



### Message

In the social context of Bangladesh families are still the only support for older people to live in. Traditionally, families in Bangladesh are of extended composition. Being close to the family members at the later stage life is crucial for an older person as it helps them leading a secure and dignified life. Older people have massive contribution in building up families and the society, but due to the consistent development, rejuvenation and rapid urbanization, extended families are gradually turning in to nuclear families creating an impact on our social infrastructure which eventually is depriving the older people from their basic rights. Older women on the other hand have a completely different scenario of deprival - the defiance and discrimination most of the women in both urban and rural areas face throughout their life become severe at their old age. HelpAge International Bangladesh works through its affiliates and partners to ensure rights of older people in Bangladesh and help the deprived and discriminated older men and women overcome their dispute and lead a secure and dignified life. HelpAge has implemented an EU funded project titled as "Promoting Older People's Participation in Development in Rural Bangladesh" from March 2009 till February 2013 through one of its affiliates - Resource Integration Centre (RIC) in Maheshkhali, Pubail and Gangachara upazillas. As the project finishes, a radical change is noticed in older people's participation at the local community. Society has become supportive in helping older women getting rid of their inhumane life and these women have become confident in taking part in local development work. Older women have become interested and enthusiastic to avail social services, which gives a positive indication. We feel that it is important to create awareness and support at family, society and national level to help older men and women taking interest in leading secure and dignified life. It requires commitment from the government and also a strong policy in place to ensure a secure life for older people. I anticipate the significance of your support and assistance to expand the noble cause of empowering the older people.

Nirjharinee Hasan Country Director HelpAge International

### About HelpAge International

For the last 30 years HelpAge International (HelpAge) has supported older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives. Together with like-minded affiliates and partner organisations HelpAge works in 70 countries worldwide, several in South Asia.

HelpAge has worked in Bangladesh with its affiliates and partners since 1991 and established its own office in Dhaka in 2009. In Bangladesh, HelpAge's programme covers activities in emergency preparedness and response, disaster risk reduction, social protection and livelihoods; supports older people's associations (OPAs) in citizen's monitoring; and assists older people to claim their rights and have access to social pensions. In association with partner organisations, HelpAge campaigns to protect older people's rights and to

increase the public's awareness of the rights

National level Consultation of International Day of Older Person

world for them.

and needs of older people. One example of the latter is the "Age Demands Action" campaign - a grassroots campaign to fight age discrimination which HelpAge and its partners initiated and support. This global campaign has been active in Bangladesh since 2007. The main aim of the campaign is to establish a UN Convention on the Rights of Older People and to build mass awareness and support to the same end. To date, around 76,000 people in Bangladesh have signed the petition for a

UN Convention under this campaign. Such a convention would help in the realisation of the rights of the older people and create a better

# Older People in Bangladesh

According to historical, cultural and socio-economic norms in the formation of state, society and family, the contributions of older people are acknowledged and respected in Bangladesh. But because of modernization and urbanization our historic norms and social values towards older people has degraded, and, owing to the lack of specific Government guidelines and policies, many older people are neglected and deprived.

According to the Bangladesh Statistics Bureau, in 1951 only 4.4% of the population was classed as older people. By 2007 this figure had grown to 6.6%, and it is forecast that by 2025 it will be about 9%. Such a gradual, but rapidly increasing, growth in older people in the population has also highlighted their poverty and distress which slowly has rooted in our society. If we fail to deal with the poverty and vulnerability of our older citizens our state and society will fail to attain humanitarian standards.

It is the Government which must play the key role to attain the necessary humanitarian standards. But it appears that the attitudes and behaviours of the Government authorities towards older people are visibly negative. Though the old age pension provision for poor older people is a positive step on the part of the Government (at present a pension of 300tk/month is given to 24,75,000 older people to alleviate poverty) the number of pensioners and the amount of money given is insufficient in the present socio-economic circumstances. The lack of transparency in selecting those pensioners receiving the benefit and the disbursement system are also problematic.

Among the various problems faced by the older people of Bangladesh, health related issues are a major one. There is a lack of proper facilities for medical treatment of older people on the part of the Government and poor older people don't have easy access even to the minimal facilities that do exist. Thus they find themselves in an inhuman situation. The types of problems are various in different classes of society but we see a gradual decrease of the necessary everyday help and services that older people should get in the family, whereas those services should increase as people get older.



Monitoring visit by Older people in bank at Moheshkhali in Cox's Bazar

On the other hand, the Government has no plans for the increasing numbers of older people. Our medical curriculum simply ignores the issue of older people. As a result, health and medical services will become the main problem for the rapidly increasing older population. Our National Health Guidelines have no mention of services to be provided to older people, and so they remain deprived. Older women are the most neglected. Long hours of working hard for the family, exhaustion after the labour of giving birth to children, and in the long run being poverty ridden and deprived, surrounds the last days of many older women. Neither nutritional support nor medical facilities can address the present inhuman conditions faced by poor older women.

The ability to function properly and maintain the health of the increasing number of older people can be a promising asset for the family and society as well as the country in general only if we can ensure that priority is given to providing livelihoods and medical care services for older people. They need to be involved and considered in all development activities as much as younger people. Otherwise the whole nation will slowly approach a severe crisis. Since older people are part of our families and society their degraded lives will also affect our basic evaluation of life and living.

Comparing the overall scenario of older people in the country, the social, economic and human conditions of older women are deplorable. The rights of older women are not acknowledged in any law or Government policy or guideline. Some guidelines exist for women's development, but ensuring the basic rights of older women remains overlooked. It is important to include older women's issues in the guidelines on national women's development - such inclusion is necessary not only to get priority in the national budget allocation, but also to get their needs acknowledged and properly evaluated. Such inclusion will positively affect the wellbeing of older women.

For older women, the lack of control over property, gender-based divisions of labour and their general deprivation seem almost incurable and very different from the challenges faced by younger women. But still these differences are not clearly addressed in the national guidelines for women's development. The root of the inequalities faced by older women lies

#### An initiative for the older People

RIC has been implementing a project called "Promoting Older People's Participation in Development in Rural Bangladesh" supported by HelpAge in Bangladesh and funded by the European Commission. The project covers Moheshkhali in Cox's Bazar District, Pubail in Gazipur District and Gangachara in Rangpur District; a total of 21 Unions in all, where OPAs have been formed at the grassroots level.

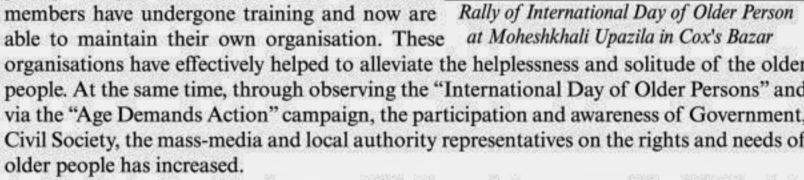
The project started in March 2009 and ended in February 2013. It aimed to combine the local Union, Government and Non-Government medical centres, banks and other service providers to work in favour of older people. The experience and knowledge that has been gathered through the OPAs and Government/Non-Governmental Organizations about the overall problems of older people and the things to be done to resolve them in the said 21 Unions, is invaluable. In the days to come this experience and knowledge will help to solve the problems faced by older people across the country.

The project selected 17,000 elderly people, both men and women, and 294 Union Parishad (local authority) members, to increase the participation and engagement of the rural population with the local authorities. The specific aim was to provide an opportunity for the 338 elder-led, village-based civil society organizations involved to engage with the local authorities to achieve more effective, transparent and inclusive local services for older people that reduce their levels of poverty and better meet their health care needs. The project was conducted keeping in view the following 5 expected results:

(1) Three hundred and thirty-eight (338) strong community based organizations give older people a more participatory voice with local government. 2) The national partner is increasingly capable of developing sustainable community based organisations that can advocate for older people. (3) More effective, transparent and inclusive local support to address the poverty of the most vulnerable people, including older persons. (4) Local health care systems become more responsive and appropriate for older people which in turn will expand the health-seeking behaviour of the older people. (5) Older people in 21 Unions will be better prepared for natural disasters which will enable them to respond more effectively in times of natural calamity

In certain specific areas the project has achieved success during the last four years which can be considered as organizational, institutional, social and humanitarian transformations.

Older men and women in 338 villages under the project are now organized in associations (OPAs). One National Federation and three Regional Committees came into being to solve the problems faced by older people in the participating villages and Unions. The committee



An "Monitoring Team" has been created in the project area comprising 174 Wards to ensure the services due to eligible older persons are provided and that project activities are being conducted properly. The project recognised the necessity of the older people to social protection. Two hundred and ninety-four (294) local government representatives in the 21 Unions have undergone training which has increased their efficiency to deal with issues concerning older people. In the said Unions the responsible personnel in the social service and medical service providers and the pension provider banks are now more aware of issues concerning older people. Older people have gained increased access in these institutions.

The OPAs have played a key role in ensuring the proper regulation of the old age and widow's pensions provided under the Government's Social Protection scheme. The OPAs listed all the needy and eligible older persons in their respective villages and submitted the lists to their Union to help the selection process of the Government. The participation of the OPAs in the Union's disbursement of old age and widows pensions has increased the transparency and accountability of the schemes.

At the Ward level, 100 poor, older women were registered and a detailed report of their tales of deprivation and struggle for survival were collected. The report called for effective local support to be provided. As a result, many rich people extended a helping hand to support these poor women's medical treatment and subsistence. This method of conducting such a detailed study and producing the report has helped these poor and helpless older women to alleviate their poverty leaving a positive impact on their lives.

The project has increased awareness of health and wellbeing among the older community and at the same time brought about a positive change in the attitudes of the Government medical services towards older people. By establishing a close relationship with these service organizations the OPAs are striving to build older people friendly medical services. A room has been allotted for older people at Moheshkhali Health Complex called "Probin Corner" ("Corner for the Older People") where they can wait for their turn instead of standing in a queue. In Gangachara sub-district Health Complex, three beds have been reserved for older people. Such visible changes have inspired the older people and at the same time helped to change the attitudes of the service providers.

Lack of national guidelines and established laws are the main reasons why older people face problems in Bangladesh. The local institutions have almost no tendency to prioritise the needs of older people or their issues. The OPAs lack the necessary resources to be effective and to prove themselves as sustainable organisations. Lack of a social environment to use the knowledge, skills and abilities of the older people is also factor to be noted. The rights of older people can be protected only when it becomes possible to remove these obstacles. Carrying out this project proves that to make the OPAs sustainable they need to be institutionalized and backed-up by the Government. On issues concerning older people, resource mobilization at the community level needs to be more effective. Though the present project was carried out in 21 Unions of 3 sub-districts, it is linked to the wider community of older people across the country. The knowledge and experience acquired at the local level through the project will play an important role in formulating national guidelines and a strategy for the betterment of the lives of older people in Bangladesh.

in the male dominated social structure and property relations which cannot be rearranged overnight. So to improve the condition of older women we need greater social awareness and discussion of this issue at all levels in society. To help to establish the rights of older people and acknowledge their contribution to our families, communities and society is our humanitarian responsibility.

## Older People's Association (OPA)

Older People's Association (OPA) is social endeavor for ensuring achievement of the integrated goals for older people. Purpose of setting up OPAs is to ensure socio economic development of older people themselves and also of other aged through combined efforts, creating a strong network of older people so that they can raise their voice, and fostering an

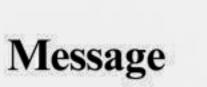
environment so that they can identify their difficulties and initiate solving them. Above all the main purpose of setting up OPAs was to boost up their confidence and improve the standard of living. RIC has been setting up OPAs through different projects since 2002 through the support and its affiliation with HelpAge International Bangladesh. As of today there are around 1500 OPAs established in different areas in Bangladesh and these are recognized as a successful model for older people's development.

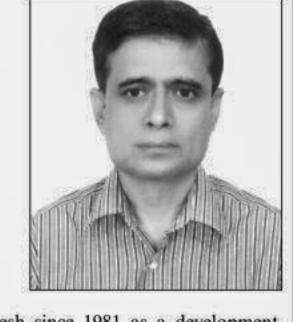


Older People's Association (OPA) meeting

at Moheshkhali Upazila in Cox's Bazar The OPAs operate through committees at different level. Every village has a village committee and a committee at union level comprises of representatives of these village committees. A regional committee is formed with representatives of the union level committee of a particular area, and at national level a national federation is formed with representatives from the regional committees. Besides there is a monitoring team to look after OPA activities at both the ward and union level. Preparing action plan, implementing activities, and management – these are the key operational functions of OPAs. Older people are working towards legal acknowledgment and collecting funds for the permanence of OPAs.

Some notable activities of OPAs include organizing regular meetings of the different OPA committees, identifying disputes and taking appropriate measures, visiting household to support the helpless ailing older people, communicating with the local Union Parishad and health complex for healthcare support and old age allowance/widow allowance under the government social safety net programmes, observing the International for Older Persons (IDOP), participating in the Age Demands Action campaigns, etc. Besides this the OPA committees are engaged in different social welfare activities such as sustaining appropriate funeral, support in observing religious festivals, winter cloth distribution, healthcare





Resource Integration Center (RIC) is working in Bangladesh since 1981 as a development organization at national level. The organization has been playing a pioneer role in ensuring rights of the older people in Bangladesh. In this continuance RIC has implemented the EU-funded project "Promoting Older People's Participation in Development in Rural Bangladesh" with the support from HelpAge International Bangladesh executing several programmes for ensuring older people's rights covering Moheshkhali in Cox's Bazar District, Pubail in Gazipur District and Gangachara in Rangpur District over the last four years. Among the key interventions sensitizing the local service providers to play more effective and transparent role to eradicate extreme poverty of the older women was a key one. It has been evident through this programme that older women have been a symbol of depravity all through their lives. On one hand, the discrimination between man and woman increases at the old age in terms of ownership of land and assets, on the other hand, women as they grow old becomes undervalued in their families with decreasing admittance to local development initiatives to take part in social events. As a result older women lose out bidding capacity within their families, and are no more allowed to take part in decision making events of the family. They are deprived even from their basic health services. In requires specific policies, strategies and activities to include older women in the development programmes. It is also important to supporting their empowerment and bringing a change in their socio economic condition. It is our individual responsibility to support older women leading a dignified life for our social accountability and overall development.

Abul Hasib Khan Executive Director Resource Integration Center (RIC)

#### Older Women: A Journey towards the change

#### Story 01. Chhobila Beoa

Chhobila Beoa is 80 years old. She lives in Baagpur Pathanpara village of Barabill Union of Gangachara sub-district, Rangpur. When asked what she feels at this age she replied, "I can't tolerate such a toiled living any more; I can't sleep at night because of my painful knees. My children show inhuman behavior towards me, neglect me in every way as if I am a nobody to them - I wish no one to be depended on their children. They could not have neglected me if I were wealthy today. I pray for their happiness and the wellbeing of my grandchildren."

She is still struggling with life at this age. She is the daughter of a poor father and lost her mother when she was two years old. Her father remarried. She got married at an early age of 11 with a day-laborer from North Panapukur village. She gave birth to a daughter and two sons. Due to the miss-match with her husband's stepmother, they left that place and started to live with her husband's maternal uncle in the same sub-district. Within a

few days they had to move from that place and she returned to her father's place along with her husband and three children. Her father bought a small plot of land to build a house and Chhobila Beoa is still living there with no-one by her side.

Her husband died at 1973. Her neighbours used to call her bearer of ill fate and accused her of her husband's death. But life goes on. To raise the children she started to work as a maid in the neighborhood. When she asked for help in times of severe economic crisis, the neighbors replied, "You are able to do work, why



Chhobila Beoa

beg?" So she started to think of something to do on her own for a living. With 150tk obtained from her father she bought some bread and started to sell it in the neighborhood. As her children got older she arranged for their marriages. The children in their turn forgot the long struggling life of their mother and started to behave badly. They didn't take responsibility for their mother and started to live separately from her.

The struggle of her solitary life goes on. She saved 1,600tk by selling bread. With that money she arranged a small business of selling Pitha (a kind of cake). Since 1978 she has been selling Chitai Pitha in the summer and Vapa Pitha in the winter to maintain her daily expenses. Because of her age now she is not productive as she was used to be. Her children and grandchildren pay short visits but don't care for her. In times of illness she somehow manages to get medicine from the local government medical centre.

Back in 2009 on her way back home from work she got bitten by a dog. She fell ill. But still she continued to sell Pitha. But lo! No one is buying from her, because the neighbours spread a rumor that people would get rabies if they ate Pitha from her. Her business was shut down. She took some time to recover her health and then again she started her business anew, but still no one was buying from her. Neighbours were spreading the rumor as before. Being helpless, she turned to the Chairman of the Older People's Association (OPA) Mokbul Hossain and explained her situation. The members of the OPA ate her Pitha and campaigned for her saying she is not suffering from rabies and it is completely safe to eat the Pitha she makes. With the help of the OPA, Chhobila Beoa slowly regained her credibility and continues her business, her only support to live her life. Her struggle for life is not to achieve something but to keep on living until the end. As if only death can relive her from struggling and from her solitude.

## Story 02. Dhonai Bibi

income generating activities.

Dhonai Bibi is 65 years old. Because of her physical weakness she is unfit for any physical labour and the only option left for her to sustain herself was begging. Seeing his mother's loneliness and hardships her elder son took her to his place. At this she felt a relief. But it did not last long. Soon her elder son died of liver cancer at the age of 33 and she started to become humiliated by her daughter-in-law and grandchildren. She was back on the street again, begging.



Dhonai Bibi was born on 1947 at South Miajipara village of Moheshkhali Union, Cox's Bazar. Among two brothers and four sisters she is the eldest one. She did not get a chance to go to school because of religious and social restrictions. After the death of her father when she was 12 years old, her mother along with her children moved to her father's place at Hariarchhora village of Moheshkhali. When she was 15 years old her uncles arranged her marriage with Jebor Molluk of

Dhanai Bibi South Miajipara village. He was a salt carrying labourer. She has three sons and a

Both the husband and wife used to work hard to run the family and used to save money whenever possible. They had bought a plot of land with their savings and selected a neighbor called Alam Master for the registry of that plot. But Alam Master registered the plot for himself. When they learned this in 1997 her husband lost consciousness and on his way to the central hospital died at the age of 57. After the death of her husband Dhonai Bibi tried repeatedly to regain her plot through local influential people but failed to get justice because Alam Master being too cunning and at the same time powerful.

support and so on. They also manage an emergency fund and assist other older people for

As there is a strong institute all for older people in the society now community people have become responsive to older people's need for improvement and government support. Service providers, especially banks have acknowledged out-and-out days for selection and disbursement of old age allowances and widow allowances. Despite of resource scarcity there has been improved accountability and transparency in service delivery due to increase in the older people's participation. Only a sustainable organization can ensure fostering and strengthening older people empowerment. We hope that Older People's Associations (OPAs) will play an effective role to ensure and protect older people's rights.







