

**YANGON UNIVERSITY OF ECONOMICS
DEPARTMENT OF APPLIED ECONOMICS
MASTER OF PUBLIC ADMINISTRATION PROGRAMME**

**SOCIAL PROTECTION FOR OLDER PEOPLE
IN HMAWBI AND EAST DAGON TOWNSHIPS**

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EMPA - 50 (17th BATCH)**

AUGUST, 2023

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A thesis submitted as a partial fulfillment towards the requirement for the degree of
Master of Public Administration (MPA)

Submitted to:

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ABSTRACT

Social protection plays a particularly important role in poverty reduction and actively contributes to the realization of the human rights of older individuals. Myanmar is currently undergoing a significant demographic transformation marked by a rapid increase in its aging population, driven by declining fertility rates and increasing life expectancy. With this demographic shift, older people face unique challenges, warranting careful consideration to ensure their well-being and social protection. This study aims to identify the existing programs, assess their effectiveness in improving the well-being and livelihoods of older people, and analyze barriers and challenges within the system. This study used the qualitative approach and descriptive research method to comprehensively evaluate social protection initiatives targeting older individuals in Myanmar. The study collected data through semi-structured key informant interviews and in-depth interviews with relevant stakeholders. Many respondents have emphasized the significance of the non-contributory Social Pension Program as a vital means to enhance support. This is particularly crucial because old-age pensioners constitute a minority within the population. Additionally, the Older People Self-Help Groups (OPSHGs) play a pivotal role in meeting the diverse needs of elderly members in the community, including livelihood, healthcare, and home care services. By establishing OPSHGs in every ward and village, we can nurture connections with key stakeholders and relevant organizations, effectively addressing the multifaceted challenges faced by older individuals. This comprehensive approach ensures that the social protection needs of older people are adequately met.

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LIST OF ABBREVIATIONS

| | |
|---------|--|
| ASEAN | Association of South East Asia Nations |
| DSW | Department of Social Welfare |
| EAPUs | Elder Abuse Prevention Units |
| ESCAP | Economic and Social Commission for Asia and the Pacific |
| GNI | Gross National Income |
| HAI | HelpAge International |
| ILO | International Labor Organization |
| LIFT | Livelihoods and Food Security Trust Fund |
| MIPAA | The Madrid International Plan of Action on Aging |
| MMA | Myanmar Medical Association |
| MSWRR | Ministry of Social Welfare, Relief, and Resettlement |
| OECD | The Organization for Economic Co-operation and Development |
| OPSHGs | Older Person Self-Help Groups |
| ROK | Republic of Korea |
| SDG | Sustainable Development Goal |
| SPWC | Social Protection Working Committee |
| UNDSEA | United Nations Department of Economic and Social Affairs |
| UNESCAP | United Nations Economic and Social Commission for Asia and Pacific |
| UNFPA | United Nations Population Fund |
| WHO | World Health Organization |

CHAPTER I

INTRODUCTION

1.1 Rationale of the Study

The population of older people has been increasing all the around the world. This growing population of senior citizens can have impact on economic, political and social process. The process of population ageing could bring burden to the country especially in developing countries rather than developed one. Therefore, it becomes one of the most concerned issues for every country. Social protection here is essential due to a rapid demographic transition. Social protection stands as the key role in preventing the vulnerable groups and it needs to run the process through a good policy that can support and provide those vulnerable groups giving less risk and burden to the country which is necessary in solving the problems.

Among the estimated Myanmar population of 60 million, 9.1% of the total population aged over 60 years. According to United Nations, this number is expected to increase 30% in 2030 and 50 % in 2050. (Myanmar-Country Report.pdf). The growing ageing population is not a serious issue yet in Myanmar but as a developing country it will face these ageing problems in coming decade. This would be the major challenge for family members as well as the state due to more needs in their old age. Older people of Myanmar mostly live-in low-income households. The majority almost 60% of older people both male and female especially from rural area engaged in agriculture, either as farmers or agricultural labor during their whole lives. Due to income and assets, older people from rural areas can be described as poor.

Among social protection programmes, social pensions are successful instrument for reducing poverty among older people. Pensions are very rare in the country. Only a few percent of older people from rural areas were reported to receive income from a pension. Less than one in five older persons has savings and 10% report that their household has monthly income of not more than 25000 kyat or less than US\$1 per day. Almost no respondents reported receiving any welfare support from government or non-government agencies. (Knodel, 2013)

Older people live matter in their community. Older people as a retired age, they can rarely have their own income to be independent. Moreover, they are weak in physical naturally and have multiple health problems that need long-term health care. Therefore, they need someone to support them financially or physically in every action. Back in the days, most of the women in the family stay at home and does house chores so there is less concerned about older people in their living to receive help. Now a day, everyone in the family is busy with their own work and thus they cannot give time for their older parents to look after them.

The government of Myanmar was taking initial steps for the development of the national strategy and the National Social protection Strategic Plan which was launched in 2014 and has implemented programs regarding to the most vulnerable groups in society. Therefore, ageing population issue that will appear in coming decade which would have impact in various sectors such as political, economic and social.

1.2 Objectives of the Study

The objectives of this research are as follows:

- To access the effectiveness of existing social protection programs for older people and
- To identify the barriers and challenges faced by older adults living in Hmawbi and East Dagon Township in accessing social protection services

1.3 Method of Study

The research adopted a qualitative approach to gain an in-depth understanding of the social protection measures for older people, capturing the perspectives, experiences, and insights of key informants, older individuals, and self-help groups in a context-specific manner.

1.4 Scope and Limitation of the Study

This study will focus on older individuals aged 60 and above living in two townships, Hmawbi and East Dagon Township of Myanmar. The research will consider various forms of social protection, including pension schemes, social assistance, community support, and healthcare services.

1.5 Organization of the Study

This paper is organized into five chapters. Chapter 1 is the introductory part with the rationale, objectives, scope and method, and organization of the study. Chapter II presents the literal review of social protection. Chapter III is overview of ageing population and social protection programs in Myanmar. Chapter IV is findings and analysis, and Chapter V is conclusion.

CHAPTER II

LITERATURE REVIEW

2.1 Global Ageing Trends and Social Protection

The increase in world population is naturally based on the high birth rate and the low death rate or higher life expectancy. A country's population growth rate depends on both the natural increase described above and migration. But the global population growth is determined by the natural increase. The United Nations report on World Population Prospect described that the current world population of 7.6 billion will reach 8 billion in 2023 and 9.8 billion in 2050 respectively. (World Population prospect: The 2017 Revisions, 2017). The upward trend in global population size is expected to continue increasing as 83 million is being added to the populations list annually. 35 million populations would be added in developing countries every year. (UN 1999). The global life expectancy is estimated to have risen from 47 to 65 years around 2000 and 2005. This is rate is also expected to continue rising till 75 years in 2045-2050. The focal point of worldwide population growth within the least affluent nations poses a significant hurdle for governments striving to execute the 2030 Agenda for Sustainable Development. This agenda aims to eradicate poverty and hunger, enhance and modernize healthcare and education infrastructures, promote gender equality and the empowerment of women, diminish disparities, and guarantee that no individual is marginalized or overlooked.

Now a day, the fertility rate has been falling in all regions in the world. Fertility in all European countries is now below the required replacement population for several decades. The population of the more developed countries as a whole would be declining slowly with about 2 million people a year. When the consequence of the decline in fertility and the increase in life expectancy combined, it leads to the ageing world where the population of older people is relatively growing higher than younger people. This age structure of populations shows the dependency burden on working age population. A growing number of dependent populations create less opportunity, more burdens and disturb the human capital in developing countries. Old age income support, social

changes, industrialization and other factors become the major issues due to the aging population. Supporting the elderly as a whole by the government within the country is not an easy task but one of the biggest challenges. Developing countries cannot finance social protection through payroll taxed as developed nations have done.

According to the World Social Protection Report 2017-2019 of International Labor Organization, the right to health is not yet real in many parts of the world and not every receive health coverage especially in rural parts. We can see from this report that only 5.6 percent of the global populations receive long-term care coverage based on national legislation. But the long-term care still cannot be reached out to more than 48 percent of world older populations. 68 percent of people above retirement age receive an old-age pension both with contributory and non-contributory pensions in many middle- and low-income countries. But the benefit levels of expenditure on pensions providing older people is not enough yet due to the large regional variations in the country. (World Social Protection Report 2017-2019, 2017)

2.1.1 Socio-Economic Impacts

Global aging exerts significant socio-economic impacts on various aspects of society. One of the key concerns is the strain on public healthcare systems. With an increasing number of older adults, there is a greater demand for healthcare services, including geriatric care, chronic disease management, and long-term care facilities. This increased demand can lead to higher healthcare costs, a shortage of skilled healthcare professionals, and potential budgetary constraints for governments (Bloom et al., 2015).

Moreover, global aging can have far-reaching consequences on the labor market and social welfare programs. The shrinking labor force due to an aging population can lead to labor shortages, hindering economic growth and productivity. Additionally, as older adults retire, there is an increased reliance on social welfare programs such as pensions and elderly benefits, putting pressure on public finances (European Commission, 2018).

2.1.2 Healthcare Challenges and Mental Health Concerns

The aging process is often accompanied by an increased prevalence of chronic diseases and age-related health conditions. These health challenges include cardiovascular diseases, dementia, arthritis, and respiratory disorders, among others.

The burden of chronic illnesses not only affects the elderly population but also places additional strain on healthcare systems, both in terms of cost and resources (Prince et al., 2015). Addressing the healthcare challenges of an aging population requires a comprehensive approach that focuses on preventive measures, early detection, and effective management of chronic diseases.

Furthermore, the mental health of the elderly is a critical concern that deserves attention. Depression, anxiety, and loneliness are prevalent among older adults, especially those living alone or in institutional care settings. The lack of appropriate mental health support for the elderly can lead to reduced quality of life and an increased risk of physical health problems (Luppa et al., 2012).

2.1.3 Long-Term Care and Social Support

As the number of older adults increases, so does the need for long-term care and social support services. Many older adults require assistance with activities of daily living, and their families may face challenges in providing adequate care due to changing family structures and increased female workforce participation. Long-term care facilities, both institutional and home-based, play a crucial role in providing support to the elderly and their families. However, accessibility and affordability of such services remain significant challenges in many countries (Bauer et al., 2018).

Additionally, social isolation and loneliness are prevalent among older adults, particularly those who live alone or have limited social connections. The lack of social support can have adverse effects on mental and physical health, leading to increased healthcare utilization and decreased overall well-being (Victor et al., 2012).

2.1.4 Economic Impact and Retirement

The aging population has implications for the labor market and retirement patterns. As the number of retirees increases, there is a shift from a pay-as-you-go pension system to a funded pension system in many countries (Börsch-Supan et al., 2019). The changing retirement landscape poses challenges for pension schemes and social security systems, which may require adjustments to ensure financial sustainability.

Moreover, older adults can continue to contribute to the economy through their skills, knowledge, and experience. Encouraging and enabling older individuals to remain in the workforce or participate in the labor market through flexible work

arrangements can help mitigate labor shortages and improve economic productivity (OECD, 2018). However, age discrimination and outdated employment practices remain barriers to active aging in the workforce.

In conclusion, global aging is an ongoing and transformative demographic trend that has profound implications for societies, economies, and healthcare systems worldwide. The aging population presents unique challenges related to healthcare, labor markets, social support, and economic sustainability. Policymakers must adopt a comprehensive approach to address these challenges, incorporating evidence-based interventions, social support systems, and technological advancements. By acknowledging and embracing the opportunities presented by global aging, societies can ensure the well-being and active participation of older adults, thereby building more inclusive and sustainable communities for the future.

2.2 Understanding Social Protection

Social protection refers to a comprehensive set of policies, programs, and initiatives aimed at providing support to individuals and communities during times of vulnerability and promoting social and economic well-being. Its main objective is to reduce poverty, inequality, and social exclusion by creating a safety net for people facing risks such as unemployment, illness, disability, old age, and other life events that may lead to economic hardship.

The concept of social protection is well-established and recognized by various international organizations. The United Nations Department of Economic and Social Affairs (UN DESA) defines social protection as a system that "consists of policies and programs designed to reduce and prevent poverty and vulnerability throughout the life cycle."

Social protection encompasses a wide range of interventions such as social assistance, social insurance, labor market policies, social welfare services, and social inclusion programs (UN DESA, 2020):

(i) Social Assistance: Social assistance programs involve direct cash transfers or in-kind benefits to individuals and families facing financial hardship. These programs are targeted towards those in need and play a crucial role in alleviating poverty and ensuring basic necessities. Examples of social assistance programs include unemployment benefits to support individuals who lose their jobs, child allowances to assist families

with the cost of raising children, disability pensions to provide financial aid to persons with disabilities, and food subsidies to ensure food security for vulnerable populations.

(ii) Social Insurance Programs: Social insurance programs are funded through contributions from employers, employees, or both. These programs offer protection against specific risks and uncertainties that individuals may encounter during their lifetime. For instance, social security schemes provide financial assistance to workers and their families in the event of disability, sickness, or death. Health insurance ensures access to essential medical services and treatments, while pension schemes offer income security for retirees during their old age.

(iii) Labor Market Policies: Labor market policies aim to enhance employment opportunities for individuals by improving their skills and employability. Job training and skills development programs equip individuals with the necessary knowledge and expertise to meet the demands of the job market. Job placement services help match job seekers with suitable employment opportunities, reducing unemployment rates and promoting economic growth. These policies contribute to the creation of a skilled and productive workforce.

(iv) Social Welfare Services: Social welfare services are essential components of social protection, providing access to critical services that contribute to people's overall well-being and development. Healthcare services ensure that individuals have access to medical care and treatments, promoting good health and preventing illness. Education services equip individuals with knowledge and skills, enhancing their prospects for better job opportunities and improved quality of life. Housing assistance programs address housing needs, particularly for those in vulnerable situations, ensuring stable and secure living conditions. Childcare services support families by offering safe and nurturing environments for children while parents work or study.

(v) Social Inclusion Programs: Social inclusion programs target vulnerable and marginalized groups, ensuring their integration into society and equal participation in economic and social activities. Examples of social inclusion programs include initiatives to support the elderly, persons with disabilities, ethnic minorities, and indigenous communities, ensuring that they have equal access to resources, services, and opportunities.

Social protection systems are instrumental in preventing and alleviating poverty and vulnerability across different stages of life, ensuring that individuals and families have the support they need to thrive and participate fully in society (ILO, 2017).

2.3 Social Protection for Older People

Social protection for older people is a specific subset of social protection systems that focuses on addressing the unique needs and vulnerabilities that arise with advancing age. It encompasses a range of measures to ensure the well-being and dignity of older individuals, focusing on their economic security, access to healthcare and long-term care services, social inclusion, and protection against abuse and neglect (UNDESA, 2018). The goal is to support older people as they advance in age and enable them to age with dignity and social participation.

Key Components of Social Protection for Older People are:

(i) Contributory Pension Schemes: Central to social protection for older people are contributory pension schemes, which provide regular financial support to retirees. Pensions serve as a crucial safety net for older individuals, ensuring a stable income during retirement and safeguarding them from falling into poverty (ILO, 2017). Contributory pension schemes are typically well-established with higher coverage in developed countries.

(ii) Social Pension and Social Assistance Programs: Complementary to contributory pension schemes, social pension, also known as non-contributory pension, and other social assistance programs play a vital role in supporting older people who may not have access to formal pensions or whose benefits may be insufficient to meet their basic needs (HelpAge International, 2021). Social assistance programs encompass cash transfers, food subsidies, and other forms of financial aid to alleviate economic hardships and ensure that vulnerable older individuals have the means to meet their basic needs and maintain a dignified standard of living.

Social pension programs play a more significant role in developing countries. These programs are critical in providing a safety net for older individuals by alleviating poverty among the elderly and providing basic financial support to vulnerable older populations who may not have other sources of income.

(iii) Healthcare and Long-Term Care Services: Given the increased healthcare needs of older people, social protection must incorporate provisions for affordable and accessible healthcare services (WHO, 2019). Access to quality healthcare is essential to address the specific health concerns of older individuals and ensure their well-being.

Additionally, long-term care services, including home-based care and residential facilities, and support for caregivers are critical to address age-related

disabilities and support older people in maintaining their independence and dignity as they age.

(iv) Elder Abuse Prevention: Social protection for older people includes measures to protect them from abuse, exploitation, and neglect (UNDESA, 2015). Creating awareness, establishing legal safeguards, and providing support services help safeguard the well-being and rights of older individuals.

(v) Elderly Employment Support: Moreover, social protection initiatives should promote elderly employment support, creating job opportunities and skill development programs for older individuals, promoting active aging.

(vi) Elderly Specific social services: Specific social services, such as day-care centers and community support networks, enhance the quality of life and social interaction for older people (United Nations, 2020).

(vii) Social Inclusion, Participation, and Age-Friendly Infrastructure: Social protection initiatives should foster social inclusion and encourage active participation of older people in community life (UN, 2020). Promoting social engagement enhances their mental well-being and reinforces their sense of belonging.

Additionally, age-friendly infrastructure and accessible public spaces ensure older individuals can navigate their environment safely and independently (WHO, 2007). Age-friendly cities prioritize infrastructure improvements, public transportation, and social programs to cater to the needs of older residents, promoting an inclusive and age-friendly community.

2.4 International Frameworks and Guidelines for the Social Protection of Older Adults

As the world experiences demographic shifts with an increasing aging population, ensuring the social protection and well-being of older adults becomes a paramount concern for policymakers and societies alike. Older adults face unique challenges, such as reduced income, health issues, and vulnerability to social exclusion. In response to these challenges, various international frameworks and guidelines have been established to address the needs of older adults and protect their rights.

(i) The Sustainable Development Goals (SDGs): The United Nations' 2030 Agenda for Sustainable Development includes a set of 17 SDGs, aiming to address global challenges and promote sustainable development. SDG 3 specifically targets "Ensure healthy lives and promote well-being for all at all ages," emphasizing the importance

of social protection and healthcare for older adults. The SDGs recognize that ensuring healthy aging and social protection are essential for achieving sustainable development worldwide.

SDG 1 (No Poverty), SDG 3 (Good Health and Well-being) and SDG 10 (Reduced Inequalities) are also relevant to the social protection of older adults. By targeting poverty reduction and reducing inequalities, the SDGs indirectly contribute to improving the social and economic well-being of older adults.

(ii) The Madrid International Plan of Action on Aging (MIPAA): The MIPAA, adopted during the Second World Assembly on Aging in 2002, is a milestone international framework that provides a comprehensive agenda for addressing the issues of aging populations. Its primary focus is on promoting the well-being and dignity of older adults through social protection measures.

The MIPAA sets out strategic objectives, including enhancing income security, improving access to healthcare and social services, providing safe and suitable housing, and combating ageism and discrimination. Countries that have implemented MIPAA's principles have made significant progress in enhancing social protection for older adults and achieving better outcomes in areas such as health, well-being, and social inclusion (Source: United Nations). Countries like Norway and Sweden, known for their comprehensive social protection systems, have demonstrated positive impacts on the health and financial security of older adults.

(iii) International Labor Organization (ILO) Recommendation on Social Protection Floors: The ILO Recommendation on Social Protection Floors, adopted in 2012, provides guidance on establishing and implementing social protection systems. It emphasizes the need for comprehensive and adequate social protection, including social assistance and social insurance, for all individuals throughout their lives, including in old age. For instance, Brazil's Bolsa Família program, a social assistance initiative inspired by the ILO recommendation, has contributed to reducing poverty among older adults by providing them with cash transfers (Source: ILO).

(iv) World Health Organization (WHO) Global Strategy and Action Plan on Aging and Health: The WHO's Global Strategy and Action Plan on Aging and Health, endorsed in 2016, aims to address the challenges posed by aging populations and promote healthy aging worldwide. The strategy emphasizes the need for age-friendly environments, including health systems and social protection measures that cater to the specific needs of older adults. For example, Japan's community-based integrated care

systems have contributed to better health outcomes and increased social participation among older adults (Source: WHO).

The WHO's Age-Friendly Cities and Communities initiative encourages the development of environments that promote active aging and social inclusion. This framework focuses on enhancing the physical and social aspects of communities to support older adults' independence and participation.

For instance, in Manchester, UK, the "Age-Friendly Manchester" initiative led to increased participation in cultural and leisure activities among older residents, positively impacting their quality of life (Source: WHO).

(vi) United Nations Principles for Older Persons: The United Nations Principles for Older Persons, adopted in 1991, set out a series of rights and principles aimed at protecting the dignity and rights of older adults. These principles encompass autonomy, independence, and participation, ensuring that older adults are actively engaged in society and have access to social protection measures.

The social protection of older adults is an essential component of any comprehensive and sustainable society. These international frameworks and guidelines provide critical guidance for policymakers to design and implement effective social protection measures for older adults.

2.5 Best Practices and Lessons Learned from Global Experiences for Social Protection for Older People

Social protection for older people is a crucial aspect of ensuring the well-being and dignity of elderly individuals in society. As the world's population ages, the need for comprehensive and effective social protection programs becomes increasingly evident. Many countries have implemented various policies and initiatives to address the challenges faced by older people, providing insights into best practices and lessons that can be learned from their experiences.

(i) Universal Pension Schemes: A Pathway to Inclusive Social Protection: One of the most successful practices observed in many countries is the implementation of universal pension schemes. Universal pensions are non-contributory schemes that provide regular income support to all older adults, regardless of their income, employment history, or marital status. Several countries have demonstrated the benefits of such schemes in reducing poverty rates among older people and ensuring social inclusion.

For instance, Brazil's "Bolsa Família" program has been instrumental in lifting millions of elderly citizens out of poverty. The program provides monthly cash transfers to low-income families with older members, leading to a significant decrease in poverty rates among the elderly. Similar positive outcomes have been observed in South Africa's "Old Age Grant," Argentina's "Non-Contributory Pension for the Elderly," and Thailand's "Universal Pension Scheme for the Elderly." These examples indicate that universal pension schemes can be an effective means of ensuring income security and poverty reduction among older populations.

(ii) Integrated Healthcare and Long-Term Care Services: Another critical aspect of social protection for older people is access to quality healthcare and long-term care services. Aging is often accompanied by health-related challenges, and ensuring adequate support in this area is crucial for the well-being of older individuals.

Japan serves as a compelling case study in providing comprehensive healthcare and long-term care services for its aging population. The country's Long-Term Care Insurance (LTCI) system has been in place since 2000 and offers universal long-term care coverage for elderly citizens. This system provides a range of services, including home-based care, community-based care, and institutional care, based on individual needs and preferences. Other countries, including Germany and the Netherlands, have also adopted integrated healthcare and long-term care models, demonstrating positive outcomes in terms of better health outcomes and reduced healthcare costs.

(iii) Leveraging Technology for Social Protection The digital revolution has opened up new possibilities for delivering social protection services more efficiently and effectively. Many countries have started embracing technology to enhance their social protection programs, particularly for older people.

For instance, India's "Aadhaar" system, a unique biometric identification program, has facilitated the targeted delivery of social assistance programs, including pensions, to eligible older citizens. Similarly, Estonia's innovative use of technology has transformed its social protection system, making it more accessible and citizen-centric.

(iv) Inclusive Social Dialogue and Participation: Ensuring the effectiveness and sustainability of social protection programs requires inclusive social dialogue and active participation of older people themselves.

Countries like Chile have implemented participatory mechanisms, such as the "National Consultative Council of the Elderly," which fosters dialogue between older citizens and policymakers.

Moreover, organizations like HelpAge International have been advocating for the inclusion of older people in decision-making processes related to social protection at the global level.

(v) Age-Friendly Infrastructure and Housing: Creating age-friendly environments is a crucial best practice in ensuring the social protection of older people. As individuals age, they may face physical limitations and mobility challenges, making accessibility a significant concern. Designing infrastructure and housing that are accommodating to the needs of older people can significantly enhance their quality of life and social inclusion.

Singapore stands out as a leading example in this area. The country's "HDB (Housing and Development Board) Design for Active Ageing" program focuses on constructing public housing with features that cater to the needs of older residents. These features include ramps, handrails, and wider corridors to facilitate mobility, as well as easily accessible community spaces to promote social interaction among older adults.

Similarly, the World Health Organization's "Age-Friendly Cities and Communities" initiative encourages cities worldwide to adopt policies and infrastructure that support the well-being and participation of older people. Age-friendly initiatives can significantly impact older citizens' ability to engage in social activities, access essential services, and age in place comfortably.

(vi) Elder Abuse Prevention and Intervention: Protecting older people from abuse and exploitation is an essential aspect of social protection. Elder abuse can take various forms, including physical, emotional, financial, and neglect, and it poses significant threats to the well-being and dignity of older individuals.

Australia has been at the forefront of implementing a robust elder abuse prevention and intervention framework. The country's Elder Abuse Prevention Units (EAPUs) work at the state level to provide support, resources, and education on elder abuse prevention. These units collaborate with various stakeholders, including legal and social services, to identify and address cases of abuse effectively.

(vii) Lifelong Learning and Skills Development Promoting lifelong learning and skills development among older people is a valuable best practice for social protection.

As individuals age, there may be concerns about employability, especially for those who wish to remain active in the workforce or pursue new opportunities later in life.

Singapore's Skills Future initiative exemplifies the benefits of investing in lifelong learning for older adults. The program encourages individuals, including older workers, to develop new skills and upgrade existing ones through various training courses and certifications. By embracing continuous learning, older people can enhance their employability, maintain financial independence, and remain engaged in society.

(viii) Intergenerational Programs and Social Cohesion: Fostering intergenerational solidarity is a powerful best practice for social protection, benefiting both older and younger members of society. Intergenerational programs facilitate meaningful interactions and mutual support between different age groups, contributing to a more cohesive and inclusive community.

Countries like Japan and South Korea have pioneered intergenerational programs that bring older adults and young people together. For instance, Japan's "Komorebi Tomonokai" program involves older adults providing childcare assistance to families, fostering a sense of purpose and social connectedness for older participants. Similarly, South Korea's "Senior Peace Corps" initiative encourages retired professionals to volunteer their expertise and mentor young entrepreneurs, promoting knowledge transfer and community-building.

2.6 Review on Previous Study

In the context of research on social protection for older individuals, numerous surveys, research endeavors and scholarly investigations have explored various facets of this subject.

HelpAge International staff collaborated with John Knodel to conduct the 'Survey of Older Persons in Myanmar' (Knodel, 2012). This comprehensive survey provided invaluable insights into several dimensions influencing the well-being of older individuals in Myanmar. These dimensions included marital status, family size, education, religion, community engagement, and access to information. The survey's findings shed light on several critical points:

1. **Rapid Increase in Older Population:** The study highlighted a noticeable increase in the number of older individuals in Myanmar.
2. **Economic Activity Decline:** It was revealed that economic activity significantly declines with age among older individuals.

3. **Reliance on Family Support:** The research emphasized the substantial reliance of older people on their children for food, income, healthcare, and personal care.
4. **Limited Welfare Support:** Welfare support was found to be limited for older individuals, with most of them living in extended family arrangements spanning more than one generation.

Furthermore, the number of living children is crucial for the support of older parents. While the current generation of older individuals tends to have larger families, declining fertility rates suggest that future generations may face challenges in providing adequate support. Children and work are the primary sources of material support for older individuals in Myanmar. Family support plays a central role in providing for their needs, while welfare benefits are almost non-existent. Possession of household items reflects wealth status, with radios and televisions being common, but major appliances being rare. Access to telephones is limited, emphasizing the need for improved communication infrastructure for older individuals.

Additionally, it was observed that older individuals in Myanmar had predominantly been economically active throughout their lives, with agriculture being a primary occupation for many. However, a minority remained economically active in the year preceding the survey, with a significant decline in economic activity with age. Gender disparities were also evident in economic engagement, with older women less likely to be engaged in work compared to men. The reasons for disengagement from work varied among different occupational groups.

Family support is deeply ingrained in Myanmar's culture, with adult children providing financial and caregiving support. Older individuals, in turn, contribute significantly to their households. While family-based care has been effective, declining fertility rates and urbanization may disrupt the traditional support system. This emphasizes the need for comprehensive social protection policies to complement family support networks. To address the needs of older individuals, Myanmar must develop comprehensive social protection policies and programs in areas such as income security, healthcare access, community networks, caregiver support, age-friendly environments, intergenerational programs, and communication services.

Additionally, to determine the case of Japan, “Social Security in Japan” Japanese Government (2021), Japan’s social protection system for older people is a mix of public and private initiatives. The public pension system includes the "Kousei Nenkin" (Employees' Pension Insurance) and the "Kokumin Nenkin" (National Pension

Scheme), which provide a safety net for retirees. In addition, employers are encouraged to offer retirement benefits to their employees, complementing the public pension provisions (Japanese Government, 2021).

Despite Japan's efforts to support its elderly citizens, the country has witnessed an increase in elderly poverty rates over the years. As of 2020, the elderly poverty rate in Japan stood at 25.7% (OECD, 2021). The reasons behind this rise in poverty among older individuals include the inadequacy of public pensions to cover living expenses fully and the high out-of-pocket healthcare costs. The Japanese government faces the challenge of sustaining a rapidly aging society while ensuring adequate financial support for its elderly population. Addressing these issues is crucial to ensuring a dignified and secure life for Japan's older citizens. In order to improve the quality and social protection intervention, partnership program with private sector, public and non-government organization is essential and its help to reduce elderly poverty and ensuring the well-being of their ageing population.

The key distinguishing feature of the existing system of older people social protection is incorporates both contributory and non -contributory schemes. Universal pension schemes have proven effective in reducing poverty rates among older individuals, while integrated healthcare and long-term care services contribute to healthier aging. In particular, contributor pension scheme covers civil servants and government employees who retire receive a monthly pension and eligible family members in case of the pensioner's demise. Social Pension or non-contributory pension program aims to achieve comprehensive coverage of all eligible older individual across the country and is one of the eight flagship programs identified in the National Social Protection Strategic Plan (2014). While the value of social pensions may be modest, it provides essential support to the elderly. Community-based home care is a model of care that allows elderly individuals to receive necessary support and services while remaining in their homes and communities. It emphasizes personalized care, maintaining cultural traditions, and promoting social interaction

CHAPTER III

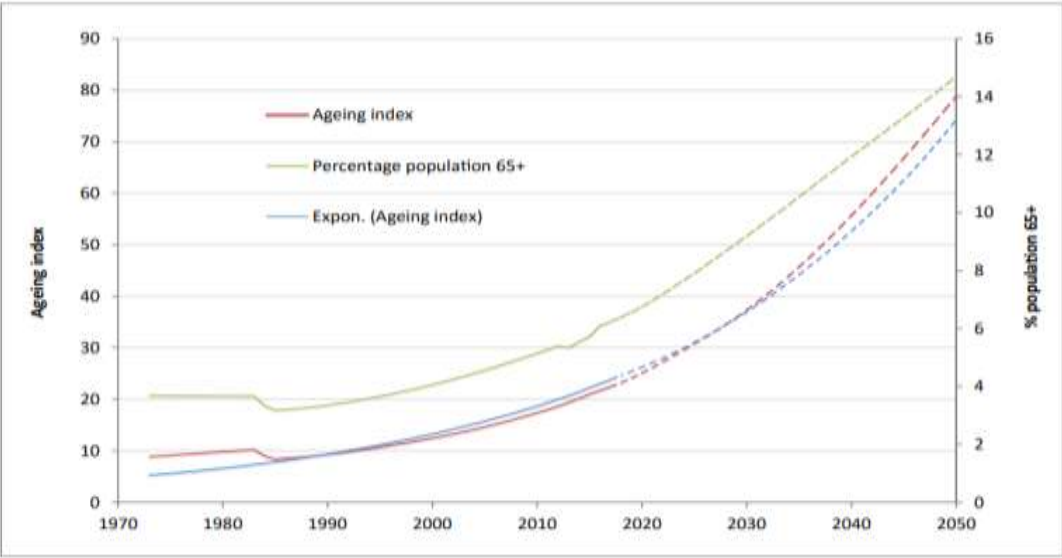
OVERVIEW OF SOCIAL PROTECTION FOR OLDER PEOPLE IN MYANMAR

3.1 Demographic Ageing in Myanmar

Population ageing is anticipated as the most dominant demographic trend of twenty-first century in Myanmar and Southeast Asia. The share of older people aged 60+ is anticipated to increase from about 10% today and by 2050 to nearly 18.6%. (Ageing population in Myanmar/HelpAge Asia, 2019) Population ageing has been occurring since the 1960s in Myanmar but aged more boldly between 1973 and 2014. The index of ageing increased much more in urban areas than in rural areas between 1983 and 2014 but the older age dependency ratio increased only slightly in both areas. Moreover, because of low mortality rates of female at all ages in advance, there are more female ageing. There were 1.9 million older men and 2.6 million older women in 2014. The population of older people was 57.1 percent in 2014. Therefore, compared to the 52.2 percent of older women population in 1973, its percentage has increased significantly. (thematic report on the older population-UNFPA Myanmar, 2017)

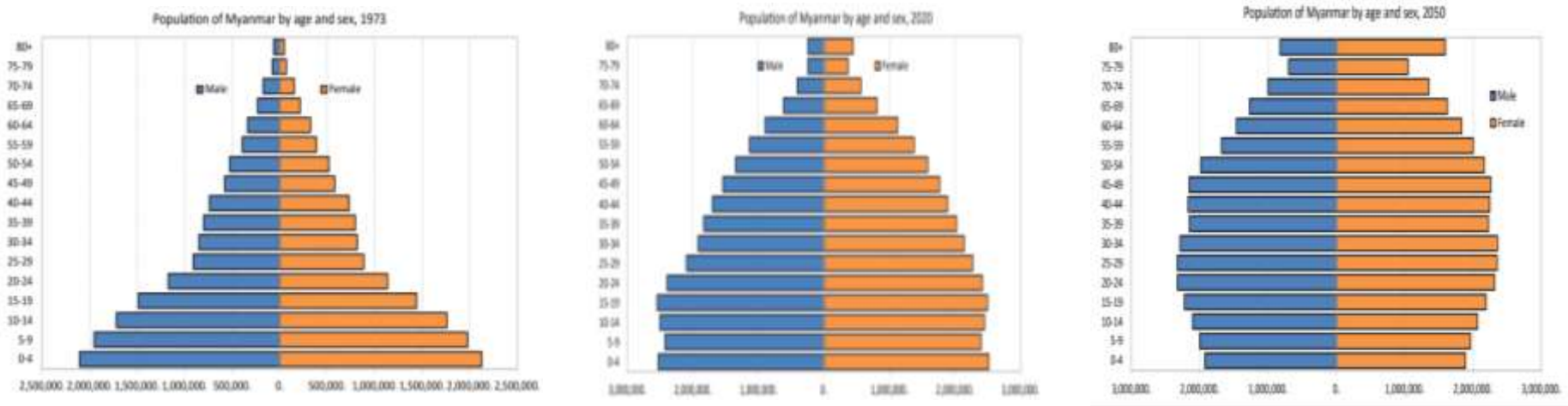
According to the figure (3.1), the evolving percentage of the population aged 65 and above from 1973 to 2050. The trend line within the graph underscores a notable rise in the relative proportion of elderly individuals. Specifically, between 2015 and 2020, the percentage is set to rise from 5.7 to 6.7 percent, and between 2045 and 2050, this figure is anticipated to extend its climb from 13.3 to 14.7 percent. Beyond the year 2050, it is anticipated that this growth will gain even faster.

Figure (3.1) Percentage of Population Aged 65 + and Ageing Index, 1973-2050



Source: Thematic Report on Population Dynamic, UNFPA 2016

Figure (3.2) Comparison of Population Pyramid in Myanmar (1973, 2020 and 2050)



Source: “Thematic report on Population dynamic” Department of Population Ministry of Labor, Immigration and Population & UNFPA

Figure (3.2) showed that clearly how Myanmar's age distribution evolved from 1973 to 2020 and how it's expected to transform over the next 47 years. In 1973, the population structure had already deviated from the traditional "pyramid" shape characterized by a broad base, concave sides, and a relatively narrower top. Over time, there has been a decline in the number of children, with the majority of the population now occupying the active age groups. Population projections for Myanmar have been generated using data from the 2014 Census thematic report on Population Projections (Department of Population 2017a). These projections reveal a scenario in which the overall population experiences a progressively slower growth rate, while the elderly population undergoes rapid acceleration. By the year 2050, Myanmar is anticipated to have a total population of 65.0 million. Significantly, the overall population is anticipated to experience an annual growth rate of under 1 percent between 2015 and 2050. Conversely, the population aged 60 and older is expected to sustain a growth rate of 3 percent.

3.2 Demographic and Socio-Economic Overview

Myanmar's population has been steadily growing over the years, reaching 54.4 million people in 2023. The country is home to over 135 distinct ethnic groups, with the Bamar group being the largest, followed by various ethnic minorities like Shan, Karen, Rakhine, and Chin. The median age in Myanmar is 27.1 years, indicating a relatively young population. About 28.6 per cent of Myanmar people are children (0–14 years); 65.6 per cent are of working age (15–64 years); and 5.8 per cent are elderly (65 years and above).

Life expectancy at birth is 64.7 years, with males having a life expectancy of 60.2 years and females 69.3 years. Although the lowest in ASEAN, life expectancy has been improving over time due to better healthcare and living conditions (DOP and UNFPA 2017).

The old-age dependency ratio, which measures the proportion of the elderly population (65 years and older) to the working-age population (15 to 64 years), is 8.8, indicating challenges in providing social security and healthcare for the elderly. The child dependency ratio, which indicates the proportion of children (under 15 years) to the working-age population, is 43.7, showing a decreasing burden on the working-age population to support children (DOP and UNFPA 2017).

Myanmar is a lower-middle-income country, with a GNI per capita of US\$1,455 in 2017. GINI coefficient is relatively high at 38.1, highlighting uneven wealth distribution (World Bank 2018). The GDP growth rate is around 6.8 per cent in 2019, primarily driven by growth in services, manufacturing, and agriculture. However, Myanmar has experienced fluctuating growth rates post-2021, influenced by various internal and external factors. Despite a decline in poverty from 44.5 per cent in 2004 to 26.1 per cent in 2015, poverty levels remain significant, especially in rural areas. Urban areas generally have better infrastructure and higher-quality services, attracting more economic activities and employment opportunities (World Bank 2018).

Agriculture, manufacturing, and natural resource extraction, particularly in the areas of oil and gas, timber, and gemstones, are the main industries, employing a significant portion of the population. Labor force participation is 64.7 per cent, with significant gender disparities between women (51.6 per cent) and men (80.2 per cent). Informal employment constitutes 85.7 per cent of total employment, one of the highest among ASEAN countries, raising concerns about labor protections and social security benefits (ILO 2016).

Access to basic infrastructure like electricity, clean water, and transportation remains challenging, particularly in rural and remote areas. Disparities in education are evident, with lower enrollment rates and limited access to quality education in certain states and regions. Healthcare services face significant challenges, with inadequate facilities and limited access to essential medicines. Although maternal and child health indicators are improving, concerns still persist in certain areas.

Myanmar is highly prone to natural disasters, such as floods, cyclones, earthquakes, landslides and droughts, ranking second out of 187 countries in the 2016 Global Climate Risk Index (World Bank 2018). Formal social protection mechanisms are inadequate, leaving vulnerable individuals without adequate support, especially in the face of social and economic risks and natural disasters. In such cases, informal social protection networks, such as community-based organizations and family support systems, play a vital role in providing assistance.

3.3 Myanmar National Policy on Ageing

The Myanmar National Policy on Ageing is a comprehensive framework that outlines the government's priorities and strategies for addressing population ageing and improving the situation of older persons over the period 2017–2037. The policy covers seven priority objectives, including preparing Myanmar for population ageing, promoting income security for old age, improving health and care services, encouraging active ageing, enhancing older persons' participation, and protecting vulnerable individuals in crisis situations:

The policy is guided by the vision of ensuring that current and future generations of older persons live with dignity, health, security, and independence, while the nation is prepared to cope with the effects of population ageing. The government aims to achieve these objectives through a life-course approach, considering the changing demographics and needs of older individuals.

To implement the policy, the Myanmar National Committee on Ageing coordinated with various government ministries, and five-year National Action Plans on Ageing was developed to track progress. The policy is also aligned with Myanmar's constitutional and legal provisions, including the Law Relating to Older Persons (Union Hluttaw Act No. 44, 2016), which sets out the rights and entitlements of older persons.

The policy recognizes that population ageing is an ongoing demographic trend in Myanmar and Southeast Asia, driven by declining fertility rates and improved life

expectancy. The proportion of older people in the population is projected to increase significantly over the next few decades, necessitating policy adaptations to address the changing needs and challenges faced by older individuals and their families.

The policy emphasizes the importance of preparing younger generations for old age across the life-course. Younger people need to be educated and encouraged to take proactive steps for their own future well-being, promoting healthier and more financially secure lifestyles that can extend into old age. By fostering a positive attitude towards ageing and encouraging family support, the government aims to reduce the burden on the older population and ensure greater autonomy and choice in later life.

Income security for older persons is a major focus, with efforts directed towards expanding income sources, including work, private transfers, assets, savings, and social protection programs. As families become smaller and more dispersed, the government seeks to provide adequate support for older individuals without family care. It plans to expand social protection schemes, including social pensions, to improve the financial security of the older population.

Additionally, the policy highlights the need to integrate ageing considerations into all government policies and plans to address the challenges of population ageing comprehensively. By taking a life-course approach and promoting inclusivity across all age groups, Myanmar aims to capitalize on the positive potential of older individuals, who can contribute significantly to society and the economy.

The policy draws on Myanmar's cultural traditions of respecting old age and honoring elders, encouraging all generations to view ageing positively and provide dignified existence to older persons. It also aligns with international and regional commitments, including the United Nations' Political Declaration of the Second World Assembly on Ageing and the ASEAN Socio-Cultural Community Blueprint 2025, which emphasize the rights and welfare of older persons.

To ensure effective implementation of this policy, institutional arrangements have been established. Responsibility for implementation of the National Policy on Ageing through National Action Plans on Ageing lies with the respective Ministries of the Union Government, and the Myanmar National Committee on Ageing is responsible for monitoring, evaluation, and supervision.

Overall, the National Policy on Ageing in Myanmar aims to create an inclusive and age-friendly society, address the needs and vulnerabilities of older persons, promote their well-being and participation, and prepare for the challenges and

opportunities presented by population ageing. Myanmar is committed to ensuring a better quality of life for its ageing population and promoting positive attitudes towards ageing.

3.4 Elderly People Law of Myanmar

The Elderly People Law of Myanmar aims to provide care and support for citizens aged 60 years and above. It defines various terms, such as “elderly people”, “debilitated elderly persons”, and “elderly parents and grandparents in need of maintenance”. The law also includes the concept of maintenance, which covers expenses for food, clothing, shelter, healthcare, and social care for the elderly.

The law aims to promote healthcare and social care; ensure regular income and support; provide self-care, family care, home-based, and community-based care; offer shelter and care for destitute elderly individuals; encourage participation in social and community affairs through support groups; include accessible health services in the National Health Care Schemes, prioritize during natural disasters and rehabilitation periods; and ensure a safe and secure environment for the elderly.

The law establishes the Myanmar Elderly People Committee, consisting of government officials and representatives from various organizations. This committee is responsible for implementing the law's aims, protecting the rights of elderly people, and overseeing policy and guideline implementation. Regional Committees, under the supervision of the Myanmar Elderly People Committee, are formed at the regional, district, and township levels to implement and supervise elderly support and care plans.

The Law ensures various rights for elderly people, such as support for daily living, mobility, and essential health care, freedom of religion, personal freedom, and self-determination, participation in community activities, adequate support for income and living standards, maintenance for parents and grandparents, and protection from discrimination, neglect, exploitation, and abuse.

Adult children and grandchildren are obligated to provide maintenance and care for their elderly parents and grandparents if they have adequate means to do so. In cases where they fail to provide maintenance, a court can order them to pay a specified amount.

The Law emphasizes the importance of family care and community-based care for the elderly and encourages the younger generation to take responsibility for caring for elderly family members. It also addresses issues of abuse, neglect, and mistreatment

of elderly individuals and aims to create a supportive and inclusive environment for them. The law encourages the provision of job opportunities for elderly people, vocational training, and tax benefits for employers hiring elderly individuals. It emphasizes the creation of a convenient environment for their mobility, promoting inclusive health care, and social care services for special cases. The law sets out the process for issuing Elderly People Identification Cards, which entitle individuals to enjoy the rights specified in the law. It establishes a fund for elderly people, supported by various contributions, to provide support and care for them.

The law also addresses penalties for offenses, such as denying elderly people their rights or establishing homes for the aged without proper permits. The law also offers protection from civil or criminal action for those performing their duties in good faith.

Overall, the Elderly People Law of Myanmar seeks to protect the rights and well-being of the elderly population by providing essential care and support, promoting social inclusion, and encouraging responsible caregiving within families and communities.

3.5 Myanmar National Social Protection Strategic Plan

The development of the Strategic Plan for Social Protection in Myanmar was initiated by the Office of the President of Myanmar and led by the Social Protection Working Committee (SPWC). This committee, chaired by the Union Minister for Social Welfare, Relief, and Resettlement, comprised representatives from various government sector ministries and non-governmental organizations. The primary objective was to establish a universal social protection system aimed at supporting poverty alleviation and rural development programs in the country.

To assist the SPWC in its endeavors, a Technical Support Group (TSG) was formed, co-chaired by the Department of Social Welfare (DSW) and UNICEF. The TSG included members from government ministries, non-governmental organizations, development partners, and a research institute. It played a pivotal role in drafting the Strategic Plan with guidance from the SPWC.

During the development process, the Strategic Plan established a comprehensive definition of social protection for Myanmar as “policies, legal instruments, programs, benefits and services for individuals and households that prevent and alleviate economic and social vulnerabilities, promote access to essential

services and infrastructure and economic opportunity, and facilitate the ability to better manage and cope with shocks that arise from humanitarian emergencies and/or sudden loss of income.”

The Strategic Plan addressed four dimensions of social protection: protective, preventive, promotive, and transformative. The plan's focus was on programs providing relief from poverty and vulnerability, preventing risks and shocks, promoting human capital development, and fostering equity and social cohesion.

The plan's priorities were determined based on criteria such as complementarity, impact, equity, sustainability, holistic approach, life-cycle, people-centeredness, evidence-based approaches, gender-sensitivity, and flexibility. The goal was to provide universal access to social protection programs, ensure fiscal responsibility, and empower the poor and vulnerable in society.

The Strategic Plan acknowledged the importance of being child-sensitive, recognizing that investments in children have long-term benefits for society. It also emphasized the value of all individuals, including the elderly, in contributing to society's well-being. The plan recognized that all community members are affected when some face hardships or shocks.

The Strategic Plan for Social Protection in Myanmar is well-aligned with the country's overall reform program, including the Framework for Economic and Social Reforms (FESR), National Comprehensive Development Vision, and National Comprehensive Development Plan. Social protection is seen as a 'circuit breaker' for inter-generational poverty and hunger, with growth and social protection viewed as mutually supportive elements in the FESR.

The plan also adheres to the regional and global conventions and instruments, encompassing ASEAN commitments, human rights, children's rights, persons with disabilities, women's rights, and issues related to aging.

Myanmar's current social protection programs have limited coverage and reach, leaving many vulnerable groups without adequate support. The plan aims to improve access to essential services, increase social welfare services, and develop internal capacity to manage social protection programs effectively.

The Strategic Plan aims to establish an Integrated Social Protection System (ISPS) in Myanmar to address the diverse needs of individuals and families. The ISPS involves the creation of social protection centers at the township level and the recruitment of trained social workers for case management and networking. Vulnerable

and marginalized groups, such as orphans, people with disabilities, and older people, are targeted for support.

The plan recognizes the importance of integrating Disaster Risk Management (DRM) with social protection to enhance resilience and better respond to disasters' impacts. Various policies and programs related to DRM in Myanmar are highlighted to show the plan's alignment with broader disaster preparedness initiatives.

The Strategic Plan outlines its implementation process, focusing on various interventions in social assistance, labor market, social insurance, health coverage, integrated social protection systems, and disaster risk management. It identifies key committees responsible for oversight and monitoring, and highlights the importance of ongoing evaluation to assess the plan's effectiveness.

The Myanmar National Social Protection Strategic Plan has eighth flagships programs as follows:

- (1) Maternal and Child Cash Transfer (MCCT): Provide cash allowance to all expectant mothers in their last six months of pregnancy and children under two years of age.
- (2) Disability allowance Provide disability allowance to all individuals certified with disabilities.
- (3) Child allowance: Provide cash allowance to children aged 3 - 15 years, beginning with coverage for age three in the first year and progressively adding an additional year of age each subsequent year.
- (4) School feeding program: Provide one cooked meal per day for each child in selected schools with low net enrollment located in highly food-insecure areas.
- (5) Public employment, vocational education and training: Support local public employment initiatives, vocational education, and training while improving preparedness for occupational hazards.
- (6) Social pensions: Provide a universal cash benefit to older individuals across the entire country.
- (7) Older Person Self-Help Groups (OPSHGs): Support village-level Older Person Self-Help Groups (OPSHGs) to enhance the well-being of the elderly in their communities.
- (8) Integrated Social Protection Systems: Build social protection centers and train workers in case management.

Overall, the Myanmar Social Protection Strategic Plan presents a comprehensive approach to address poverty and vulnerability through targeted social protection interventions. Among the mention above flagships programs, social pension and formed OPSHG are focus to support older people. Social pension program support cash benefit to old age to improve income security that will be available to meet their needs (MSWRR 2015). The OPSHG engage in various activities to improve the lives of their communities by empowering older people to meet their needs.

3.6 Social Protection Program for Older People in Myanmar

Social Pension or non-contributory pension is one of the eight flagship programs identified in the National Social Protection Strategic Plan (2014). It is a government-funded nationwide program that was introduced in the FY 2017-18, initially targeting older persons aged 90 years and above. In the FY 2018-19, the age limit for eligibility was reduced from 90 to 85 years old. This change significantly expanded the outreach of the Social Pension Program, making it available to a larger group of beneficiaries. As a result, the number of beneficiaries increased from approximately 40,000 to around 180,000 beneficiaries. The amount is 10000 MMK per month.

The Social Protection Division, operating under the Ministry of Social Welfare, Relief, and Resettlement (MSWRR) at the Union level, is responsible for coordinating and overseeing the overall implementation of the Social Pension Program. At the village and ward level, the General Administration Department (GAD) officials play a crucial role in assisting the Department of Social Welfare (DSW) with beneficiary identification, registration, and payment distribution. This local-level involvement ensures efficient and effective delivery of benefits to eligible older persons.

HelpAge International global network is a worldwide partnership working with and for older people globally, with a special focus on low- and middle-income countries. HelpAge International has been active in Myanmar since 2004, implementing programs throughout the country, with a particular focus on introducing the Older people Self Help Group (OPSHG) model. HelpAge International's Myanmar office has been working closely with the country's Department of Social Welfare to advocate for law and policies targeted at older people including pensions and provide assistance. In 2009, HelpAge International has promoted to establishment of OPSHG and closely collaboration with Department of Social Welfare, which provide a technical support for organizing Self Help Group delivering services at village level.

300 OPSHG's are established in Ayeyarwaddy region, Yangon region, Mandalay region, Mon and Kayin, to provide social services to older people and their families while contributing to community/village development. These groups engage in various activities, such as providing monthly cash assistance and fixing roofs for impoverished older individuals, delivering meals to homebound older persons, offering medical expenses, celebrating Older People's Day and religious activities, supporting school children stationery, and contributing to community development activities.

Homes for the aged in Myanmar typically have eligibility criteria based on age and health conditions. Elderly individuals usually need to be of a certain age to be admitted to these facilities, often around 60 years or older. Additionally, some homes for the aged may have specific health criteria, ensuring that residents do not require specialized medical care that the facility cannot provide. These criteria are designed to ensure that the facilities can cater to the specific needs of their residents effectively. The coverage of homes for the aged in Myanmar is still limited, particularly in rural areas. There are over 70 homes for the aged in the country catering to over 3,000 clients. However, these facilities tend to be concentrated in urban centers like Yangon and Mandalay, leaving rural regions with limited access to such services. This uneven distribution poses a challenge for elderly individuals residing in remote areas, who may lack access to proper care options. The gap in coverage calls for the expansion of homes for the aged to underserved regions to ensure equal access to care for all elderly citizens.

Currently, Myanmar has only two-day care centers for the elderly, highlighting the limited availability of such facilities in the country. One of these centers is a pilot public day care center for the aged managed by the Department of Social Welfare and open to the general public. The second center is exclusively for elderly doctors and is operated by the Support Group for Elderly Doctors (SGED) under Myanmar Medical Association (MMA). The public day care center for the aged is open to elderly individuals without serious medical conditions. However, it appears that the majority of attendees are civil pensioners, suggesting a potential lack of awareness among the broader elderly population about the existence and benefits of day care centers. On the other hand, the day care center for the elderly doctors exclusively for elderly doctors has a more specific eligibility criterion, targeting doctors above the age of 70.

Community-based home care is a model of care that allows elderly individuals to receive necessary support and services while remaining in their homes and communities. It emphasizes personalized care, maintaining cultural traditions, and

promoting social interaction. This approach is often preferred by elderly individuals as it enables them to age in a familiar and comfortable environment (UNFPA Myanmar, 2020). With limited institutional care facilities and a lack of financial resources for many families to afford private nursing care, community-based home care emerges as a promising alternative.

Myanmar introduced the ROK-ASEAN Home Care for Older People Project in 2004. The primary objective of the project is to provide health and social welfare support to elderly individuals who are economically disadvantaged and socially isolated due to various reasons. This initiative aims to improve the well-being and quality of life of elderly individuals through a home care system facilitated by trained volunteers.

Collaborative efforts between government bodies and non-governmental organizations (NGOs) have been instrumental in implementing home care projects. The National YMCA and the Department of Social Welfare (DSW) have partnered to execute the ROK-ASEAN Home Care for Older People Project phases I, II, and III. Other organizations, including Myanmar Women's Affairs Federation (MWAFF), Myanmar Maternal and Child Welfare Association (MMCWA), World Vision (Myanmar), Myanmar Red Cross Society (MRCS), National YWCA, Global Vision, Help-Age International (Myanmar), Caritas Thailand, and Myanmar Baptist Churches Union, have also contributed to the project's execution. For community-based home care to thrive, strong governmental support and a supportive policy framework are essential. The government of Myanmar needs to prioritize elderly care and allocate resources to develop community-based care models. Collaboration between public and private sectors, along with partnerships with NGOs, can help facilitate the expansion and sustainability of community-based home care services.

| Program Name | Description | Number of Beneficiaries |
|--|--|------------------------------------|
| Contributory Pension | Civil Service Pension Scheme: Covers civil servants, military personnel and politicians. Social Security Scheme: Covers employees in certain formal sectors with ten or more employees. | Over 643,000 pensioners FY 2013-14 |
| Non-contributory Pension | The Social Pension Program provides government-funded, non-contributory pensions to citizens aged 85 and above. It was introduced in FY 2017-18, with eligibility initially set at 90 and later reduced to 85. The amount was initially 10,000 MMK/month | Approximately 180,000 |
| Older People Self Help Group (or) Inclusive Self-Help Group (ISHG) Program | OPHGs provide various services to older people, including financial assistance, home repairs, meals, medical expenses, scholarships, and more. ISHGs are funded by communal business activities, donations, and support from Department of Social Welfare and HelpAge International. | 300 OPSHG's |
| Homes for the Aged | Homes for the aged cater to elderly individuals, typically aged 60 or older, providing specialized care. The demand for these facilities is rising due to changing demographics and caregiving structures. Availability is limited, with over 70 homes mostly in urban areas, leaving rural regions underserved. | 70 Home for the age |
| Day Care Center for the Aged | Myanmar has only two Day Care Centers for the Aged. One is open to the general public, while the other is exclusively for elderly doctors. Both aim to address social interaction, companionship, and care needs of the aging population. | 2 day care center |
| Community-based Home Care Services for Older People | Community-based home care allows elderly individuals to receive support while staying at home. The ROK-ASEAN Home Care for Older People Project, initiated in 2014, provides health and social support to economically disadvantaged elderly individuals in villages or wards where OPHGs are present. | |

CHAPTER IV

SURVEY ANALYSIS

This chapter describes the background information of the study area and the profile of the respondents of the study. Based on the information gathered from various key informants' interviewees, in-depth interviewees and focus group discussion. All the information's were collected through the in-depth interview with older people from Hmawbi and focus group discussion with Older People Self Help Group (OPSHG) in East Dagon Township.

4.1 Survey Profile

Hmawbi Township is located in northwest of the city of Yangon, Yangon Region as shown in Figure 4.1. According to Myanmar Population and Housing Census 2014, it has 244,617 of total population in Hmawbi Township and older people who are 60 years above are 5 per cent of older people, among of them older people who are 85 years and above received social pension.

Respondents were chosen based on criteria such as age, gender, disability, socioeconomic condition, living arrangements, and participation in social protection programs. A total of 15 older individuals were selected as the sample of this study. The focus of this study adopted a qualitative research design to gain a comprehensive understanding of social protection measures for older people.

Table (4.1) Characteristic of Respondents

| No. | Age | Gender | Marital Status | Living Arrangements | Socioeconomic Condition |
|-----|-----|--------|----------------|---------------------|-------------------------|
| 1. | 83 | F | Single | Live alone | Civic service pension |
| 2. | 81 | F | Widow | Live with family | Family support |
| 3. | 79 | F | Married | Live with husband | Civic service pension |
| 4. | 75 | M | Married | Live with family | Civic service pension |
| 5. | 66 | F | Widow | Live with family | Agriculture |
| 6. | 66 | M | Married | Live with family | Small shop |
| 7. | 70 | M | Married | Live with family | Church deacon |
| 8. | 66 | M | widower | Live with family | Family support |
| 9. | 70 | F | Married | Live with family | Family support |
| 10. | 68 | M | Married | Live alone | Civic service pension |
| 11. | 71 | F | Widow | Live with family | Family support |
| 12. | 72 | M | Widower | Live alone | Relative support |
| 13. | 69 | F | Single | Live with nephew | Relative support |
| 14. | 83 | F | Widow | Live with family | Family support |
| 15. | 77 | M | Married | Live with family | Civic service pension |

Source: In-depth interview with 60 above older peoples, 2023

Table (4.1) shows the characteristic of respondents. In-depth interview was conducted to 15 older people from Hmawbi Township to get to know their living situation and the challenges. The age distribution of the respondents are from 66 years old as the youngest and 83 years old as the oldest as the target group is for the age of 60s and above. The respondents were chosen based on various criteria, including whether they live alone or with family, whether they receive civic pension or social support from community and local organizations, and whether they do not receive any support.

4.2 Survey Design

The research utilized in-depth interviews (IDI) in Hmawbi Township, key informant interviews (KII) in five organizations, and focus group discussion (FGD) in East Dagon as primary data collection methods. These methods were chosen to capture

diverse perspectives, experiences, and insights from experts on aging and social protection, older individuals, and members of Older People Self-Help Group (OPSHG).

The interviews were conducted individually with older individuals for 30-45 minutes at their homes. A preliminary conversation was initiated to foster rapport between the interviewer and interviewees before delving into the main discussion. Additionally, a consent form was provided to inform respondents about the study's details and ensure their understanding and agreement.

In-depth interviews were conducted individually with older individuals for 30 – 45 minutes at their homes. Key informant interviews were conducted for 30 – 60 minutes either in person or through virtual meetings while ensuring anonymity. Focus group discussion was conducted for 45 – 60 minutes with OPSHG members. Semi-structured questionnaires were prepared for IDI, KII, and FGD to guide the interviews and discussions. A preliminary conversation was initiated to foster rapport between the interviewer and interviewees before delving into the main discussion. Additionally, a consent form was provided to inform respondents about the study's details and ensure their understanding and agreement.

4.2.1 Sampling Method

Purposive Sampling was employed to meticulously select participants for this study, focusing on older individuals aged 60 and above residing in Hmawbi Township. Selection criteria encompassed various aspects, including age, gender, disability status, socioeconomic conditions, living arrangements, and participation in social protection programs. Furthermore, criteria such as whether participants lived alone or with family, received civic pension or social support from community and local organizations, and received no support were considered during the selection process. In total, 15 older individuals were interviewed to provide diverse perspectives.

Key informants were thoughtfully chosen based on their extensive expertise in aging and social welfare. This group comprised administrators, managers, and field staff from non-governmental organizations actively involved in social protection initiatives in Myanmar. A total of six experts representing five organizations, actively engaged in universal social pension implementation, OPSHG and elderly home care programs, Homes for the Aged, Day Care Center initiatives, were interviewed due to their profound knowledge in the realm of social protection programs.

Furthermore, a focus group discussion was conducted involving members of OPSHG from Ward 155, East Dagon. The participants were carefully selected to include 10 OPSHG members, leadership representatives, and three members of the township network committee. This FGD aimed to collectively gather insights from OPSHG members who are actively involved in diverse community-based activities related to older people and social protection.

4.2.2 Survey Analysis

The collected qualitative data analysis methods, employing quotation to capture respondent perspectives. The data collected through in-depth interviews (IDI), key informant interviews (KII), and focus group discussion (FGD) were used in the discussion and analyzed by quoting methods as analysis process. All interviews were conducted in Burmese, with one person interviewing and another taking notes. Transcriptions were later translated into English, prioritizing the meaning and perception of respondents. A thematic analysis approach was employed to identify recurring themes and patterns specific to social protection for older people in-Myanmar.

4.3 In-depth Interview Findings

The in-depth interviewees is roughly equal with 8 older women and 7 older men. The age range of interviewees varies from 66 to 83 years with the average age being 73 years. Education backgrounds ranges from those who can read/write to those with high school education with nearly half of the respondents (i.e., 7) having high school education. The majority of interviewees are married or widowed with only one being single. Two-third of married interviewees are older men while three-fourth of widowed ones are older women. Almost all of the interviewees (i.e., 13) are living with their families or children. There is a notable range in the number of children varying from 1 to 6 with the average number of 3.4. The average number of years lived in the neighborhood/community is 24.6 years with the majority of them (i.e., 8) living for several decades. The number of family members living together ranges from 2 to 8, with the average number of 4.5. The interviewees have one to three children living together with the exception of two interviewees who has no children living together.

Employment and livelihood

Four interviews were working before COVID-19 and two of them have to stop working due to COVID-19. Almost all interviewees (i.e., 10) has family members working in various occupations such as drivers, grocers, chefs, designers, engineers, carpenters, and government/company employees. Monthly earnings vary widely, with some not earning anything, while others earn up to 300,000 MMK per month. The average monthly earning is 170,000 MMK per month. COVID-19 has had a significant impact on some family members' income, with a notable decrease for one person working in the grocer business.

Two interviewees with disabilities, namely paralysis and deafness, which have impacted their ability to work and earn income expressed, “The sales have declined compared to before. With prices on the rice, people are more cautious with their purchases. Consequently, we have adopted a more discreet selling approach. That makes us worry about getting sick since we have to be frugal and save money just to afford regular meals.”

Savings and Assets

Nearly half of the interviewees do not have any kind of savings. The other interviewees have savings as cash and gold or in banks. Only one interviewee was in debt which was borrowed to do business from a microfinance organization with a low interest rate. Most of the interviewees own their house with the exception of one tenant.

Financial and Material Support

Majority of the interviewees (i.e., 8) receive financial support from their children, with amounts ranging from 20,000 to 200,000 MMK per month with the average being 60,000 MMK per month. Most of the interviewees (i.e., 11) receive material support such as food and clothing from their children. Only three of the interviewees are positively satisfied with the financial and material support from family while the rest are neither positive nor negative.

Pension

Half of the interviewees (i.e., 6) have retirement pensions ranging from 100,000 MMK to 250,000 MMK per month. Majority of the pensioners reported that the pension amount is adequate while one reported it to be inadequate. Pension money is used for

various purposes, including food, clothing, housing, health, and family support. Many responded that they are unsure about what social pension entails. However, the 81-year-old grandmother was informed by a local actor that she will become eligible for a social pension once she reached the age of 85.

Basic Needs

Interviewees reported spending different amounts on basic needs – such as food, clothing, housing and healthcare – ranging from 10,000 to 300,000 MMK per month, with the average expenditure of 150,000 MMK per month. Most interviewees responded that their income is adequate although two of them mentioned reduced consumption due to increased prices. Two interviewees indicate that income is inadequate to meet these needs. Interviewees reported various health issues, including high blood pressure, diabetes, ear problems, lung disease, heart disease, bad eyes, and joint pain. Majority of the interviewees have health issues such as hypertension, diabetes, lung diseases, joint pain, poor-sightedness and hypoacusis. Most of them seek medical treatment at local health clinics followed by private clinics, visiting healthcare workers and hospitals. A few mentioned difficulties in getting drugs and medical treatment during the COVID-19 outbreak. There are several Community support groups. An 83 years old respondent from Hmawbi proposed,

“Just like the kids having regular medical support and care, the elderly is also in need of health care assistance. I also hope to receive dedicated healthcare for older adults as vaccinations are administered monthly to pregnant mothers and newborns in the village.”

Another 81-year-old widow from Hmawbi who lives with two other family members, and faces the additional challenge of managing chronic diseases including diabetes, stroke, and vision problems, all while being without a source of income shared,

“I need to take care of my health better as I want to lessen my expenditure. When food and medicine run out, it becomes challenging to go out in order to buy more since I don't know how to ride a motorbike and walking long distances is also not feasible for me.”

Social Support for Older Persons

During difficult situation they received supported from various Community Based Group. Four respondents received 4 food items (rice, potatoes, chickpeas and cooking oil) from the church women's group. Three respondents received vitamin supplement from YWCA regularly. Two respondents mention that they are members Community Charity Group which provides emergency health support and funeral services support. Three interviewees reported receiving financial assistance of 30,000 MMK during COVID-19 outbreak. The respondents do not mention any obstacles or difficulties in receiving social pension or other social support during the COVID-19 outbreak. Half of the interviewees (i.e., 6) mentioned being involved in social work within the ward. The most important needs for grandparents are related to health care and support. They emphasize the importance of regular health check-ups and care similar to that given to children. Most of the respondents (i.e., 9) preferred living with family.

4.4 Insights from Key Informant Interview with Experts in Aging

Key Informant interviews were conducted with 6 expertise (KII 1, KII 2, KII 3, KII 4 , KII 5 and KII 6), based on their involvement in universal social pension implementation, OPSHG and elderly home care programs, Homes for the Aged, Day Care Center initiatives, and their expertise in social protection programs. These interviews allowed for a deeper understanding of the challenges faced by older individuals and the implications for their mental wellbeing. This expertise responded about challenges, address the needs for elderly persons with different approach.

Regarding social protection program for older people

Interviewees responded that they engaged with the government providing technical input to develop a national social protection strategic plan (2014) for social pension, supported the ministry to draft a new cash transfer initiative for the elderly, two policy briefs on social pension costing scenarios and a costing model were produced. The project also provided technical and financial support to draft the Law for Older People

HelpAge International collaborate with Department of Social Welfare and have established Older People Self Help Groups (OPSHGs) to promote self-confidence and active community engagement among older individuals. OPSHG have been

established in various regions, including Yangon, Ayeyarwady, Mandalay Regions, Kayin, and Mon States. These groups aim to enhance the livelihoods of older individuals and their families by creating job opportunities and income-generating activities and provide home and healthcare services for older persons. (KII 1, KII 6)

KII 2 responded that they set up selection criteria for needy older people and dealing with family member and local actors and conducted community assessment. They provided care giver training for community volunteer focusing health care and home care for older people. They also provide regular medical checkup and medical care for older people who stay in center. They established community endowment fund through local monthly contribution including youth who are working abroad. They also have an arrangement for needy older people those who don't want to stay at the center by providing financial support.

The establishment of day care centers for the aged in Myanmar addresses the crucial need for social interaction, companionship, and care for the aging population. These centers serve as spaces for elderly individuals to engage in meaningful activities, receive care, and combat social isolation (KII 3). The public day care center's provision of training for caregivers is a positive step toward ensuring quality care for the elderly attendees. Monthly social visits to the homes of those who are bed ridden, wheelchair-bound, and lonely. The respondent expressed,

“Being member doctors, they have sufficient means to ensure their meals are covered, so no need to worry about their meals. However, they grapple with feelings of loneliness. During their visits to the ailing, they find solace in reading and engaging in heartfelt conversations. This brings them great joy and satisfaction.”

Under the Ageing network there are 9 Community-based home care groups and only 2 groups were interviewed. response that they first provide the training to the home care volunteer from targeted area and conduct the community assessment for selection. Regularly visit to the selected older person by volunteer. The selected older people received medical care by doctor and nurses bi- monthly and received vitamin supplement monthly. (KII 4 , KII 5)

Monthly gathering of elderly person by sharing their experiences to each other and encouragement. They also have special talk on mental health and health.

Effectiveness of their existing social protection programs

The Social Protection Division, operating under the Ministry of Social Welfare, Relief, and Resettlement (MSWRR) at the Union level, is responsible for coordinating and overseeing the overall implementation of the Social Pension Program. At the village and ward level, the General Administration Department (GAD) officials play a crucial role in assisting the Department of Social Welfare (DSW) with beneficiary identification, registration, and payment distribution. In community, 300 OPSHG, 12 Township Network Committee, were formed, and managed by OP Federation. Ageing concern groups were also formed the network to address the need of ageing issues responded by KII 6

KII 2 responded that increase number of training home care volunteer, more community awareness on ageing issues, more local contribution to the center, construct new building for new comer.

KII 4 responded that enhance quality of life by receiving care at home, elderly individuals can maintain their independence and autonomy, leading to improved overall well-being and mental health, cost-effectiveness than institutional care, cultural sensitivity like the model respects and preserves cultural values, customs and traditions, and social inclusion by patriating in community activities can stay socially engaged, reducing feelings of loneliness and isolation.

Program Impacts on Elderly Well-being and Livelihoods

KII 6 reported the formation of 300 Older People Self Help Groups in villages. These groups successfully established 12 Township Network Committees within their respective townships. Consequently, these committees facilitated the registration of the Older People Federation (Elderly Center). This center has played a vital role in representing the elderly at national level forums.

The Older People Federation united nine organizations dedicated to aging issues, forming a powerful Ageing Network. This network has actively engaged in addressing various aging-related concerns, including conducting public awareness training workshops and advocating for social pension related to elderly health. (KII 2)

Group leaders within each of these self-help groups have taken on the responsibility of providing essential healthcare and home assistance to elderly members. They convene monthly to discuss matters pertinent to the elderly and are prepared to coordinate in the event of a natural disaster. (KII 1)

KII 2 also reported notable positive outcomes as well. There has been a surge in volunteerism, along with an expansion of caregiving courses available to family members. Dormitory facilities have been extended to accommodate more individuals. Both local and international groups have expressed interest in studying these initiatives. This increased interest has instilled a sense of security and peace of mind among the community. Medical professionals, including doctors, nurses and volunteers, have expressed high levels of satisfaction in their ability to provide care to the elderly. This has led to a noticeable boost in the spirit of volunteerism. Additionally, the opportunity to establish funds for health-related matters and nutrition has been realized. Members of the Aging Network can access subsidized resources and support provided by the State as well.

Key Challenges and Barriers in Accessing Social Protection Services for Older Adults

The HAI Social Protection Program operates under the umbrella of the Department of Social Welfare. However, the absence of township-level offices poses challenges regarding the disbursement of social pensions. While all seniors aged 85 and above are entitled to this benefit, there remain individuals who are unregistered or excluded due to various factors, such as the inability to provide proof of age responded by KII 5.

In Myanmar, homes of the elderly operate on a membership fee basis. Unfortunately, the recent surge in unemployment has resulted in reduced household incomes. This economic strain has led to financial difficulties for many, further compounded by the fact that a substantial number of elderly individuals require assistance. Additionally, stringent regulations and substantial expenses can hinder the operation of such facilities. Furthermore, declining donor support and rising treatment cost have exacerbated the situation. The study found that several elderly preferred not to reside in a nursing home. They are granted permission to spend a night at home once every month, even when they have ample provisions for sustenance and live in a secure environment. This suggests the significance of flexibility in social protection services, as customized support to individual preferences and circumstances can greatly enhance the overall well-being and satisfaction of older adults. (KII 3)

The shortage of day care centers in Myanmar is another significant challenges and there are only two day care centers, making it impossible to provide comprehensive

coverage across the entire country. (KII 2) In relation to the social pension program, participants recommend a reconsideration of its eligibility criteria and payout structure. One respondent stated,

“I would like to propose that the program should commence at an earlier age, such as 75 to 80, instead of the current age limit of 85. Additionally, there is a consensus that the monthly pension amount should be increased beyond the current rate of 10,000 units, in response to the rising costs of goods and services. Furthermore, there is a strong sentiment among the participants that the program’s distribution should be more carefully targeted, ensuring that it primarily benefits those with genuine financial need.”

Regarding the challenges of Community-Based Home Care, economic pressures have prompted many community volunteers to withdraw their support. As the cost of living has increased, the organization’s ability to provide assistance has diminished. Consequently, economic and social challenges are on the rise, leaving many family members unable to provide the necessary care and support for their elderly relatives. The study found that family members must grasp the importance of comprehensive elderly care, including both physical and mental well-being. It is imperative for the community to recognize that the welfare of the elderly directly concerns them. Additionally, the economic downturn has prompted young middle-aged individuals to seek work opportunities both within the country and abroad. Consequently, the significance of community-based home care has escalated, as it addresses issues that intimately affect us all.

Addressing Gaps and Limitations in Myanmar’s Current Social Protection Programs for Older Individuals

Services specifically tailored for the elderly are currently limited to project areas designated by organizations dedicated to elderly care. Out of the approximately 70,000 villages in Myanmar, only 300 Older People Self Help Groups (OPSHG) groups are in operation, constituting a mere 0.4%. This data indicates a significant gap in meeting the needs of the growing elderly population, particularly in terms of healthcare access and quality. The expanding elderly demographic further highlights the pressing needs for enhanced healthcare facilities. Additionally, it underscores the importance of community engagement in supporting the social and emotional well-being of older

adults. Issues such as social isolation, and a shortage of family care providers compound the challenges faced by this demographic. (KII 1)

In order to bridge this gap, a multi-sectoral approach that fosters collaboration between government agencies, NGOs, and local communities is imperative. Through the establishment of community-driven support networks, older individuals can access vital services home-based care, transportation assistance, and social engagement programs. (KII 2)

Enhancing Coordination and Collaboration in Social Protection Programs

The study revealed notable initiatives to bolster the coordination and collaboration among various stakeholders involved in providing social protection programs for older individuals. Through this collaboration, they delivered essential training to rural elderly groups, thereby fostering awareness and enabling family members to collaborate effectively. The study suggests fostering collaborations between governmental bodies, NGOs, and private organizations to establish a comprehensive network of community-based care services. Such partnerships can significantly enhance the reach and effectiveness of social protection initiatives.

The need to identify development partners capable of aligning efforts with local governments, NGOs, and community leaders was emphasized. These partners, by leveraging their resources and expertise, can play a pivotal role in the successful implementation of recommended interventions.

Recognizing that addressing elderly concerns is a collective responsibility; active participation is essential. Development partners can collaborate with local governments, NGOs, and community leaders to implement the proposed interventions. By leveraging their resources and expertise, they can contribute to the successful implementation of these recommendations. (KII 2, KII 6)

Innovative Approaches and Best Practices for Enhancing Social Protection for Older People in Myanmar

Respondents have proposed a comprehensive strategy encompassing several key elements. One aspect of this strategy involves raising awareness within the community about the challenges associated with aging. For instance, educational programs and information campaigns could be used to achieve this goal. Another element is the

establishment of Older People Self Help Groups designed for older individuals. These groups would provide a platform for seniors to support each other and share their experiences. Additionally, there is a need to focus on creating job opportunities for older adults who are in good health, actively seeking potential funding agencies, and bolstering the health care system tailored to the unique needs of the elderly population. By drawing from successful models in various regions, Myanmar can implement these measures to fortify the social protection framework for older citizens. This approach encompasses both grassroots community engagement and strategic policy advocacy, aiming to address the multifaceted challenges faced by the elderly population in Myanmar.

4.5 Focus Group Discussion (FGD) Meeting with East Dagon Older People Self Help Group (OPSHG)

In East Dagon 10 OPSHGs were formed in ward 1, 6, 11, 12, 53, 123, 125, 138, 155, and 156. Among the 10 OPSHGs, FGD was conducted with A Lin Yaung OPSHG, ward 155, East Dagon township, 13 group members were actively participated.

Older People Self Help Groups (OPSHGs), are established to provide social services to older people and their families while contributing to village development. These groups engage in various activities, such as providing monthly cash assistance and fixing roofs for impoverished older individuals, delivering meals to homebound older persons, offering medical expenses, celebrating Older People's Day and religious activities, supporting school children with scholarships and stationery, and contributing to road construction. The funds for these activities come from IGV (communal business) activities, fund-raising events, donations, and financial support from DSW and HAI.

Once the OPSHGs are formed, the members undergo comprehensive training sessions that cover a wide range of topics, including organizational management, planning, finance, business management, and specific trainings tailored to each sub-committee's needs. Livelihood trainings are also provided to recipients of livelihood loans. The Community Development officers (CDOs) from HAI actively participate in facilitating, monitoring, and supporting the smooth functioning of OPSHG activities.

To further empower OPSHG members with knowledge and skills and enhance their effectiveness in their roles, various learning processes, such as review meetings, exchange visits, and lesson-learned workshops, are organized. These activities ensure

that OPSHG's are well-equipped to provide the necessary social services to older individuals and contribute to the overall development of their villages.

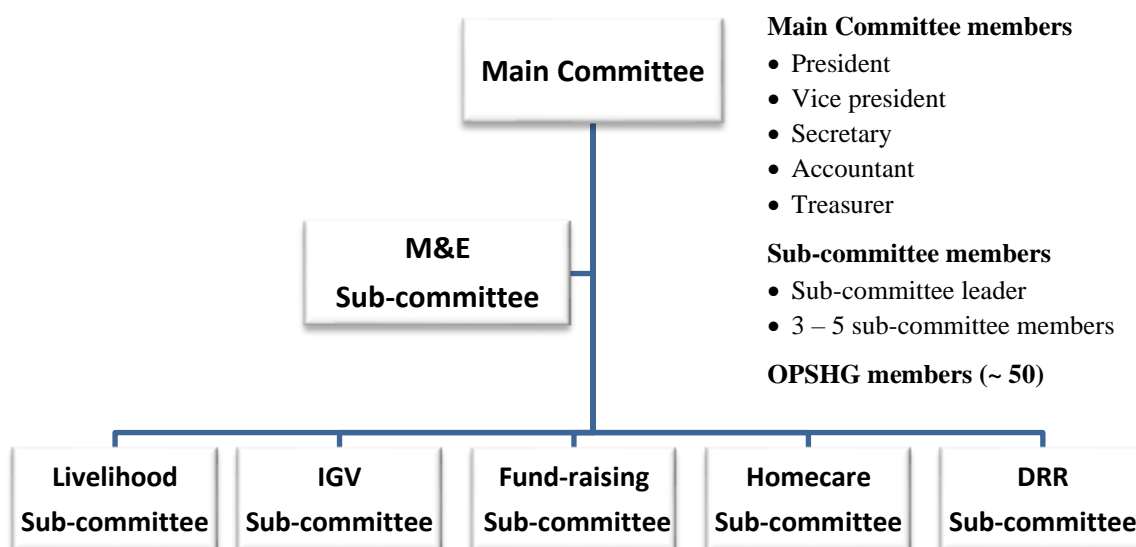
Table (4.2) Characteristics of Respondents (OPSHG)

| No | Age | Gender | Committee | Position |
|-----|-----|--------|---------------------------|----------------|
| 1. | 61 | M | - | President |
| 2. | 65 | M | Income generation Venture | Vice President |
| 3. | 56 | M | Fund Raising | Secretary |
| 4. | 56 | M | Health and Home Care | Accountant |
| 5. | 81 | M | member | Patron |
| 6. | 75 | M | member | member |
| 7. | 75 | F | member | member |
| 8. | 65 | F | Livelihood | Leader |
| 9. | 70 | F | member | member |
| 10. | 68 | F | Member | member |
| 11. | 70 | F | member | member |
| 12. | 63 | F | member | member |
| 13. | 69 | M | DRR | Leader |

Source: Survey data 2023

Table (4.2), illustrates the composition of OPSHG's leadership, with key positions including the president, secretary, accountant, and treasurer. Moreover, various committees have been established to oversee different aspects of the organization's operations. These committees encompass the Fundraising Committee, Livelihood Committee, Health and Home Care Committee, Income-Generating Venture Committee, and Disaster Risk Reduction Committee (DRR). The main committee is formed as follows and each committee is structured to handle specific responsibilities and tasks.

Figure (4.1) Organizational Structure of OPSHG



Activities of OPSHG in Community Social Protection for Older People

The respondent (1) said that monthly meeting were conducted regularly and each committee reported their monthly activities, achievement and challenges.

The respondent (3) said that after monthly meeting all OPSHG members received blood pressure taking, blood glucose level, physical exercise for ageing, trained home and health care volunteer. When needed further health care refer to health care provider.

The respondent (4) said that during COVID period they can refer needy older patient to nearby hospital such as North Okkala general hospital, Thingangyun general hospital and East Dagon township hospital. If needed we can also linkage with ambulance service in our township for emergency patient to go to hospital. The respondent is also a committee member of ambulance service. He also said that every patient were provide 100,000 by ambulance service.

The respondent (2) who also Income Generating Venture committee leader, mention that they sell the rice, cooking oil, potatoes etc. in monthly base. The profit of this business was provided to 65+ OPSGH members at Thintyngyut and Thingyun Festival.

Regarding Livelihood Loan Program

The respondent (8) said that among 22 out of 70 were received livelihood loan with 2% interest rate. These group have to pay on monthly meeting. Due to low interest

rate, the older people of loan receiver can get the basic need for older person and their family. Some livelihood loan receiver said that their business not going well and imbalance of income and expenses, money inflation and increase commodity price make their daily living.

Regarding Home Care and Health Care

The respondent (4) and (7) said that all OPSHG member received health care service in regularly blood pressure, blood glucose check. Four trained home care volunteer regular visited regularly to selected needy older people and give necessary assistance. Members feel more secure and supported in terms of their health, with access to healthcare services, information on health-related issues, and emotional support from their peers.

Regarding Community business entitative Income Generating Venture (IGV) program

Respondent (2) and (11) said that form the profit of IGV program they provide monthly cash assistance and fixing roofs for impoverished older individuals, delivering meals to homebound older persons, offering medical expenses, celebrating Older People's Day and religious activities, supporting school children with scholarships and stationery, and contributing to road construction.

Regarding DRR activities conducted by ISHG

Respondent (4) and (7) said that due to our township is new resettle and low-level land, during rainy season, most of the houses were flooded. Our DRR committee member and community volunteer assist them to the safe place.

Contribution to the Overall Welfare and Well-being of the Community

Member from fund raising and health care committee responded that once the ISHGs are formed, the members undergo comprehensive training sessions that cover a wide range of topics, including organizational management, planning, finance, business management, and specific trainings tailored to each sub-committee's needs. Livelihood trainings are also provided to recipients of livelihood loans. The Community Development officers (CDOs) from HAI actively participate in facilitating, monitoring, and supporting the smooth functioning of ISHG activities.

Regarding the impact on health and well-being, participants acknowledged that joining ISHG has had positive outcomes. Members feel more secure and supported in terms of their health, with access to healthcare services, information on health-related issues, and emotional support from their peers.

Regarding the main challenges

The elderly population faces a stark reality of dependence and an acute shortage of basic necessities like food. Their children's limited income exacerbates the situation, making it even harder to make ends meet. Insufficient nutrition further compounds the issue, contributing to declining health. This vulnerability is heightened by the prohibitive costs of medical care, making it difficult to seek necessary treatment. Moreover, the assistance provided by the group falls short, insufficient even for necessary medical treatment. Additionally, both younger and older individuals encounter difficulties in securing employment, presenting a significant hurdle for older members of the community. Common health issues include diabetes, high blood pressure, stroke, and vision impairments, with knee problems being particularly prevalent. Furthermore, the escalating cost of living compounds their predicament, making regular meals a financial strain. The 81-year old grandfather, who earns a living from the small massage business, expressed, "Nowadays, there are not many people who come for massages, and it is exceedingly challenging to make ends meet. It becomes exceptionally hard to eat, especially as the prices soar." The group leader pointed out, "Some older adults are struggling to afford food. While vegetables are still an option, there's a clear emphasis on special needs, especially in terms of healthcare costs." (Respondents 8, 2, 3)

Key Factors Contributing to OPSHG's Social Protection Program Success

Respondent (1) and (13) said that existence of OPSHG in the community, existence of other local groups focus on community emergency needs and good relationship with local authorities are the key factors that have contributed to the success of the social protection program by our OPSHG.

"It is a well-structured organization with strong ties to pertinent elderly groups. This connection enables members to access state-supported programs, as well as those backed by local ward and township donors."

The OPSHG program's potential in providing social services and community engagement for older individuals. The diverse activities of OPSHGs, ranging from livelihood support to disaster risk reduction. The importance of training and capacity building for OPSHG members and the positive impact of these groups on poverty alleviation, intergenerational support, and economic growth.

CHAPTER V

CONCLUSION

5.1 Findings

The research findings and analysis presented in this study highlight on various aspects of social protection for older people in Myanmar. The study explored major social protection programs and services, including social pension or non-contributory pensions, Older People Self-Help Groups, homes for the aged, day care centers, and community-based care services. The research emphasized the need for reforms to strengthen the system, expand coverage, and raise awareness among the communities.

The introduction of the Social Pension or non-contributory pension Program marked a substantial step in supporting older individuals aged 85 and above. The research underscored the program's universality, social pension or non-contributory nature, and regular cash transfers as key features. It acknowledged the program's positive impact on health and home care, social inclusion, and economic stimulation. The study also illuminated challenges related to coverage disparities, adequacy of funds, and sustainability.

The research highlighted the OPSHG program's potential in providing social services and community engagement for older individuals. The study illuminated the diverse activities of OSHGs, ranging from livelihood support to disaster risk reduction. The research emphasized the importance of training and capacity building for OSHG members and the positive impact of these groups on poverty alleviation, intergenerational support, and economic growth.

The study underscored the increasing demand for homes for the aged due to shifting demographics and changing caregiving structures. While these facilities offer specialized care, challenges such as affordability, stigma, and uneven distribution were highlighted. The research emphasized the need for regulations, affordability mechanisms, and awareness campaigns to address these challenges. The findings showcased the potential of homes for the aged to provide quality care while preserving dignity and independence for the elderly population.

The research identified of day care center for the elderly in Myanmar highlights a significant gap in meeting the needs of Ageing population. These center offer valuable services, but challenges included limited awareness and resources, affecting utilization and quality. The study proposed solutions such as government support, training, public-private partnerships, and advocacy efforts to enhance the impact and accessibility of these centers.

The study emphasized the importance of community-based home care in addressing the needs of the aging population. The research highlighted successful initiatives such as the ROK-ASEAN Home Care for Older People Project and the role of NGOs in establishing care networks. Challenges included caregiver shortages and socioeconomic factors.

This study's findings and proposed interventions hold several important implications for various stakeholders including Policymakers, NGOs, Community Leaders, Elderly citizens and their families, international development partners. Policymakers play a central role in shaping the social protection landscape for older individuals. Policymakers can use the research findings to make informed decisions about reforming and expanding social protection programs, can use proposed interventions to refine existing programs, enhance outreach, and improve the quality of services, and developing long-term planning. NGOs play a vital role in implementing social protection initiatives and advocating for the rights of vulnerable populations. including strategic alignment, partnership and advocacy and enhance community-based care. Local community leaders have a direct impact on program implementation and community engagement. They can actively participate in activities such as raising awareness, mobilizing resources, monitoring progress and gathering valuable feedback.

5.2 Recommendations

The following recommendations outline strategies to strengthen existing elderly care programs, expand coverage, enhance quality, and promote inclusivity. These proposals are grounded in the aim of providing a dignified and supportive environment for older citizens, ensuring their well-being and quality of life through expanding social pension (or) non- contributory pension, strengthening Older PEople self-help group program, home for the aged improvement, day care centers for the Aged expansion, community based care service enhancement, regular review and adaptation and research and data collection.

Recommendations aimed at expanding coverage and ensuring sustainability. Older People Self-Help Groups demonstrated the potential of community-driven initiatives in providing social services and livelihood support. Homes for the aged addressed evolving caregiving structures but faced challenges of affordability and social stigma. The research called for regulations, affordability measures, and public awareness campaigns. Day care centers and community-based care services held promise but were hindered by limited availability and awareness. Proposed solutions included expanding centers and creating partnerships.

Drawing from these findings, the research contributes a series of recommendations, first, regularly reviewing and adjusting pension amounts to keep up with inflation and economic changes. Second, developing robust databases for accurate beneficiary information and efficient post-distribution monitoring. Third, exploring diversified funding sources to ensure long-term sustainability of social protection programs. Fourth, investing in administrative capacity to ensure efficient program operations and minimize errors. Fifth, prioritizing program coverage expansion to underserved regions while considering unique challenges. And lastly, establishing a framework for regular evaluations of program impact on poverty reduction, health, and well-being.

In conclusion, this research has illuminated the complexities and potential solutions surrounding social protection for older people in Myanmar. By conducting a comprehensive assessment of existing programs, analyzing their impacts, addressing barriers, and proposing policy interventions, the study contributes to the development of a more inclusive and effective social protection framework. The insights gained from this research can guide policy formulation, ensuring that the unique needs and vulnerabilities of older individuals are met, and their dignity and well-being are upheld.

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Annex A: Semi-structured Questionnaire for In-Depth Interview (IDI) with Older Persons

Introduction: Thank you for participating in this interview. Your experiences and insights are invaluable in helping us understand the impact of social protection programs on older individuals. Your responses will contribute to improving these programs for the well-being of older citizens. Your responses will be kept confidential, and your identity will remain anonymous. Your input will be used solely for research purposes.

Questionnaire:

| (a) Personal details of the older person | | |
|---|--|--|
| 1 | Township | |
| 2 | Ward/Village | |
| 3 | Name | |
| 4 | Gender | |
| 5 | Age | |
| 6 | Education (highest, eg - illiterate, literate, monastery, primary ... graduate) | |
| 7 | Marital status (single, married, separated, divorced, widowed) | |
| 8 | If married, how many sons/daughters do you have? | |
| 9 | How many married children do you have? | |
| 10 | Do you live with family/children? | |
| 11 | What is the number of families living together? | |
| 12 | How many sons and daughters do you have together? | |
| 13 | How many years have you lived in this neighborhood/village? | |
| (b) Employment and livelihood | | |
| | Employment | |
| 1 | What jobs do family members do? | |
| 2 | (Grandfather/grandmother) Are you still working now ? | |
| 3 | (If the grandfather/grandmother is still working) What do you do? (eg agricultural work (own, hired), itinerant work , family Economy circle employees etc.) | |
| 4 | How much do you earn per month? | |

| | | |
|---|--|--|
| 5 | Do you have a disability? | |
| 6 | (If it's a disabled grandparent) What difficulties do you have when working because of a disability (e.g. deafness)? | |
| 7 | Did you work before COVID? | |
| 8 | (If you work) How is your job affected by COVID (details, for example - if the economy goes down, ask how much it will go down) | |
| 9 | Family members lost their jobs due to COVID, stop working, or has there been a drop in income? | |
| 10 | (If you go to work) Do you have difficulty returning to work? What are the difficulties? | |
| Accumulation of money and property | | |
| 11 | Have you saved money? How is it stored (eg money, gold, bank) | |
| 12 | Do you own things like house, apartment or cars? | |
| 13 | Is the house owned/rented? | |
| 14 | Do you have to spend your savings because your income and expenses are not equal? Or selling assets? | |
| 15 | Have you borrowed money? | |
| 16 | (If you have debt) What are you borrowing for (food, shelter, health, career, etc.) | |
| 17 | (If you have a debt) where did you borrow it from? How much interest? | |
| 18 | Are you having difficulty repaying the fee (if so, please continue to ask what kind of difficulty you have) | |
| Financial and material support from family | | |
| 19 | Do you receive financial support from your children? | |
| 20 | (If received) How much support per month (estimate, for example - ten thousand, twenty thousand, one hundred thousand, two hundred thousand, etc. per month/year) | |
| 21 | food from family Do you supply clothes and other items regularly? | |

| | | |
|--|--|--|
| 22 | How satisfied are you with the (money/material) support from your spouse (not at all, very little, normal, a little, completely complete) | |
| 23 | Do you have any concerns about support from your family? (If any) What are you worried about? | |
| Pension | | |
| 24 | Do you get a pension (retirement pension, social pension)? | |
| 25 | (If you get a pension) how much do you get? | |
| 26 | (If you get a pension) the pension How adequate is it (not at all, very little, normal, a little, completely perfect) | |
| 27 | (If you get a pension) What do you usually use the pension money for? | |
| 28 | How much do you spend on basic needs such as food, clothing, housing and healthcare (please ask separately) | |
| 29 | Is the income (work, family, pension, etc.) sufficient to meet the basic needs of the grandparent. (If not enough) How do you plan to solve these? | |
| | | |
| (c) Basic needs (food, clothing, shelter, health and hygiene) | | |
| 1 | What is the difference between food and living conditions before COVID and now (for example, are expenses being reduced, what is the difference in spending for food/clothing/sleeping/health, etc.) | |
| 2 | Are you worried that you won't be able to eat enough because you don't have enough money?/ Have you ever worried like that? | |
| 3 | Have you ever been unable to eat healthy and nutritious foods during the outbreak? | |
| 4 | What diseases do you have? | |
| 5 | Where do you usually go when you are sick? (rural health clinic, midwife, traditional medicine, clinic, hospital, etc.) | |
| 6 | Do you face difficulties to get medical treatment during COVID-19 outbreak? Were there any obstacles? If so, what are the difficulties? | |

| (d) State/Village Social Protection Programs | | |
|---|--|--|
| 1 | Are there social organizations formed in the ward/village? What groups are there? | |
| 2 | Do any of these groups provide livelihood support for older persons? What kind of support do they provide? What kind of people do they support/how do they choose? | |
| 3 | In the neighborhood/village, is there any home care, free health care services, etc.? Are there any financial/material support programs for older persons? If so, which group supports it? What support? How many times a year/month are you provided? | |
| 4 | As an older person, do you get support from the government/other groups? | |
| 5 | When it was COVID, was there any special support for it more than usual? If so, what does it support? | |
| 6 | Are there any obstacles to get social pension and other social support during the outbreak of COVID-19? Were there any difficulties? | |
| 7 | Are you involved in social activities in the ward/village? | |
| 8 | What do you think is the most pressing need for older persons currently (food, health, shelter, money)? | |
| 9 | How do you like to live)living alone ,living alone with your wife/husband ,surrounded by family ,living in residential care facilities(?) | |

Thank you for your time and insights. Your perspectives are invaluable for informing policies that will benefit older people in the community.

Annex B: Questions for Key Informant Interview (KII) with Experts in Ageing

Introduction: Thank you for participating in this interview. We are conducting an assessment of social protection programs for older people in rural Myanmar. Your valuable insights as an expert in ageing and older people are crucial for understanding the effectiveness of these programs and identifying areas of improvement. Your responses will contribute to evidence-based policy recommendations. This interview will remain confidential, and your input will be used solely for research purposes.

1. Could you please provide an overview of your organization's involvement in providing social protection programs for older people?
2. In your opinion, how effective are the existing social protection programs and initiatives for older people in addressing their needs?
3. What specific impacts have you observed these programs having on the well-being and livelihoods of elderly individuals?
4. Based on your experience, what are some key challenges and barriers that older adults in remote areas encounter when accessing social protection services?
5. Can you identify any gaps or limitations in the current social protection programs that need to be addressed to better serve older people?
6. From your perspective, what role do community-based organizations play in delivering social protection services to older individuals in remote areas?
7. How do you assess the coordination and collaboration between different stakeholders involved in providing social protection programs for older people?
8. Are there any innovative approaches or best practices from other regions or countries that you think could be adapted to improve social protection for older people in Myanmar?
9. In your view, how important is public awareness and community involvement in ensuring the effectiveness and sustainability of social protection programs for older people?

We sincerely appreciate your valuable insights and time. Your input will contribute to improving social protection for older people in rural communities in Myanmar.

Annex C: Questions for Focus Group Discussion (FGD) with OPSHG

Introduction: Thank you all for participating in this focus group discussion. Your insights and experiences are crucial in helping us understand the impact and effectiveness of inclusive self-help group (ISHG) in your community. Your responses will contribute to enhancing these groups and their activities for the well-being of older individuals.

Questionnaire:

1. Could you provide an overview of the activities carried out by your Older People Self-Help Group (OPSHG) in your community, particularly those related to social protection for older people?
2. How have the livelihood loans provided by your OPSHG impacted the economic well-being of older people in your community? Can you share any success stories or positive outcomes?
3. What kind of elderly home care and healthcare services does your OPSHG provide? How do these services contribute to the well-being of older individuals?
4. Can you describe any communal business initiatives (IGV) undertaken by your OPSHG? How have these initiatives improved the livelihoods of older people?
5. In what ways do the disaster risk reduction activities conducted by your OPSHG benefit older people in your community? Are there any specific examples you can share?
6. How do the Community development activities organized by your OPSHG contribute to the overall welfare and well-being of the people in your community?
7. From your experiences, what are the main challenges that older adults face when accessing social protection services?
8. In your opinion, what are the key factors that have contributed to the success of the social protection programs provided by your OPSHG?

Thank you for your valuable contributions. Your perspectives will help shape policies that can better support older people in communities.