such examples wherein older people save a small amount of money and utilize it for collective use in case of emergencies related to health. Roles that are not only relevant but may also bring in visible change in community life are important not only for OPAs to be effective but for members to remain engaged too.

### ***Exposure and Exchange***

Rural and remote areas that are difficult to reach, become incarcerating islands for older people. Immobility that sets in with age cuts them off from outside world. It is required for OPAs to get fertilised with nuanced ideas and learn from experiences from OPA in different regions. Exposure to other OPAs and exchange visits within the regions, and perhaps outside, may build their perspective as regards their roles and the possibilities for their expansion into wider terrains, especially thematically. Older people should be encouraged to participate in relevant conferences and meetings at local, regional and national level to increase their visibility. Older people can use these meetings to share their experiences and suggest ways in which older people can be successfully included in community disaster preparedness and reconstruction/long-term development activities.

HelpAge and its network partners regularly facilitate networking and learning visits between OPAs in different areas and/or countries. These visits allow OPA members from different communities to discuss and learn from each other's experiences. Such exchange can be institutionalized by involving government agencies and making it such visits regular feature of OPA related work in different regions.

### ***Linkages with local government***

Since OPAs need to function within the community, garnering support from other community based organisations and especially local self government is very important. Close linkages with local government are also desired to get many tasks to be completed and securing support from the government for various ventures. For instance, conducting OPA meetings may require a government facility or a public space and link with a local government representative may get this done seamlessly. Such linkage facilitate recognition to OPAs and will always have potential for securing support for various endeavours. Additionally, drawing such linkages will also create institutional memory of decisions and their implementation.

### ***Capacity building of OPAs and organisations working with older people***

Working with OPAs requires specific skills and expertise and hence there is need for building capacities of those working with older people and OPAs on a regular basis. Trainings and refreshers focusing on various issues keeps field workers and also older people themselves motivated.

### ***Leveraging from government schemes and programmes***

In spite of their own efforts and facilitation by groups such as HelpAge International, OPAs in each country should make efforts to access maximum support through welfare programmes and schemes of federal and state governments for the benefit of older people. This is of critical importance since OPAs and the networks supporting them have limitation of resources and this needs to be synergized with optimum utilization of public resources. Maximum utilization of the public funds on older people may also encourage allocation of increased resources for older people wellbeing. Such an approach also serves the purpose of holding governments accountable for protection and wellbeing of older people, and make government machinery reach out to older people in those areas too where OPAs do not exist.

### ***Mainstreaming of older peoples' issues***

Focused work with older people through OPAs lends visibility to their problems and issues while also creating space for their resolution. However, creation of OPAs cannot be seen as the panacea for all problems of older people. Older people's priorities, vulnerabilities and capacities must be factored into all community development initiatives, at policy and at operational level. This is important in order to mainstream agenda of older people wellbeing into all policy and programme discourses.

### ***Formal structures and standardisation***

All of these have been established following a process of mobilizing community, and function on the basis of certain rules for transacting business. However, there exist shuge amount of variance in their structures, operational process, memberships and leadership criteria, etc. Standardisation of these OPAs through laying down fundamental guidelines is suggested with the purpose of optimizing their potential to act as catalyst for older people and augmenting their impact. In some countries such as Cambodia, formal structures have been prescribed for OPAs like any other organization having standard procedures and systems. For instance Guidelines for constitution of OPAs in Cambodia suggest that in order to be sustainable and effective, OPAs need to conduct regular activities that meet the needs of OPA members. If the OPA's activities are useful to older people in the community, then the OPA will grow and become strong. Such activities might include: home visits for the frail, sick and lonely, participation in village ceremonies and celebrations, weekly religious ceremonies (holy day) and support for funeral expenses<sup>16</sup>

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<sup>16</sup> <http://ageingasia.org/older-peoples-association-opas/>

**Table 5 Components of standardised guidelines for establishment of VOPAs**

<b>Structure</b>	<b>Membership criteria</b>
	Fee
	Leadership
	Office bearers
	Roles and responsibilities
<b>Operation</b>	Finance policy
	Association with local authorities
	Activity plans
	Reporting
	Documentation

Having a structured, formal and standardised set of guidelines definitely bring in immense amount of discipline, regularity and may help assess tangible changes, however on developing economies, with very low literacy rates in rural areas, especially among rural areas, too formal structures may result in unbidden exclusions and aversions particularly the most vulnerable.

Older people, being a vulnerable group needing support, require support for leading a healthy and productive life. This support becomes empowering if it comes from the peer group. Although OPAs have taken various shapes and forms in various regions, they have left a positive impression everywhere. Further strengthening OPAs will lead to a lasting influence on the efforts to support older people.

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## Acronyms

AHU	Arid Horticulture Unit
HAI	HelpAge International
LMIC	Low and Middle Income Countries
OPA	Older Peoples' Association
VOPA	Village Older People Association
GRAVIS	Gramin Vikan Vigyan Samiti
SHG	Self Help Group
OCM	Older Citizen's Monitoring
SDGs	Sustainable Development Goals

## Glossary

AHU	Arid horticulture units are established in arid regions with fruit plants to provide nutrition security through access to diverse food. These units consume less water and can survive hot and dry weather of deserts
OPA	Associations of older people formed and facilitated by HAI
SHG	Groups of women in villages, typically having about 12-15 members who come together for savings and collective enterprise
VDC	Village Development Committee is the lowest rung of community based local self governance, consisting of about 8 to 10 members of the village, that look after community related and development issues within a village
VOPA	Associations of older people formed and facilitated by GRAVIS in Thar





Gramin Vikas Vigyan Samiti (GRAVIS) or Center of People's Science for Rural Development is a non-governmental, voluntary organization that takes a Gandhian approach to rural development by working with the poor of the Thar Desert to enable them to help themselves. Since its inception in 1983, GRAVIS has worked with over 65,000 desert families across 1500 villages in Rajasthan reaching a population of over 1.5 million, and has established over 3,100 Community Based Organizations (CBOs). Through its dedicated field work, as well as its research and publications, GRAVIS has come to occupy a leading position amongst the voluntary organizations in the region.



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