Older citizen monitoring:

Achievements and learning

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

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Front page photo: Ellie Coleman/HelpAge International. Older men in Cahora Bassa District, Mozambique learn about their rights to basic services from their local older people's association, supported by HelpAge International's partner, the Provincial Association of Older People (APITE).

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Executive summary

Older citizen monitoring (OCM) involves older people at grassroots level monitoring the implementation of policies and services affecting their lives, and using evidence they gather to advocate for change at local, national and international levels. Developed by HelpAge International and piloted with funding from the UK Department for International Development (DFID) in five countries in 2002, OCM has helped some of the most disadvantaged people hold government to account for the fulfilment of their human rights, enabling them to communicate directly with decision makers – sometimes for the first time in their lives.

OCM has three separate but closely linked aims. The first is to empower older people to claim their rights. The second is to help older people access existing services and schemes. The third is to use monitoring data for influencing policy, legislation and service delivery so they better respond to the needs of older people.

OCM is usually undertaken as an activity of older people's associations (OPAs). Since its inception, 3,052 older people's associations in 27 countries have undertaken OCM. Data has been collected and used for advocacy on a range of issues, including access to health services and social protection, the inclusion of older people in local planning and budgeting, and in humanitarian responses (see Annex 2). OCM involves local leaders and other community members, as they are central to building awareness of, and support for, older people in the community.

This report offers insight into the HelpAge network's experience of OCM since 2002, based on a review of existing data and key stakeholder interviews. It provides an overview of the OCM approach, similarities and differences in approaches between countries, practical considerations, key challenges and possible solutions, and case studies describing the results that OCM has contributed to. This provides valuable knowledge for both the HelpAge network and others (including governments and international agencies such as the World Bank) supporting social accountability initiatives and developing redress mechanisms for cases where older people's rights and services are denied. OCM continues to be a core feature of HelpAge's social accountability work.

In **Bangladesh**, OCM improved transparency in allocation of the social allowances at community level, helped more women take on leadership positions in citizen monitoring groups, and contributed to an increase in the Old Age Allowance budget from 6,000 million taka (US$77 million) to 8,910 million taka (US$114 million). In **Bolivia**, OCM improved public awareness of the older people's health insurance scheme, increased the number of older people registered to receive it, and helped boost the recruitment of municipal government staff with knowledge of indigenous culture and languages, leading to greater inclusion of marginalised groups.

In **Kyrgyzstan**, OCM groups provided much-needed evidence for consultations on the government's new poverty reduction and social protection strategies by collecting data on seasonal vulnerabilities (including cold weather, agriculture, and labour migration). It was the first time that data had been collected by anyone on this issue in Kyrgyzstan. In **Uganda**, older citizen monitors provided an information and referral service for older people facing difficulties accessing the government's pilot Senior Citizen Grant. The scheme will be rolled out to 40 more districts from 2016, and OCM groups will continue to play an important role in monitoring its implementation and supporting individual older people to access the grant.

However, the OCM process is just as important as its results. This review shows that although the methods and tools often varied between countries, a number of common guiding principles helped strengthen the OCM process. These principles were not explicitly stated as such, but emerged as recurring themes from the data.

Participation: By taking part in OCM, older people assessed their own situations, proposed solutions to the issues they were facing, and decided for themselves the issues upon which they wanted to focus their monitoring and advocacy. Although OCM groups owned the process of identifying key issues, they usually needed

support from local civil society organisations and national organisations to translate these issues into monitoring and advocacy targets.

Awareness raising: Providing information on older people's rights, laws, policies and services was a fundamental principle of OCM. Older people, local government officers and service providers often lacked this information as it had not filtered down from central government or been provided in appropriate formats and languages. OCM groups provided information through newspapers, radio, posters, community meetings and home visits. In some cases special training was delivered to older people to take account of different skills, experiences and literacy levels.

Inclusion: OPAs prioritised inclusion through special efforts to involve older people from a wide range of social and economic backgrounds. Running income-generation projects alongside citizen monitoring activities helped OPAs' poorer members get involved in OCM. Some OPAs developed transparent and documented selection criteria for choosing monitors. Others increased the participation of older women by providing training in leadership skills and reserving positions for older women on the executive committees of OPAs and in OCM groups. However, in general there was a lack of documentation on who might be included and excluded within OPAs involved in monitoring activities. Although some OCM initiatives documented the age and sex of group members, there was no information on people with disabilities.

Partnership: Strengthening citizen monitoring through partnership with civil society organisations and government was important. Being open with government about plans to undertake monitoring and advocacy created space for dialogue, and helped increase the credibility of monitoring data. Monitors could learn about local government planning and budgeting processes and tailor their monitoring and advocacy. At the same time, local government improved their understanding of older people's rights. Partnership with civil society organisations focused on issues of gender, children, disability, laws and legal processes, and helped to fill critical knowledge gaps through sharing experiences.

Sustainability: OCM sustainability was a key challenge. While OCM was relatively low-cost in terms of material inputs, it was costly in terms of the person-hours required for data collection, data entry, analysis and reporting, particularly when significant support is required from local civil society organisations. Institutionalising the role of older citizen monitoring groups through embedding them in the policies, plans and operational procedures of government schemes was a principle to increase both sustainability and legitimacy of OCM for the long-term.

This review reflects the intensive effort that has gone in to the design and development of OCM. It also highlights key areas for learning that are relevant for OCM and wider citizen monitoring and social accountability approaches. It is important to note that this review was limited by the availability and nature of existing data, and one important lesson is to develop robust methods for critical reflection on OCM, and to improve documentation and dissemination of best practice. Review and adjustment of the OCM approach is particularly important for social accountability initiatives to ensure they continue to be relevant and useful to ever-changing political, social and economic contexts.

Introduction

Older citizen monitoring (OCM) involves older people at grassroots level monitoring the implementation of policies and services that affect their lives, and using the evidence they have gathered to advocate for change at local, national and international levels. Developed by HelpAge International and piloted with funding from the UK Department for International Development (DFID) in five countries in 2002, OCM helps some of the most disadvantaged people hold government to account for the fulfilment of their human rights. It enables them to communicate directly with decision makers – sometimes for the first time in their lives.

To date, OCM has involved 3,052 older people's associations (OPAs, see Box) in 27 countries. Local civil society organisations and HelpAge International have trained OPAs in citizen monitoring and advocacy on issues ranging from health services and social protection to the inclusion of older people in local planning and budgeting, and in humanitarian response. OCM involves local leaders and other community members, as they are central to building awareness of, and support for, older people in the community.

Paul Ong/HelpAge International

Box: Older people's associations – the bedrock of older citizen monitoring

Older people's associations are community-based associations. Their activities are chosen by older people and closely reflect local priorities – for example, in Bangladesh many OPAs carry out disaster risk reduction and preparedness in flood-prone areas, while in Cambodia, OPAs play a voluntary role in the primary healthcare system, providing education, screening and volunteer-led care. Most OPAs organise social and cultural activities and provide companionship. An OPA's decision on whether to undertake older citizen monitoring, and how to do it, will depend on the level of freedom for civil society in its country.

OPAs are often part of national networks or federations with groups located at sub-national and national levels. These national networks often provide platforms for advocacy with different levels of government. Most OPAs are supported by local civil society organisations, particularly when new, but may become more self-sufficient as they gain experience.

In some countries, national OPA networks have legal status. For example, in Uganda the National Council for Older Persons Act 2013 provides for elected councillors at all administrative levels, representing the interests of older men and women in local planning, budget allocation and programme implementation.

Older citizen monitoring: an increasingly popular and powerful social accountability tool

Social accountability approaches such as citizen monitoring, social audits and grievance redress mechanisms are powerful tools to help citizens make their voices heard when it comes to the design and delivery of government policies, services and programmes. As such they are increasingly championed by various countries' development ministries, including DFID, Irish Aid, the German Federal Ministry for Economic Cooperation and Development (BMZ) and the World Bank.

Many governments are also taking the welcome step of developing grievance redress mechanisms for social protection schemes such as such non-contributory pensions, which are a key issue for the HelpAge global network. In some countries, OCM groups play an important role in the grievance redress mechanism. Added to this, citizen-led accountability in particular (including OCM) is now seen as an approach with the potential to monitor implementation of the Sustainable Development Goals, and directly contribute to Goal 16 – Peace, justice and strong institutions. Against this backdrop, HelpAge's experience of OCM activities worldwide is highly relevant. Sharing this experience – both successes and challenges – is important for improving OCM as an approach for both HelpAge and others wishing to support social accountability initiatives.

There are eight main stages of older citizen monitoring (see Figure 1). Older citizen monitoring is usually rooted in the activities of OPAs, whose members are often already aware of their rights and entitlements. However, in some cases, the first step may be to set up an OPA specifically to undertake OCM activities. Either way, the next step is for OPA members to identify the issues they want to address, and choose their monitoring and advocacy targets. OPAs then select monitors, either from within their membership or from the wider community (sometimes younger people volunteer as citizen monitors) and train them in designing and developing data collection tools, and how to collect data. Monitors then gather and analyse the data, and discuss the results with OPA members for data validation. Finally, the evidence is used in various forms of advocacy by OPA leaders, local civil society organisations and HelpAge, from meetings with local authorities, to providing evidence for national advocacy campaigns. In practice, the OCM process is less step-by-step than Figure 1 may suggest – for example, the sequence of activities may be different, or stages repeated.

Figure 1: The cycle of older citizen monitoring: key stages

1 Set up/ strengthen older people's associations

2 Raise awareness of rights and entitlements

3 Identify issues to address, and monitoring and advocacy targets

4 Select and train monitors

5 Develop methods and data collection tools

6 Collect data from older people and other stakeholders

7 Analyse and validate data

8 Undertake advocacy and dialogue with authorities

■ Activities that underpin OCM
■ Core OCM activities

The benefits of older citizen monitoring

Older citizen monitoring has three separate but closely linked aims. The first is to empower older people to claim their rights. The second is to help older people access existing services and schemes. The third is to use monitoring data for influencing policy, legislation and service delivery to better respond to the needs of older people. These three elements strengthen the accountability relationship between citizens and those responsible for policy making and service delivery.

Awareness raising about older people's rights and entitlements is done among older people and the community through OPA training and information campaigns. These are run, for example, on the radio or during community meetings. Older citizen monitors also help older people access services and schemes as they travel around their local community collecting data. For example, monitors provide information about how an older person can register for a service, what identity documents they will need, where they can register, and whether they will have to pay a registration fee. Monitors also help older people get support to appeal if they have been deemed ineligible for a benefit, and can refer them to the official grievance redress mechanisms if they have a missing payment card or a complaint about poor service.

OCM activities provide evidence for influencing policy, legislation and service delivery so they better respond to the needs of older people. For example, data collected by monitors is used in dialogue with local-level decision makers to ensure that the most vulnerable older people benefit from government schemes. This is particularly important in schemes which are not universal and in which the community chooses who should benefit. OCM data can also be used in meetings with sub-national and national government offices responsible for administering services and schemes and making decisions around design and implementation. For example, aggregated data from several OCM locations can reveal the extent of a problem such as availability of medicines, or lack of knowledge among service providers about subsidies for older people.

And finally, monitoring is also an activity around which OPA members can come together and see the value of working as a group. Analysing and discussing OCM findings with peers – and proposing solutions to problems – creates solidarity and improves self-esteem. In addition to collecting data, monitors making home visits to older people who are not part of OPA or OCM groups can also spend time chatting with them, alleviating isolation and loneliness.

Methodology

This review draws upon existing secondary data about older citizen monitoring in 18 countries, including project reports by HelpAge International and the wider HelpAge network; OCM outputs including training manuals and submissions to UN processes (such as shadow reports to the Human Rights Committees); reports of visits by HelpAge network members and staff to OCM projects (see Annex 1); and key stakeholder interviews with HelpAge International staff directly involved in supporting OCM work. The review of secondary data and key stakeholder interviews took place in 2015, and secondary data sources dated from between 2004 and 2015.

The review has a number of limitations, including relying on English-language sources when the majority of OCM materials were in languages other than English; limited details on OCM processes in reviewed data; and objective opinion about what worked, as the data reviewed was not designed to provide systematic and robust evidence on the effectiveness of OCM. To date there has been limited systematic collation, critical analysis or dissemination of this learning, so this review starts to fill this knowledge gap. While not providing definitive lessons on what works, it nonetheless provides an overview of the OCM approach; similarities and differences in OCM approaches across countries; practical considerations to take into account when undertaking OCM; key challenges and possible solutions; and case studies describing the results that OCM has contributed to.

Implementing older citizen monitoring worldwide – a review and lessons learned

This section reviews the HelpAge network's experience of implementing older citizen monitoring since it began in 2002, based on the key stages of the OCM cycle outlined in Figure 1 (see page 7).

Set up or strengthen older people's associations

Our review shows that effective OCM depended heavily on the active role of older people's associations. Factors such as OPAs' geographic spread and their level of collaboration with local authorities – alongside older people's knowledge and awareness of their rights – strongly influenced the nature and impact of monitoring.

The impact of geography on OPAs

The geographic spread of OPAs varied significantly from country to country and project to project. OCM tended either to be concentrated in one or two districts or to be carried out by OPAs in several distant regions. In Bangladesh (see Case study 1), OPAs were concentrated in a relatively small area, but the level of participation of older people in each community where these groups existed was high. In some villages, all older people were reportedly OPA members, from which monitors were selected. This strength in numbers appears to have been important, firstly in addressing widespread disempowerment and lack of awareness of older people's rights and entitlements, and secondly in building a constituency visible enough to draw the attention of local authorities.

Resource Integration Centre

Case study 1: Improved transparency in delivery of the Old Age Allowance, Bangladesh

From 2006-11, older citizen monitoring activities involved a total of 410 older citizen monitoring groups across six districts in Bangladesh which were financially supported by Cordaid and Irish Aid. OCM groups were supported by a local civil society organisation, Resource Integration Centre (RIC), to collect information on the means-tested Old Age and Widows' Allowances, older people's access to healthcare facilities and microcredit, and used the data collected to inform their discussions with local decision makers.

As a result, at community level there was greater transparency in distribution of the allowances, with OCM groups nominating vulnerable people for selection rather than leaving the local council to select beneficiaries. Banks also set regular days for distributing allowances after the monitoring data revealed older people were travelling long distances to collect their allowance only to find that the bank had changed the distribution day.

The OCM process also provided an information and referral service. As monitors visited older people to collect data, they provided information about the Old Age Allowance and the process for applying. This included making sure older people knew they were not required to pay money to the local authority in order to receive the benefit. This helped reduce incidences of bribery, which had been an ongoing administrative problem of the allowance.

Data collected at the local level also fed into national advocacy, including pre-budget meetings and public campaigns on the International Day for Older Persons (1 October). This contributed to an increase in the Old Age Allowance budget from 6,000 million taka (US$77 million) (2008-2009 fiscal year) to 8,910 million taka (US$114 million) (2010-11 fiscal year), and a corresponding increase in the number of older people receiving the benefit.

Reports on the OCM groups' activities also revealed the development of an older people's movement: ownership of the movement lay with the older people and the communities themselves, with movement coming from the grassroots rather than imposed from the top down. Under the banner 'Old Age Allowance is not a mercy, it is our right', group members participated in awareness raising about entitlements, and training on situation assessment and data collection. Older women were actively encouraged to participate through separate leadership training, and some launched a campaign to end the practice of dowry giving. With support from RIC, the groups kick-started microcredit and savings schemes with the aim of becoming financially sustainable.

In Bolivia (see Case study 2), fewer monitoring groups were established but with large geographical spread. Citizen monitoring groups were selected in collaboration with the national network of older people, which supported coordination of activities in five municipalities across a wide area. The groups' advocacy focus was health insurance – a protection introduced nationally but not properly implemented locally. The approach enabled a national network to concentrate its efforts at municipal level, where the relevant decision-making power lay.

Case study 2: Increased registrations for older people's health insurance, Bolivia

In Bolivia, older citizen monitors helped improve implementation of the national Older People's Health Insurance Scheme (SSPAM) which entitles Bolivians over 60 years of age – and with no other insurance – to receive free healthcare. SSPAM was created by law in 2006 as one of a large number of public policy changes following the election of Evo Morales as president. These health policy framework changes created confusion and gaps in an already inconsistent healthcare service characterised by multiple layers of discrimination on the grounds of age, poverty, ethnicity and culture.

From 2008-11 the Dutch HelpAge network member, World Granny, provided financial support to the Bolivian civil society organisation, Fundación Horizontes, to support the National Older People's Association of Bolivia (ANAMBO) to create citizen-monitoring groups comprising 10-15 older people in five cities (La Paz, El Alto, Sucre, Potosi and Tarija). Older citizen

monitors received training on the law governing SSPAM and relevant health policy, and on leadership and organisation of monitoring groups. Monitors also received training to improve communication skills and self-esteem, which helped build their confidence to interact with local authorities.

The OCM groups met municipal government SSPAM officials to share the objectives of the monitoring and win their support for the initiative. They worked with press and municipal radio stations to broadcast information in Aymará and Spanish about the rules governing SSPAM. Monitors scheduled visits to health facilities with municipal authorities and used specially designed monitoring sheets to record the numbers of older people registered for SSPAM, payments to health facilities by SSPAM, and the quality of care provided, including waiting times and availability of medicines.

Information collected by monitors led some local governments to make changes to their registration and information procedures, including recruiting new staff with knowledge of indigenous culture and languages, and increasing the numbers of older people registered for SPPAM. It also **meant that older people** were better informed about the level of care appropriate for their needs – previously they had gone directly to the hospital when primary care would have been more appropriate. Despite initial wariness at the start of the project, some municipal governments later institutionalised the role of older citizen monitoring groups in SSPAM delivery and included them in their annual operating plans.

Jamie Ayra/HelpAge Internatonal

OPAs and OCM must be inclusive

OCM activities usually happened in poorer areas – rural or urban – to ensure the voices of the most vulnerable older people were heard. However, our review showed it could not be assumed that OPAs and OCM always included the most marginalised, or that they reflected the socio-economic and cultural diversity of older people in their communities.

Challenges arose in socially and economically diverse groups, in which better-off group members took on leadership positions. For example, a review of OPAs carried out by HelpAge in 2011 observed the following in Bangladesh: "Younger old men have more influence than older old men or women of any age… Key positions in the executive committees – i.e. chair, vice chair, secretary and treasurer – are held by men." The review also found that some communities saw it as socially unacceptable for disabled older people to become leaders. Overall there was a lack of documentation on who might be included and excluded within OPAs involved in monitoring activities. Although some OCM initiatives did document the monitors' ages, and the numbers of men and women in their groups, there was no information on people with disabilities.

Many OPAs and OCM groups made specific efforts to include more older women in OCM activities, but did not necessarily distinguish between inclusion and meaningful participation. In some cases, ensuring greater numbers of women on executive committees was undermined by negative gender norms – two reports described women in leadership roles as not being particularly vocal in meetings, especially when outnumbered by men. In Bangladesh, special efforts were made to train women in leadership skills in order to enhance their participation in the project and in community development processes. A more strategic approach was also underway to deliberately integrate gender issues into OCM advocacy messages, and build coalitions with organisations with a gender-equality focus.

While a few examples existed of ways in which OCM encouraged the inclusion of women, little attention was given to the participation of older men. In societies where women predominated in community-based activities, for example, in some east and central European countries, there was an equal need to encourage greater participation of men.

In Bangladesh, older people described resistance from family members as a barrier to their participation – family members doubted any good would result from the OCM project, and feared it would distract older relatives from their farm work and child-minding. Poorer older people also faced a personal struggle to find time and energy after long hours working in the fields. One common approach to ensure the involvement of poorer community members in OPAs – and therefore in OCM – was the inclusion of livelihood and social support activities. OPA groups were trained to set up microfinance, savings and livelihood schemes of their own, meaning older people could earn some income through participation in group activities. This alternative income reduced the time older people had to spend labouring, and because it was seen as an immediate, positive outcome of group participation, it helped counter younger family members' negative views about monitoring and being in an OPA.

Group participation must be sustained

For newly formed OPAs, complementary activities were designed to support and sustain group participation for the long term – an important strategy, as policy change can be a long-term undertaking. Complementary activities took the form of loans, training or equipment for livelihood or community development projects.

Older people's monitoring groups in Jamaica, Bangladesh and Kenya started group livelihood activities while a project in Ethiopia (see Case study 3) set up a community fund to develop small community projects while the longer-term policy-change work of the group progressed. With this accompanying support, and a tangible means to sustain their groups, OPAs strengthened their collective identity and vision in relation to their rights and advocacy goals.

"The Government has never come to our areas with development work, and asked us what we want. This is the first time in all my life. Our voice is heard."

**Mulo Sululta
Monitor, Ethiopia**

Case study 3: Implementing small projects alongside citizen monitoring activities, Ethiopia

Older citizen monitoring took place in Ethiopia in 2004-08 in the context of the decentralisation of government services and a new poverty reduction strategy. Older people in the poorest communities were supported to identify problems in the delivery of basic services to which they were entitled.

The OCM groups were supported by four NGOs based in different locations: the Rift Valley Children and Women Development Association (RCWDA), Hundee Oromo Grassroots Initiative (Hundee), Women's Support Organisation (WSO) and Action for Development (AFD). Older people and their communities learned about government programmes and services, and older citizen monitors were then elected by their communities to represent them in monitoring and dialogue with local government.

Following training in participatory planning and monitoring, the monitors consulted with their communities to identify priority issues for inclusion in local government plans. Monitors worked closely with local government to understand local planning and budgeting processes and in turn, local government staff improved their understanding of community needs and were able to incorporate these into annual plans and improvements to service delivery.

In addition to monitoring activities, older people and local government worked in collaboration to implement small livelihood projects through a community fund. The purpose of this was two-fold: to respond to immediate needs of the poorest community members, and to strengthen collaborative working between the OCM group and local government through practical experience of joint planning and management.

Older men and women in one of the project areas – South Arri – ran a local community grain mill. Prior to the establishment of the South Arri mill, the nearest mill was 7km away across a river which became inaccessible during the rainy season because of flooding. Some of the profits were shared with vulnerable community members chosen by the community.

The citizen monitoring activities in Ethiopia were financially supported by the Development Assistance Group (DAG) while additional support for the community fund and livelihood projects was provided by the Band Aid Trust and Help the Aged (now Age UK and Age International).

Judith Escribano/Age International

Raise awareness of rights and entitlements

OPAs' awareness of rights and entitlements was the most important prerequisite for monitoring activities. Awareness raising was either carried out by civil society organisations supporting the setting up of an OPA, or as part of OCM activities themselves.

As the concept of rights was often hard for older people to grasp, particularly for those who had spent most of their life in a position of disempowerment, training was sometimes done through role-play, where older people acted out their day-to-day experiences to make the concept of rights more relevant.

Awareness raising of older people's rights was also carried out with local government officers, service providers and civil society groups, who also brought their own experience on issues of gender, children, disability, laws and legal processes, land rights and other relevant themes. This process filled a critical knowledge gap for both groups, particularly where information about laws or policies had not filtered down from central government. In some cases, specific training was developed for OPAs to take account of the different skills and experiences within a group when raising awareness, including literacy levels.

Identify issues to address, and monitoring and advocacy targets

In most cases older people were encouraged to take the lead in assessing their situation and identifying priority issues to act upon. This process included group discussions, mapping, seasonal calendars and activity diagrams, which were visual ways to identify and analyse issues. For example, a project in Kenya (2002-06) began with a social audit, during which HelpAge staff discussed with older people in two districts the key issues of concern to them. Members of OPAs then prioritised healthcare as a major concern and agreed to gather information on four areas: access to hospital care, access to medical services, time spent seeking medical care, and in-patient treatment. This initial situation analysis served as the starting point for monitoring change.

While older people were ideally in the driving seat when it came to community-level monitoring, there was also a need to dovetail OPA-led advocacy with national-level advocacy. This meant there was often a role for supporting civil society organisations (CSOs) to translate older people's experiences into relevant policies and programmes, legislation or human rights standards. As a result, in some cases CSOs supporting OPAs chose which policy area to focus on, drawing on the HelpAge network's knowledge and experience of challenges facing older people.

In some cases the monitoring focus was driven by national-level advocacy objectives, though this did not necessarily exclude older people's participation. In Kyrgyzstan (see Case study 4), citizen monitoring groups conducted research to inform national policy on poverty reduction and social security. Although the subject of the study was decided externally, older monitors took part in a workshop to develop methods for data collection, and to record and analyse the data they collected. They also contributed to the development of a guide used by all older citizen monitors to ensure consistency of information collected across monitoring sites.

The majority of OCM activities reviewed for this report targeted a mix of social protection and health issues, while others focused on a single such issue. Some OCM projects had no specific thematic focus – for example, OCM in Ethiopia (see Box 4) focused on monitoring the responsiveness of municipal plans and budgets to a range of older people's concerns. Similarly, OCM in Ukraine addressed age-friendly delivery by local councils of a range of services such as transport, communal maintenance, and the age-friendliness of institutions. Targets were chosen based on where gains could be made.

Several OCM initiatives focused on monitoring the delivery of social protection schemes that aimed to improve delivery and access to existing pension or cash transfer programmes for older people, such as the Old Age Allowance in Bangladesh (see Case study 1) and the Social Assistance Grants for Empowerment (SAGE) in Uganda (see Case study 6). In Tanzania, OCM work – while not specifically focused on any single policy area – contributed over several years to the national campaign for a universal non-contributory social pension. For example, older citizen monitors collected information on the inability of older people to pay hospital fees and buy medicines not available in government hospitals or health facilities – information that was used to build a strong case for social pension provision.

The campaign for a social pension has seen recent successes: the Government of Zanzibar finally committed to launch a universal social pension for all men and women 70 years and above in 2016, and on mainland Tanzania the government committed to a budget for the social pension in 2012. While the social pension on mainland Tanzania has yet to be implemented, data collected by OCM groups continues to contribute to the ongoing campaign for the universal social pension to be implemented.

OCM activities targeting health policies that in theory provided equal entitlements to all citizens – and in some countries specific entitlements for older people, such as free healthcare – at times revealed these policies were failing older people. Evidence gathered was used to push for special measures to improve access to and quality of

services for older people. Examples of local impact include establishing separate queues for older people at hospitals and water points in Uganda; more staff and additional local services in Bolivia; and older people not having to wait in queues or pay for treatment in Mozambique.

Other OCM groups targeted health insurance or concessionary drug programmes specifically for older people, such as the National Older People's Health Insurance Scheme in Bolivia, the National Health Insurance Scheme in Ghana and Jamaica's Drugs for the Elderly Programme. For all these schemes, OCM highlighted widespread ignorance of rights to entitlements. Public awareness raising was therefore a critical activity, alongside engagement with responsible government agencies, to increase local registration (see full list of national programmes and policies monitored by OCM groups in Annex 2).

Malik Alymkulov/HelpAge International

Case study 4: Closing the information gap on seasonal vulnerabilities, Kyrgyzstan and Tajikistan

In 2010-11, older citizen monitoring groups in 17 rural communities in Kyrgyzstan and Tajikistan collected data from 170 households over a period of one year. The purpose of the study was to gather data on seasonal changes, including cold weather, agriculture and labour migration, and their effect on poverty, hunger and illness. One of the drivers for this was the scarcity of evidence on the effect of cold weather on poverty in Central Asia that could be drawn upon for policy-making.

Monitors paid monthly visits to vulnerable households and collected information about daily living expenses such as the cost of food, fuel, health services and transport, sources of income including social assistance, and household members' health problems. They recorded the temperature inside the house, information about who was living in the house, and who was absent due to migration for work. Monitors also conducted interviews and group discussions with community leaders, local authority staff and community members.

HelpAge staff in Kyrgyzstan and Tajikistan analysed the data with the older citizen monitors. It revealed the challenges facing vulnerable households, including limited employment opportunities for older people and women, lack of various services including healthcare, price increases and debt. It also highlighted that the monthly benefit received from the government social assistance scheme was too small to be of much help.

Older citizen monitors presented the evidence in a conference held by HelpAge in partnership with the Ministry of Social Protection. Conference participants were invited to develop recommendations based on the OCM evidence for the inter-ministerial working group on social protection strategy 2012-15. The citizen monitoring activities were supported by the UK's Department for International Development (DFID) and involved small projects to provide immediate assistance to vulnerable households, including setting up gardening and agricultural production and micro-credit groups.

Select and train monitors

Most OCM groups comprised individuals selected from existing OPAs to undertake monitoring activities, and trained to lead on data collection. Training often included identifying areas for monitoring such as access to health services or delivery of social pensions; methods for information gathering (including visual methods such as maps and seasonal calendars, group discussions, interviews and questionnaires); developing processes for analysing and sharing findings with other groups; and methods for advocacy, including identifying and assessing stakeholders and skills for communicating with older people and for presenting monitoring data in advocacy meetings. In most cases other members of the OPA continued to be involved in the process. The selection process raised issues of inclusivity. One clear tension was between making sure monitoring activities represented the diverse experiences of older people and ensuring monitors had the skills needed for monitoring activities.

OCM projects used a variety of approaches to ensure monitoring groups had the necessary skills, including being open to selecting young monitors who tended to have higher levels of literacy. In preparation for the DFID-funded Better Health programme in Zimbabwe, already-established OPA members elected monitors based on criteria such as good communication skills and a passion for working with older people. In rural Mozambique, OPAs ensured that at least one monitoring team member was able to read and write. OCM group members were selected on the basis of trust and respectability.

'The government needs older people to advise on how to better run this country. Older people should tell the government what to do and even how to do it.'

District councillor Arusha, Tanzania

Selection criteria for older citizen monitors in Tanzania included being culturally acceptable to members of the community; being active, energetic and respected by fellow older people; and having a spirit of volunteerism and willingness to work in the interest of older people and their families. In addition, one female and one male citizen monitor were selected, ensuring not only a gender balance among monitors, but also the option that older women could be interviewed by a female monitor, and older men could be interviewed by a male monitor if requested. In some contexts, this arrangement was more socially accepted and may have yielded better quality data. In a health monitoring project in Arusha and Dodoma, Tanzania, older people set the minimum age for monitors at 50 years to include a greater number of those who could read and write to help document findings.

It is worth noting that including youth and younger people (under 60) extends to the wider work of OPAs. In Jamaica, the low literacy level among members of older people's clubs was initially identified as a barrier, in particular for identifying members who could take on executive roles such as treasurer or secretary. The inclusion of younger people in the clubs provided the solution, as they were able to take on these roles while older people took on leadership positions such as chairperson. In one club in Jamaica the treasurer and secretary were in the 35-40 age group. Younger group members were also seen as important for informing the wider community about the rights of older people.

In Mozambique, the response to this issue was to encourage the participation of all OPA members in the monitoring process, even if they were not actually part of data collection. This involved monitors sharing information with OPA groups every three months, and representatives of these groups attending six-monthly workshops to analyse data. A different approach to leadership was taken in Bolivia where OCM groups were formed from OPAs that were part of a national network. By deliberately selecting older people who were not in leadership positions in their existing groups, the project fostered new leaders for OCM, expanding the pool of skilled people.

Develop methods and data collection tools

Much OCM literature reviewed focused on the functioning of OPAs and OCM – and advocacy results – rather than the methods and tools used. The main reason for this was that the majority of reports were in English, while OCM manuals and tools such as questionnaires were usually produced in local languages. This created the challenge of assessing methods and sharing information about tools and

approaches across the HelpAge network. What the review revealed is that various methods and tools were used. Focus groups or community discussions were a common way of gathering qualitative information. In Ethiopia, group discussions were held every three months to monitor services and projects at local ward level, using the following five open-ended questions:

- Which interventions are so effective that you wish them to continue in your village unchanged, and why?

- Which interventions do you feel should be continued but only if they are modified so that they better suit your needs? What changes are needed?

- Which interventions do you feel should end because they have achieved their purpose, and why?

- Which interventions do you feel should end or be redesigned because they are not appropriate or useful, and why?

- What new interventions would you like to see introduced that are not being conducted in your village, and why?

Older citizen monitors used a questionnaire developed by HelpAge to assess the capacity of health systems to meet the needs of ageing populations as part of the DFID-funded Better Health programme in Tanzania, Ethiopia, Mozambique and Zimbabwe. The tool included a range of indicators, including whether health facilities were accessible and whether national health policies explicitly mentioned ageing in relation to non-communicable diseases.

In Mozambique, a two-step mixed-method approach was used, involving a scorecard with 12 closed-ended questions (see Case study 5). A strength of this approach was that if a community was involved in data analysis, this contributed to a sense of ownership of the data and supported the empowerment objective of the OCM approach.

Case study 5: Improved delivery and accountability in the Basic Social Subsidy Programme, Mozambique

As part of a collaboration with other members of the civil society Social Protection Platform, HelpAge developed a mechanism in 2012 for monitoring the delivery of the Basic Social Subsidy Programme (BSSP) – a cash transfer for households with limited capacity to work. Households receiving this grant were mainly those with older people living alone, or with young grandchildren. Citizen monitors collected regular information from recipients using a short questionnaire with yes/no answers:

1. Do you know if the amount you get paid matches your [BSSP] category?
2. Do you get paid on time?
3. If you are absent, do you get the amount in the following payment?
4. Do you know in advance the due date for payment?
5. Is the payment stand nearby?
6. Is the waiting time at the payment point reasonable?
7. Are the beneficiaries kindly treated at the payment points?
8. Have you been visited by someone from INAS [agency delivering the pension]?
9. Do you know how beneficiaries of this subsidy are selected?
10. Was it easy to start getting the payment?
11. Did you participate in the selection of the Permanente [INAS liaison person]?
12. In the case of a complaint, do you know who to contact?

Older citizen monitors analysed the findings, and the three questions with the highest number of "no" responses were discussed in focus groups to

provide deeper understanding of the issues. This data was then used for district-level analysis by aggregating and comparing data from several OCM groups. Monitors met district officials every four months to discuss how issues could be resolved. National feedback meetings took place every six months when information collected across the country by participating NGOs was analysed and discussed by members of the national Social Protection Platform. HelpAge, through participation in a donor-government policy group, was then able to bring these civil society findings to the attention of government and donors.

Most notably this has resulted in government commitment to decrease the maximum radius between a PSSB beneficiary and a payment point to 5km. This is a dramatic change as some older people previously had to walk up to 20km to reach a payment point. The data has also provided information for the Social Protection Platform to engage in discussion with government on the design of the social protection scheme and other operational issues, such as the lack of a grievance redress mechanism.

Collect data from older people and other stakeholders

The method of data collection used depended on factors such as the type of policy or scheme being monitored, the methods and tools available, the size and composition of the area being monitored, and how often data was collected. Data collection took place at the point of delivery (for example, at a health centre or paypoint); through household visits; group meetings with older people; or a combination of these.

Interviews with people at district hospitals or at the paypoint on payment day were effective for gathering information about the quality of services for scheme participants, but they excluded the views of older people unable to access health facilities or who were not eligible for a scheme (in the case of targeted social protection schemes). Where interviews at points of service delivery were not appropriate they were done at OPA meetings. This was often the case for social protection schemes where older people did not always collect their benefit at the same time and location. For example, in South Africa, when a new system of e-payments was being rolled out, pensions could be collected manually at a temporary paypoint on a specified date, in certain shops, or directly via a bank account and withdrawn at an ATM.

In Mozambique, where OCM groups monitored the PSSB programme (see Case study 5), a subset of 20 recipients drawn from the OPA were surveyed every four months using a consistent set of 12 questions at all monitoring locations. In other cases, monitors interviewed older people in their homes. In Kyrgyzstan (see Case study 4), monitors collected data regularly from a sample of vulnerable households in each community. This method was used partly so that the temperature in older

people's houses could be recorded, to document that many were living in cold conditions during winter.

The frequency of data collection varied greatly between reviewed OCM projects. The Kyrgyzstan example was a time-bound project where data was collected monthly for a year. The purpose was to gather detailed information on how older people's situation changed throughout the year, particularly in the context of temperatures as low as -15° C and winter fuel shortages. In many other OCM projects, data was collected every three to four months to align with local government meetings where results were often presented. The majority of OCM projects collected data manually and recorded it on paper.

Where monitors collected quantitative data (as in Mozambique), they entered it into Excel spreadsheets, with support from local civil society organisations, and emailed it to district or national-level implementing partners for aggregation and use in advocacy. Two problems with this approach were the tendency for errors in data entry, and the sheer volume of monitoring data, leading to a relatively slow turnaround of evidence and missed opportunities for engagement with government. The documents reviewed did not describe how, and indeed if, qualitative data was recorded.

In many projects, recording data was only one part of the citizen monitors' role. In the process of visiting older people's homes or attending a group OPA meeting, monitors updated older people on changes to government services and acted as a referral and advice service for older people facing difficulties accessing a scheme or service. Monitors provided information to individual older people on how to register for a scheme, or how they could resolve issues such as a lost identity card or missed payment. In Tanzania, monitors visited the homes of older people in their community to carry out the OCM survey and to check if vulnerable older people needed extra help to access medical care, cash transfers, or other types of support. In Uganda, monitors supported older people to lodge their complaint with the official grievance mechanism of the Senior Citizens' Grant programme (see Case study 6).

Case study 6: Older citizen monitors support social accountability in the SAGE programme, Uganda

Since 2011, people aged 65 years and above in 14 districts in Uganda have received a Senior Citizens' Grant, a bi-monthly cash transfer, as part of the Social Assistance Grants for Empowerment (SAGE) pilot social protection scheme by the Government of Uganda. Older citizen monitors played an important role helping older people resolve complaints through the official SAGE grievance mechanism.

The SAGE programme has a well-developed grievance redress mechanism to make appeals against eligibility decisions and to make complaints about programme implementation, for example if payment points are inaccessible, or pay agents are abusive. Older citizens with a complaint or appeal are required to complete a complaint form and submit it to the Parish Development Committee (PDC). The PDC either resolves the complaint, or refers it to the relevant SAGE team.

Older citizen monitors play a unique role in the SAGE programme by offering an alternative channel for older people to raise complaints. Many older Older citizen monitors play a unique role in the SAGE programme by offering an alternative channel for older people to raise complaints. Monitors help SAGE beneficiaries fill out the complaint form, present it to the PDC, and follow up on case resolution.

Monitors also make sure SAGE beneficiaries have up-to-date programme information, including any changes to payment dates and how much money they should receive in their payment. In addition to supporting individual

older people, citizen monitors present aggregated data on issues faced by older people in accessing the SAGE programme (such as distance to the pay point or lack of identity documents) in meetings with the PDC and with SAGE district offices.

From 2016-20, the SAGE programme will be rolled out to an additional 40 districts in Uganda. Older people will continue to play an important role in monitoring implementation of the programme and supporting individual older people to access the grant. Their role has been particularly strengthened through the National Council for Older Persons Act 2013 which provides for each parish to elect an older man and woman to represent the interests of older people in their community.

Alice Livingstone/HelpAge International

Analyse and validate data

A key principle of the OCM approach – older people empowering themselves to collect and use data to influence change – involved older people analysing the data. In communities where methods such as visualisations, mappings, group discussions and seasonal calendars were used to identify advocacy issues, community analysis was already central. In cases where surveys were done to establish advocacy issues, additional steps were incorporated to enable analysis and validation by the community.

In Mozambique (see Case study 5) monitors first collected quantitative data using a questionnaire. Monitors then held discussions with community groups to identify possible reasons behind the quantitative scores. This approach both enabled older people to take part in the analysis (and thereby have ownership of the data they had collected) and validated the quantitative scores.

While this process appeared to be effective at community level, a major challenge was that the type, quality and consistency of OCM data was not always appropriate for national-level use. HelpAge staff interviewed for this review said that government representatives did not necessarily value OCM data, as the method was not seen as sufficiently robust or representative compared, for example, with large-scale survey data. This highlighted a gap between the community development purpose for which OCM was originally created, and demands for information at national level.

A potential solution was factoring additional staff capacity and time into OCM projects to support data collection, ensure quality and facilitate links to national policy making. In Kyrgyzstan, a key aspect of the project design was the employment of a dedicated researcher who supported older citizen monitors and

collated findings from all communities to produce national-level analysis. This meant that data was systematically collated and analysed by a coordinator at national level. This approach to OCM was unique to Kyrgyzstan.

Another solution was to involve government officials early on in plans for monitoring and work closely with them to build support for the OCM approach. This facilitated a more open relationship, and complemented governments' own internal programme monitoring. It was also an important resource for access to administrative information and practical support for data gathering. In Moldova, monitors worked closely with the public administration, including the National Bureau of Statistics, to develop the monitoring method, increasing the integrity of the process so that OCM data was seen as credible when it came to advocacy.

Undertake advocacy and dialogue with authorities

In most cases OCM evidence was used for a combination of local and national-level advocacy and influencing, but the mix varied depending on the type of issues being raised with decision makers, and where decision-making responsibilities lay. In Bangladesh, where local communities decide who is eligible for the Old Age Allowance, OCM evidence was used to directly influence change at local level. By contrast, in Jamaica, OCM evidence highlighted unfair exclusions in the means-tested Programme of Advancement through Health and Education (PATH), for which eligibility criteria, and any changes to these, were made by central government.

Local-level advocacy

OCM activities in Tanzania (see Case study 7) reflected a common OCM experience – that advocacy by older people tended to focus mainly on a small number of service providers in a local area. In Tanzania it was also more effective to focus advocacy at the local level as this is where authority lay in the context of a decentralised government. However, even when government decision making was not held locally, changes were made in service delivery. In Kenya, information was used in discussions with hospital staff to improve service and conduct at specific hospitals.

Case study 7: Older citizen monitors working in partnership with local government, Tanzania

In 2012-15, older citizen monitors in Tanzania monitored local health services and influenced community structures to promote age-friendly health services. Monitors collected information about older people's experience of health facilities. Questions included whether they had to pay for treatment, whether drugs were available, and if they could access HIV services/counselling, testing and anti-retroviral therapy (ART).

The OCM information was then used in local advocacy with Ward Development Councils (the lowest administrative level where planning can begin, and where most health facilities exist), and Local Government Associations (LGAs – the next step up from ward level). The influence the monitoring groups had in ward-level plans filtered into LGA planning and budgeting.

Through this approach, and owing to decentralised decision making in Tanzania, LGAs allocated funding for drugs for non-communicable diseases, geriatric health units and health services more generally. The OCM evidence and advocacy also contributed to the implementation of older people's identity cards (entitling them to free health services); specific service windows and consulting rooms for older people in health clinics; and better access to voluntary counselling and testing and ART.

National-level advocacy

Evidence from OCM was used in national-level advocacy to influence policy in a number of ways. HelpAge Kenya and representatives of older people's associations used OCM findings to engage in a range of national processes, including the Constitutional Review, the National Policy on Ageing, the Poverty Reduction Agenda and the National Health Sector Strategic Plan 2005-10.

In Tanzania, a national stakeholder meeting was organised to share findings with district and regional medical officers, and representatives of the Ministry of Health and Social Welfare and the World Health Organization (WHO). National engagement led to the establishment of a geriatric "desk" at the Ministry of Health, plus the appointment of a national geriatric co-ordinator and a plan to review the national nurse and clinical officer training curriculum to include geriatric care.

One important factor for effective advocacy was the existence of OPAs at countries' various administrative levels. Although OPAs usually began as community-based associations, they often established structures at district or regional levels, and at national level, with elected representatives drawn from the lower tiers of OPA membership. This meant that OPAs could use information collected by community monitors to engage in advocacy with government or programme structures at higher administrative levels. This was important because local authorities often did not have the power to alter programmes or services.

Paul Ong/HelpAge International;!

Older people in Tanzania gather to share ideas.

In some countries these structures were mandated in national legislation. In Uganda for example, the National Council for Older Persons Act 2013 provided for older men and women councillors at all administrative levels to represent the interests of older people in planning, implementation and resource allocation. While such OPA structures existed in many countries, the use of community data in national advocacy and dialogue often failed to happen, as information was often not shared at higher levels, or considered robust enough.

International-level advocacy

OCM findings contributed evidence to international initiatives such as the United Nations' International Day of Older People and forums organised by WHO and other UN agencies. Several HelpAge network members and country offices included OCM findings in civil society reports shadowing their governments' mandatory, periodic reports to UN Human Rights Committees. Engaging with existing mechanisms such

as these, which hold governments to account to uphold older people's rights, was effective in promoting ageing issues across national agendas.

OCM evidence from Mozambique was presented to the UN special rapporteur on extreme poverty and human rights during her visit to the country in 2013. As a result, her recommendations to the Government of Mozambique included increasing support for the caregiving responsibilities of older people and ensuring that social assistance for older people was sufficient to cover basic needs. HelpAge International Mozambique and local CSOs also shared the OCM experience during a UN meeting on violence and abuse in 2013, resulting in Mozambique's model of OCM being referenced in the outcome document of the meeting.

Advocacy in emergencies

OCM played an instrumental role in ensuring older people's needs and contributions were recognised in the context of emergency relief and rehabilitation programmes (see for example Case study 8). Following Typhoon Haiyan in the Philippines in 2013, for example, older people's organisations monitored recovery activities such as shelter construction and distribution of cash welfare benefits.

Case study 8: Inclusion of vulnerable groups in humanitarian assistance in Pakistan

Following violent ethnic clashes in Pakistan in 2013-14 that displaced thousands of families, HelpAge formed monitoring, referral and advocacy groups (MRAs) of older people and people with disabilities from both displaced populations and their host communities to collect sex- and age-disaggregated data for use in advocacy and referrals for assistance. Data was used in meetings between MRAs and humanitarian organisations to lobby for the inclusion of specific needs of older persons and other vulnerable groups in the emergency response, and to monitor the response itself. In one district, MRAs linked with OPAs to hold meetings with the Social Welfare Department, ensuring older people received the legal documentation – including national ID cards and marriage certificates – needed to claim their rights.

Another humanitarian programme in Pakistan (following flooding in Sindh Province in 2013) saw local OPAs and support organisations trained to collect sex- and age-disaggregated data, make referrals and advocate for better access to assistance for vulnerable groups. An external evaluation of the programme highlighted the efficiency of the OPAs in responding quickly and cost-effectively, and their strong capacity for advocacy and identification of vulnerable people.

Anwar Sadat/HelpAge International

Sustainability

The sustainability of OCM in terms of funding, time and skills was a central issue and one partly answered through the OPA model itself. OCM was one of a number of activities undertaken by OPAs where livelihood projects and savings schemes played a role in group cohesion and reducing reliance on donor funds. It was possibly the case that this allowed groups to continue to conduct OCM when donor funding ended.

However, while OCM is a relatively low-cost activity in terms of material inputs, it can be costly in terms of the person-hours required for data collection, data entry, analysis and reporting, particularly when OCM activities are geographically dispersed and significant support is required from local civil society organisations.

While this review does not look in depth at OCM sustainability, nonetheless it highlights innovative ways to address it. For example, by combining monitoring of service delivery with practical interventions, volunteer home visitors in Moldova dovetailed care of older people with regular monitoring of their health status and access to social benefits. They liaised with local authorities on behalf of individual older people while promoting greater transparency about eligibility criteria and access to benefits and services. Information gathered from project sites provided evidence of the impact of project interventions on older people and sent a powerful message to government about weak implementation of legal entitlements to vulnerable older people.

In Jamaica, older citizens' clubs became more sustainable by becoming part of the national government network of OPAs. They built partnerships with other civil society organisations that helped to develop their social and home visiting programme, and received continued non-financial support from their local partner when financial support ended.

Older people in Jamaica are entitled to subsidised drugs for common age-related illnesses, but many pharmacies do not participate in the scheme.

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Conclusions and recommendations

This section summarises the common approaches used by the HelpAge network to improve the effectiveness and impact of OCM and provides recommendations for the HelpAge network and national government stakeholders involved in OCM initiatives.

In most countries reviewed, OCM was started by established OPAs. This gave older people ownership of the process of identifying the issues they wanted to monitor. It also provided legitimacy for monitors to gather information, and a platform from which older citizens could discuss OCM findings with local authorities and other decision makers.

Recommendation 1: Recruit older citizen monitors from older people's associations

Knowledge of policies, laws or rights was weak in most countries. Raising awareness of rights and entitlements among older people, local government officers, service providers and civil society was therefore a critical element of OCM. However, a single training or information session was often insufficient for an older person or stakeholder to sufficiently improve their understanding of rights, laws or policies. Training and information was most effective when provided frequently and in formats that could take into account differing literacy levels and visual or hearing impairments. This included radio campaigns, illustrated posters and training older people as advisers on older people's issues in their community.

Recommendation 2: Raise awareness of rights, laws and policies among older people, their service providers and elected representatives.

OCM and OPAs led the process of identifying the key issues they wanted to address in their communities, but were usually supported to translate these issues into monitoring and advocacy targets. In most countries, support was given by local civil society organisations, which in turn were supported by national NGOs. Support from national NGOs also enabled the creation of coherent targets across different monitoring locations, enabling comparisons to be made about progress – itself a powerful advocacy tool.

Recommendation 3: Provide support to OCM groups and OPAs to translate identified issues into monitoring and advocacy targets.

Identifying the OCM objective early in the process helped inform OCM design. In some countries monitoring data was primarily used to reduce petty corruption, and evidence was only required for discussion with local authorities. Elsewhere, data was collected to highlight a problem such as the low value of a scheme benefit, meaning data from several locations was collected for national-level advocacy. The regularity and duration of data collection also depended on the OCM objective and was aligned with regular community meetings with local authorities, in which up-to-date monitoring data could be presented.

Recommendation 4: Identify advocacy targets before deciding coverage and duration of OCM activities, review targets periodically, and adjust data collection frequency if necessary.

Collaboration with government was important to gain support for monitoring in many countries, and being open about monitoring and advocacy plans created space for dialogue. Collaboration helped harmonise citizen and government monitoring (e.g. by aligning monitoring indicators), increasing the credibility of

monitoring data for advocacy and leading to better results. Caution was required to ensure close collaboration with government did not compromise OCM groups' independence.

Recommendation 5: Involve local government early in plans for monitoring and advocacy.

Combining two or more methods and tools helped meet the differing evidence needs of citizens and government. Quantitative methods and tools provided systematic data from the community for use in local advocacy and dialogue with programme implementers and could be aggregated for reporting and discussion at sub-national and national levels. Using quantitative data to facilitate qualitative, in-depth discussions in the community meant data was used and owned by the community. This qualitative method allowed new issues to emerge, which in turn could be added to the quantitative tool. Combining methods allowed corroboration of findings and strengthened the overall validity of citizen monitoring data.

Recommendation 6: Consider combining OCM methods and tools.

OPAs selected older citizen monitors who were able to collect the views of older people and objectively represent them. Although methods were used to increase the inclusivity of OCM (mainly the participation of older women), the more literate, able-bodied and active older people in a community were usually selected as monitors. This was not necessarily a bad thing if the criteria and process for selecting monitors was transparent, if monitors were trained and supported to use OCM methodology, and if the wider OPA was given an opportunity to discuss and validate findings. Involving younger people expanded the pool of monitors, though older people may have been less willing to share concerns with them.

Recommendation 7: Develop selection criteria and provide training to ensure monitors objectively gather and present the views of older people in their community.

As OCM is a community-based approach, monitors were likely to know respondents personally, possibly making the respondents reluctant to provide negative feedback or participate in the survey at all for fear of being removed from a particular scheme. This was possibly less of an issue in cases where monitors were transparently selected, were trusted community members, and where survey questions were not too sensitive. Data collected from a small geographic area also presented challenges for maintaining anonymity. Even if demographic information was collected for wider advocacy purposes, when presenting data at community level caution was required to ensure the anonymity of individual respondents.

Recommendation 8: When selecting methods, tools and monitors, consider respondent anonymity and trust in monitors.

A combination of data collection methods was sometimes used in OCM to ensure no older person was excluded. For example, where the primary data collection method was interviewing pension recipients at paypoints, older people nominating a family member or friend to collect their pension meant their opinions were gathered during a home visit. There were also potentially cases where an older person was too frail to participate in a survey, in which case a family member or friend could help to answer questions on their behalf. However, collecting data through home visits was more costly and time-consuming than a discussion during an OPA meeting. If quantitative data were needed, one way to reduce costs was to randomly select a sample of households using OPA records of older people in the community (where kept).

Recommendation 9: Ensure sampling and data collection methods are inclusive.

There were several ways to scale-up OCM activities. The first was via official platforms, provided they were adequately resourced. In Uganda, the National

Council for Older Persons Act 2013 provides a legally mandated structure at different levels of government, while in Zanzibar, the OPA and OCM approach was being integrated in the official grievance mechanism of the new universal social pension scheme, launched in April 2016.

The other way was to combine monitoring with other activities. For example in Tanzania, monitors visited the homes of older people to help them access medical care, cash transfers or whatever extra help they needed. At the same time as making the home visit they carried out the OCM survey. This was an effective way of providing a degree of immediate assistance, as tangible results of OCM may take a long time.

Recommendation 10: Scale up OCM and improve its sustainability by collaborating with government or combining OCM with other activities.

Although this review has highlighted common approaches to OCM activities globally, in practice OCM must be adapted to local contexts and develop advocacy targets that reflect the structure and decision-making powers at different government levels. Review and adjustment of the OCM approach is particularly important to ensure it remains relevant and useful in ever-changing political, social and economic contexts.

Annex 1: Materials reviewed

HelpAge project reports and evaluations (single-country projects in alphabetical order by country)

Annual narrative report, Bangladesh Irish Aid Civil Society Fund, 2009

Sponsor a granny; support the community programme May 2008 – April 2011, Bolivia: final narrative report prepared for the donor WorldGranny, 2009

Older citizen monitoring of basic service delivery under the PASDEP in Ethiopia: final report prepared for the donor DAG, 2009

Empowering older citizen monitoring project, Jamaica: end of project evaluation, 2010

Older citizen monitoring in Kenya: final report, 2006

DEC East Africa Crisis Appeal: phase 2 narrative report 5, Kenya, September 2009

Community monitoring planning workshop report [Mozambique], 2005

Report on monitoring government accountability in implementation of social protection in Mozambique: 2013-16

Final Report: Provision of protection services to older people, persons with disabilities and IDPs of camp of Tirah valley living in Nowshehra, Peshawar and Kohat [Pakistan], July 2014

Final Evaluation Reports: Increased access of vulnerable groups, older people and persons with disabilities to humanitarian assistance, and Protection of older people and persons with disabilities through humanitarian actions in Pakistan, January 2014

Annual Report for Pakistan 2014-15, June 2015

Tanzania older citizen monitoring project summary, February 2005

An assessment of older people's structures' working linkages and networking in order to influence results. Godfrey Mulongo and Rose Njeri, for HelpAge International Tanzania, November 2014

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An Evaluation of the Irish Aid Block Grant Programme: 'Improved access to, and delivery of, social protection and health programmes to older people in Colombia, Ghana, Jamaica, and Uganda.' George Gelber for HelpAge International, 2011

Accountability and Fulfilment for Older People in Order to Raise their Dignity (AFFORD) Programme (Mozambique, Tanzania, South Africa and Uganda): Annual report prepared for the donor Irish Aid, 2014

Baseline Assessment Report: Better Health for Older People in Africa Programme: Ethiopia, Mozambique, Tanzania and Zimbabwe. Lilian Bosibori and Simon Rukwaro, Africa Rural and Urban Development Consultants (ARUDCO) for HelpAge International, 2015

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Summary of the study results on household vulnerability, Kyrgyzstan, 2013

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Case study on the forms of data to improve lives of older people: the case of data collected by older citizen monitoring groups for the AFFORD Programme, [Tanzania] (no date).

Older citizen monitoring programme in Tanzania: field data on health services of older people in Arusha and Dodoma, 2004

Monitoring groups (OPMGs) guidelines. Tanzania, 2015

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OCM guidelines and reports using OCM data (not country specific)

Engaging communities in evidence gathering through citizen monitoring: A training manual for community monitors [Southern Africa region] (no date)

Ageways issue 67 on Older Citizens Monitoring. HelpAge International, 2006

HelpAge guidelines: Older Citizens Monitoring, 2011

Older Citizens' Monitoring Guide On Access to State Services in Sub-Saharan Africa, 2014

HelpAge internal trip reports (single country, in alphabetical order by country)

Older citizen monitoring: the experience of Bangladesh. Report of Bangladesh exchange visit 17-23 April 2007

Older Citizens Monitoring Project Jamaica Pilot: learning and evaluation visit, February 2006

Complaints and feedback mechanisms at HelpAge: a case of help desk committees in Turkana, Kenya. Magda Rossman for HelpAge International, March 2014

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Schouten C, *Social accountability in situations of conflict and fragility,* Anti-corruption Resource Centre, U4 Brief, Chr. Michelson Institute, 2011

Tobias J, Omondi F, *Unblocking results: A case study of HelpAge International in Tanzania*, Overseas Development Institute, 2014

United Nations Department of Economic and Social Affairs, Division for Social Policy and Development, *Neglect, abuse and violence of older women: Report of the expert group meeting*, United Nations, 2013

Annex 2: Examples of national policies and programmes targeted

Country	Years	National policies and programmes targeted
Bangladesh	2006-11	Access to health services – Health and Nutrition Services package, Old Age Allowance, Vulnerable Group Development Programme, Widow's Allowance
Bolivia	2002-06, 2008-11	National Older People's Health Insurance Scheme (SSPAM) Health Sector Development Plan (PSD) 2010-2020 'Towards Universal Health', Intercultural Family and Community Health policy (SAFCI)
Ethiopia	2004-15	Plan for Accelerated and Sustained Development to End Poverty (PASDEP), Government decentralisation framework, Non-communicable disease strategies and guidelines (Federal Ministry of Health), Health insurance policy covering older people, Social protection policy, new Poverty Safety Net Programme (PSNP)
Ghana	2009-12	Livelihood Empowerment Against Poverty Programme (LEAP), National Health Insurance Scheme (NHIS)
Jamaica	2002-12	Jamaica Drugs for the Elderly Programme (JADEP), National Health Fund (NHF), Programme of Advancement through Health and Education (PATH)
Kenya	2002-06	National Policy on Ageing, National Health Sector Strategic Plan 2005-10
Kyrgyzstan	2008-09, 2011	Universal Monthly Benefit (UMB), Social Protection schemes and National Development Strategies
Moldova	2007-09	Law on State Social Benefits, Law on Social Aid, Mandatory Health Insurance Programme (UNIC)
Mozambique	2010-15	National Strategy of Basic Social Security (ENSSB), Basic Social Subsidy Programme (PSSB), National Health Policy 2007, National HIV Strategy (2015-2020), National Plan for Older People (PNPI) 2006-2010, National Strategy on Non-Communicable Diseases, Law no.3/2014 on the Promotion and Protection of Older People's Rights, Fourth National HIV/AIDS Strategic plan (PEN IV), National strategic plan on health (2014-2019), Law no. 4/1987, 19 January which states that older people who are required to stay in hospital do not have to pay for their hospital bed; Law no. 2/1977, 27 September provides free access to health services of a preventative nature for older people
Tajikistan	2011	Social protection schemes and national development strategies
Tanzania	2002-15	National Policy on Health Care, National Ageing Policy under Ministry of Health & Social Welfare, National Ageing Policy (NAP), National Social Protection Framework (NSPF), Social Protection Policy (ZSPP) in Zanzibar, National Ageing Bill, Mainland OP social protection measures, National Health Strategic Plan III 2010-2015 (HSSP III) and HSSP IV (2015-2020)
Uganda	2009-15	Social Assistance Grants for Empowerment (SAGE cash transfer), Northern Uganda Social Action Fund (NUSAF)
Ukraine	2013-present	Municipal plans and budgets

Resource Integration Centre

A member of an older citizens monitoring group in Gazipur, Bangladesh in 2005, with proof of her entitlement to the government's old age allowance

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