

MMS Bulletin #139

Network Health for All

Ageing Societies and Health

## Participatory Approaches in Bulgaria

# Active, empowered and young at heart

By Christine Rutschmann, Monika Christofori

Active, empowered and young at heart is how elderly people in Bosnia-Herzegowina, Belarus and Bulgaria perceive themselves, thanks to their participation in active ageing groups supported by the Swiss Red Cross. This article describes findings from a review conducted in March-April 2016 on the impact of participatory approaches on social vulnerability of elderly people as well as impact on partners and institutions in these three countries.



Photograph taken in some of the central parks of Sofia, Bulgaria. (Photo: Alfred Mikus, Belarus/ © SRC)

## Older people are mainly perceived as a burden

The population in Europe is not only among the most long-living, but also the oldest worldwide in terms of median age (Rodrigues et al. 2012). However, this region is characterised by large and growing differences in terms of how people age, both between and within countries.

More often than not, this ageing of a population is treated as a source of concern by governments, which fear that revenues will be insufficient to meet the needs of an ageing population, that an impossible strain will be placed on pension and social security systems, and that demands on health and long-term care systems will increase (Bussolo et al. 2015). This sense of being a burden is a widespread stereotype, which is faced by many older people. However, Governments and institutions, including the UN, the WHO and World Bank, are gradually shifting their perception and put ageing high on the development agenda. Older people are an invaluable resource for their families and communities, and are willing and eager to make contributions to the society. What they lack are opportunities.

Swiss Red Cross (SRC) has endeavoured to provide these opportunities to the elderly in Eastern Europe and Central Asia for many years. SRC programmes target the most vulnerable people, recognising that older people are particularly vulnerable to poverty and social exclusion, due to a combination of factors including low income, poor health, age- and/or gender-based discrimination, reduced physical or mental capacity, isolation, abuse and limited access to health and social services.



SeadSofti**ć**, AA group member from Gnojnica, Lukavac; learning experience (for both old and young) in the premises of the AA group, Bosnia/Herzegovina. (Photo: Alfred Mikus, Belarus/ © SRC)

In 2003, the SRC began to introduce participatory projects with older people alongside much larger home-based care programmes. While the SRC has a long experience of home-based care as a means of addressing specific medical and social needs of older people living alone and without sufficient resources, using participatory methods with older people to foster active ageing were new to the SRC and its implementing partners, the local Red Cross Societies. The first experiences were a step into the unknown and followed the principles of the Madrid InterPartner Plan of Action on Aging (Madrid, April 2002, pdf).

## How to empower older people

Through the introduction of participatory approaches, the SRC aimed to change the agenda from Red Cross Partner Societies doing things *FOR* older people to giving older people opportunities to do things *BY* themselves. The participatory approaches encompass the empowerment of older people through a) forming groups for self-help (so-called "Initiative Groups"), help for others and advocacy activities, in b) capacity building of members of these groups, c) financial support to Initiative Groups' activities and d) support in networking and experience exchange. The *Initiative Groups* were established with the guiding principle that older people themselves are leading the groups, making decisions and implementing the activities. The hope was that methods of participation would result in older people improving their lives and wellbeing and thereby increase their capability and reduce their vulnerability.

## Lessons learned from the use of participatory approaches

The SRC used participatory approaches in the Age Awareness and Advocacy Project in Bulgaria since 2003, the "Participatory Community Work Project" in Belarus since 2006, and the "Active Ageing Project" in Bosnia and Herzegovina since 2013. In order to review the impact of these approaches within the different contexts, the SRC commissioned an independent comparative assessment in these three countries, using mixed methods including a questionnaire survey, individual interviews and focus group discussions with a range of stakeholders. The assessment helped to understand driving forces and external factors conducive for successful participatory approaches with older people, and to establish lessons and good practices, which are useful for the SRC future engagement in active and healthy ageing.

#### • Decreasing social vulnerability of older people

The review revealed that the greatest change these three projects produced is seen at the individual level. All three projects have succeeded in establishing groups of older people who are committed, enthusiastic and making a difference in their communities. There is a perceived increase in their social capital, capacities and self-reliance. The projects are decreasing social vulnerability in those older people who are involved in the groups. However, there are indications from the research that *Initiative Groups* consisted mainly of older people who were

already relatively active. It is reasonable then to focus future activities on the involvement of more self-isolated and passive people. This requires an innovative thinking in the areas of motivation and removing access barriers to join the groups.



Stoyka Stoykova - retired midwife, from IG in Gotse Delchev measured the blood pressure of older women, living in mountain village Delchevo /Gotse Delchev municipality, Blagoevgrad region, Bulgaria. (Photo: Alfred Mikus, Belarus/ © SRC)

#### Doing good for other people

In all three countries, the most important factors that triggered success of community groups of older people are training provided by the project, joint work with other member of the group, experience exchange, financial support by the project, and the satisfaction of beneficiaries. The development of local facilitators in Belarus and vision building in Bosnia and Herzegovina are identified as important factors in giving a basis for the good functioning of the *Initiative Groups*.

At the beginning, *Initiative Groups* are mainly self-help groups, building trust through the sharing of experience and knowledge, enjoying communication and celebrating various events together. When Initiative Groups become effective teams, they start to help other vulnerable people, such as lonely older people and people in institutions.

In Bulgaria, and Belarus the project is generating organised, skilled and committed older volunteers for the local Red Cross in areas such as home-based care, food distribution, health promotion, and first aid. This result is welcomed by senior managers, and is a factor in their support for the approach. Older people consider that their involvement in Red Cross

humanitarian programmes increases their status in communities and opens doors, which might otherwise be closed to them. They do not see a conflict with their ability to make independent decisions about their activities within the *Initiative Groups*. In the future Red Cross Societies require investment of its own resources to sustain the approach. This is particularly pertinent as the SRC funding draws to a close.



## (Photo © SRC Belarus)

#### Advocating for change within the community

Advocacy needs training: Initiative Groups use the skills and methods of advocacy to lobby on specific issues and concerns that affect their everyday life. Triggers for moving into advocacy (Rights-based approaches) are experience of working together for a common cause; a good reputation within the community; partnerships with local institutions and organisations; a good knowledge of local needs; training, where they were introduced to the tools and methods for advocacy; and, in the case of Bulgaria, introduction to documents promoting the rights of older people.

What advocacy can achieve: Initiative Groups have successfully addressed a range of different issues: from permission to visit the gym by vulnerable people free of charge, to reconstruction of roads, reduced fares on public transport, and establishment of health services or street markets close to the districts where mainly older and vulnerable people live.

There has been a reduction in anxiety levels in the community about approaching retirement. Before there was a sense of nothing awaiting beyond retirement, just living alone. Now people can see the positive changes and possibilities of a new lifestyle.

Municipality of Senno, Belarus

Advocacy - not an easy thing to do – find older people: However, advocacy has not become a natural function of the *Initiative Groups*. They find this activity challenging. Hindrances are mainly related to external, contextual factors in the three countries: social and economic situation, legal framework, culture and traditions. Since *Initiative Groups* do not have a legal identity, they heavily depend on the position, interests and decisions of the Red Cross Societies. Therefore, working with local authorities the groups demonstrate only modest impact. More

investment and capacity building is required to build up the Initiative Groups as well as the Red

#### • The local SRC Staff had quite a few difficulties with the new approach

Cross society if they are to achieve serious cooperation with local public authorities.

While the SRC staff clearly understand the approach and have capacity to empower local people, it took long time for local Red Cross staff to get this knowledge and skills. The Red Cross Societies in Bulgaria and Belarus point out that the idea of working WITH beneficiaries instead of working FOR them was very new. They had doubts about the methods and expected results. It was only over time that an understanding of empowerment and true meaning of participation became clear. Staff consider that this new understanding was due to training, workshops to review experience and establish lessons, learning from their own experiences of implementing such activities and advice provided by external consultants. At institutional level, the greatest effect is observed in Belarus. The Red Cross society in this country is introducing the culture of participation in its own organisation. Furthermore, participatory community work is now an integral part of the Belarus Red Cross Partner Strategy and the organisation has a full- and part-time staff members responsible for this work.

#### • Creating nation-wide awareness and impact

Partner Red Cross societies become acknowledged experts in active ageing and participate in various partner level working groups providing advice and consultation. There have been a range of published materials and partner events, which contribute to increased awareness about active ageing, and participation of older people in communities. The most impressive impact, which can be directly attributed to the project, is observed in Belarus, where state-run social institutions following the experience of the Red Cross Society established Day Centres for older people and applied the same approach when organising their functioning.



## (Photo © SRC Belarus)

# Further challenges remain: How to address all older people and how to become agents of change?

The results of the review demonstrate that participatory approaches for empowerment of older people leads to the decrease in their vulnerability. Older people benefit through and from their involvement in the Initiative groups and others around them benefit from their engagement as volunteers. However, there are indications from the research that groups are mainly bringing together older people who are already relatively active. It is reasonable then to focus future activities on involvement of more self-isolated and passive people. This requires new elements of motivation and innovative approaches to overcoming access barriers to the groups.

Becoming agents of change at local and state level is more difficult for the Initiative Groups, as this is also shaped by contextual factors. More support and advocacy through the implementing partners is required to constructively work with local and state authorities. The review has also demonstrated how participatory approaches transform the organisational culture of the implementing partner over time. Maintaining the momentum of the existing initiative groups and scaling up on a wider scale is an issue to be addressed further by the SRC and the implementing partners.

Film, photos and the final report can be sent on request.

Please contact Christine Rutschmann by e-Mail

# References / Notes:

- Rodrigues, Huber, Lamura Editors (2012): Facts and Figures on Healthy Ageing and Longterm Care; European center for social Welfare Policy and Research; Vienna, Austria
- Bussolo, Maurizio; Koettl, Johannes; Sinnott, Emily (2015): Golden Aging: Prospects for Healthy, Active, and Prosperous Aging in Europe and Central Asia. Washington, DC: World Bank. © World Bank. http://www.worldbank.org/en/region/eca/publication/golden-aging
- In April 2002, government representatives from across the globe met in Madrid, Spain, for the Second World Assembly on Ageing. Together they resolved to adopt a global Plan of Action "to respond to the opportunities and challenges of population ageing in the twentyfirst century and to promote the development of a society for all ages". The plan, commonly known as MIPAA, focuses on three priority directions: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments.



Chrisine Rutschmann, SRC International Cooperation Program
Officer
Responsible for Belarus, Bulgaria and Armenia. Email
Monika Christofori-Khadka, SRC International Cooperation
Health Advisor for Asia/Europe Divison. Email

#### Kontakt

**Deutschschweiz** 

Medicus Mundi Schweiz Murbacherstrasse 34 CH-4056 Basel Tel. +41 61 383 18 10 info@medicusmundi.ch Suisse romande

Route de Ferney 150 CP 2100 CH-1211 Genève 2 Tél. +41 22 920 08 08 contact@medicusmundi.ch