

Empowering older citizens monitoring project, Jamaica

End-of-project evaluation report



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1.0 Introduction

1.1 Purpose of the Report

This report outlines the results of an external End-of-Project Evaluation of the *HelpAge International (HAI) Empowering Older Citizens Monitoring Project* implemented in Jamaica during the period April 2007 to March 2010. The Evaluation, commissioned by the HAI Caribbean Office in keeping with the project's monitoring and evaluation plan, was conducted in April 2010. It fulfils one of the reporting requirements of the Dutch Pension Fund – ***Internationaal Fonds voor Kwetsbare Ouderen*** (IFKO) – which financed the project; but even more importantly, provides full documentation of the valuable lessons of experience associated with the social intervention model adopted in its implementation.

The information presented in the report, has wide ranging policy and programmatic implications not just for Jamaica, but also for other developing countries and development partners within and outside of the Caribbean.

1.2 Key Audiences

The primary clients for the report are: the HAI Caribbean office and its international headquarters; the Dutch Pension Fund as a significant donor to the project; the local partner agencies – St. Catherine Community Development Agency (SACDA), Children First, Hope for Children Development Company (HCDC) and St. Andrew Settlement – responsible for implementation activities; the senior citizens groups and other older people in the targeted communities; and the services providers and other state entities involved in the delivery of social assistance programmes.

The findings should be of particular interest to policy makers and programme level staff in the Ministry of Labour and Social Security, including the Social Security branch and the National Council for Senior Citizens, as well as the Ministry of Health and the National Health Fund, in keeping with their respective responsibilities for the Programme of Advancement through Health and Education (PATH), the Jamaica Drugs for the Elderly Programme (JADEP) and the National Health Fund (NHF), which were the focus of the Older Citizens Monitoring Project.

In the context of monitoring member state's implementation of the Madrid International Plan of Action on Ageing, this evaluation report should also be of great value to the international development partners within the UN system such as the United Nations Development Programme (UNDP) and the United Nations Fund for Population and Development (UNFPA), among others, and also the global NGO community concerned with issues related to older persons, especially the most vulnerable.

1.3 Scope of the Project

The HelpAge International (HAI) Empowering Older Citizens Monitoring (OCM) Project is an initiative of significant importance to Jamaica as well as countries in other regions of the world, based on the provisions of the Madrid International Plan of action on Ageing to which they are signatories and the primacy of the need to ensure that Governments' social policies and programmes are effective in relation to the attainment of adequate social protection coverage for the population of older persons, particularly those that are excluded and living in conditions of poverty.

Jamaica was one of five countries in different regions of the world in which a pilot project was undertaken by HAI commencing in 2003 to monitor implementation of the Madrid International Plan of action on ageing.¹ The focus of the project in Jamaica was to empower older citizens to monitor access and delivery of three government social assistance programmes – **Jamaica Drug for the Elderly Programme (JADEP), National Health Fund (NHF), and the Programme of Advancement Through Health and Education (PATH)** – from which they could receive benefits. This pilot project was implemented in St. Catherine with the St. Catherine Development Agency (SACDA) as collaborating partner. Older persons who were unaware of the provisions under these programmes or were not accessing benefits, were facilitated through the pilot project to become beneficiaries. The pilot also highlighted a range of issues affecting older persons in respect of social protection coverage which needed to be addressed. Foremost among these were: the inadequate pension provisions in terms of low coverage of some of the most vulnerable older persons; disadvantages and errors of exclusion associated with the means-tested conditional cash transfer programme (PATH); and difficulties related to administration of the two prescription drug assistance programmes (JADEP and NHF).

The success of the pilot and the issues identified as requiring urgent attention by the Government to ensure the strengthening of older person's access to social protection, led to an expanded project with the support of the Dutch Pension Fund (IFKO) during the period April 2007 to March 2010. The expanded project included four partner agencies (SACDA and three others) and eight new communities covering St. Catherine and Kingston & St. Andrew, as shown below:

- I. **St. Catherine Development Company (SACDA)** – Deeside, PrincessField and Browns Hall (St. Catherine)
- II. **Children First** – Rivoli and Central Village (St. Catherine)
- III. **Hope for Children Development Company (HCDC)** – Rose Town and Greenwich Town (Kingston & St. Andrew)
- IV. **St. Andrew settlement** – Majesty Gardens (Kingston & St. Andrew)

1.4 Scope of the Evaluation

¹ The other countries which participated in this HAI 'Older Citizens Monitoring' project were Bangladesh, Bolivia, Kenya, and Tanzania.

The outcome and impact of the expanded HAI Empowering Older Citizens Monitoring Project implemented during the period April 2007 to March 2010 is the central focus of this external evaluation report. It highlights the design features of the project as a community level initiative and assesses the extent to which it enabled older persons to better access the benefits of the three social assistance programmes selected for attention (PATH, JADEP and NHF). A particular area of interest is the level of empowerment of older persons to articulate issues affecting them with public officials and the media.

While the follow-up Poverty Alleviation project implemented by HAI with two of the partners (SACDA and Children First) was not a part of this evaluation exercise, beneficiaries in their assessment of the OCM associated its outcome with that project because of the overlap in the period of implementation. The results of the evaluation therefore reflect the inter-connectedness between the two projects.

The approach to the evaluation is largely qualitative. While the baseline survey conducted at the inception of the project serves as a frame of references in terms of the project's outcome, there is no comparative quantitative analysis of data from the baseline study and end of project evaluation based on the differences in the methodological approach.

2.0 Project Profile

2.1 Project Background

The Older Citizens Monitoring project as conceived by HelpAge International involves monitoring, by older people and other citizens, of how governments, international bodies and local authorities are acting on the commitments they made at the Second World assembly on Ageing in Madrid in 2002.

The project forms part of an action plan arising from the Madrid International Plan of Action on Ageing (MIPAA) which saw one hundred and fifty countries, including Jamaica, signing on to a document which committed the countries to take action to improve the situation of older persons in three priority areas. The three areas are: older persons and development; advancing health and well-being into old-age; and ensuring enabling and supportive environments. The MIPAA also provides a policy framework to guide governments and other actors who influence mainstream ageing issues in national development plans and programmes and to promote a society for all ages.

As previously stated, in Jamaica, HelpAge International and its partners chose a project to monitor delivery and access to three major social assistance programmes the NHF, JADEP and PATH.²

² The NHF is a drug-subsidy programme for the treatment of fifteen major chronic illnesses. A subsidy of up to 80% of the cost is provided for items on the approved list of pharmaceuticals. It has universal coverage in that the programme can be accessed by persons of any age, sex or socio-economic status. JADEP, in contrast, targets only persons 60 years and older and provides prescription drugs for ten chronic illnesses. The drugs are provided free of cost but beneficiaries are required to pay a processing fee of J\$40 and are allowed to access one month's supply at each dispensing. PATH is a much broader social assistance programme which targets poor households, providing

2.2Project Purpose

The purpose of the Project was to improve access to, and delivery of social assistance programmes benefiting older people in Jamaica by empowering and encouraging older persons to dialogue with government and the media to seek improvements in the access and delivery of these programmes. The approach will therefore be one in which older citizens monitor public policies in order to achieve the project purpose.

2.3Project Objectives

The specific objectives of the Older Citizens Monitoring Project were:

- To monitor effectiveness of JADEP, NHF, and PATH in reducing poverty amongst older people.
- To develop the capacity of the four partners – SACDA, Children First, Hope for Children Development Company (HCDC) and St Andrew Settlement – and their older people, to undertake monitoring
- To advocate for changes to JADEP, PATH and NHF in order to improve the delivery of services to older people.

2.4Project Activities

The main planned activities for the project were as follows:

- Conduct of baseline survey to provide a situational analysis of older people in the selected communities and to establish a benchmark for monitoring and evaluating changes in access to the social assistance programmes.
- Training workshops to equip older persons to carry out monitoring and evaluation and to undertake advocacy around the project.
- Involvement of older persons in data collection.
- Convening annual review and network meetings.
- Production and dissemination of research information.
- Launching Information campaigns.
- Preparation and production of handbook of social services.

2.5Project Outputs/Deliverables

The following were identified as the main deliverables for the project:

- Baseline survey report on access to and take up of PATH, JADEP and NHF in selected communities.
- Handbook on social protection programmes for older people.
- Awareness leaflets, posters and charts about older people's rights and entitlements.

conditional cash transfers specifically for children, older persons, persons with disabilities, pregnant and lactating mothers and the indigent. Children constitute the single largest target group for PATH, followed by older persons.

2.6 Expected Results/Outcomes

The expected results/outcomes of the project were stated as follows:

- Information on the take-up and delivery of social assistance programmes collected and analyzed.
- Older people understand their rights and entitlements in relation to social assistance programmes and are accessing these benefits.
- Marginalized older people are empowered to communicate their needs and messages to government and the media.
- NHF and PATH will, as part of the official policy, utilize established community mechanisms in effecting access to and delivery of the programmes.

2.7 Institutional Arrangements

The Caribbean office of HelpAge International had overall coordinating responsibility for the OCM project while the partner agencies had direct responsibility for implementation activities at the community level. The four implementing agencies were selected on the basis of their strong links to the communities and their track record in terms of development activities at the grassroots level, as shown below:³

- I. ***St Catherine Development Company (SACDA)*** – Community-based organization established in 1996 and is in the process of being legally incorporated. It is registered with the National Council for Senior Citizens and the Social Development Commission as a CBO. Its main areas of activity include: advocacy with children, youth and older persons; integrated community development including disaster risk management; livelihood development; human development; and social services.
- II. ***Children First*** – Community Action organization officially launched on June 17, 1997, with legal incorporation as a Charitable Organisation in September 1997. The main areas of activity include: provision of remedial education to vulnerable young people; skills training for youth; violence prevention; male socialisation; community “edutainment”; provision of healthcare information and services to young and older people; HIV/AIDS sensitisation, prevention, testing, counselling, and referrals; social protection programmes for older people; and community disaster preparedness and management programmes.
- III. ***Hope for Children Development Company Ltd. (HCDC)*** – Community development organization established on 16 April 1992 and legally incorporated as a Company Limited by guarantee, not having a share capital. The main areas of activity include: practical programmes and advocacy supporting the educational and development needs of children and youth; promoting access of older people, children and grandchildren to public

³ This information is based on Partner Description and Agreement document obtained from the HelpAge International Caribbean Office.

services; strengthening community organisations and institutions supporting children, adults and older people in the areas of education, training health care, livelihood and disaster risk management; strengthening capacity of parents in target communities; and community-based support services for children and families.

IV. *St. Andrew Settlement* – This centre officially commenced operations in 1965 as an outgrowth of a Mission House (St. Thomas Mission) attached to the St. Andrew Parish Church which was established by the Church in 1955. Services offered at the Settlement include:

- A Basic School which has recently been expanded.
- The Majesty Gardens Branch Library (subsidiary of the Kingston and St. Andrew Parish Library)
- Health Clinic
- Senior Day Care - Senior citizens come in for day care and fellowship.
- Special Volunteer services - St. Andrew Parish Church members give voluntary assistance through medical services, Justice of the Peace functions, counselling, spiritual coordination, etc.

3.0 Evaluation Profile

3.1 Purpose of Evaluation

Monitoring and evaluation of development projects and programmes to track progress and measure outcomes, not only ensure accountability to donors and other stakeholders, but very importantly, also provide valuable lessons of experience to inform planning and policy formulation and guide future interventions.

It is against this background that a summative external evaluation was conducted as one of the end of project activities of the HAI Empowering Older Citizens Monitoring Project. This evaluation complements an earlier formative evaluation exercise in the form of a baseline survey on the situation of older persons in the selected communities, as well as the monthly project monitoring activity reports.

3.2 Objectives

The external evaluation is intended to provide an independent and unbiased assessment of the outcome of the HAI Empowering Older Citizens Monitoring Project in the targeted communities.

The key objectives of the evaluation are:

- To assess the relevance of the HAI project in responding to the needs and priorities of older persons and its effectiveness in achieving the targeted results, with particular reference to the impact on increasing access to social assistance benefits, poverty reduction and improvement in health status.
- To identify why and how successful approaches, strategies and practices worked – and which didn't – drawing out key findings, lessons and good

practices, focusing, among other things on the development of advocacy skills among marginalized older persons.

- To examine the nature and level of effectiveness of the partnerships forged in the implementation of the project.
- To document the main accomplishments, challenges and lessons learnt.
- To determine whether the benefits of the project are likely to continue without the HAI/donor funding support and the major factors that will influence sustainability of the project achievements.

3.3 Evaluation Framework

The evaluation seeks to establish the outcome of the project in relation to its stated purpose, results and key questions:

Purpose

To improve access to and delivery of social assistance programmes benefiting older people in Jamaica by empowering them to dialogue effectively with government and media.

Results

- a) Older citizens have collected and analyzed information on the take up and delivery of three public assistance programmes.*
- b) Older citizens understand their rights and entitlements in relation to social assistance programmes and are accessing the benefits.*
- c) Marginalized older citizens are empowered to communicate the key findings and recommendations to government and the media.*
- d) Accountability mechanisms are institutionalized with government and other stakeholders.*

Key Questions

- a) Are the programmes reaching those for whom they were targeted?*
- b) What are the keys barriers to access and how were they overcome?*
- c) What is the impact of the programme on poverty and older people's health?*
- d) What are the main accomplishments, challenges faced and lessons learned based on the findings?*

Criteria for Evaluation

The main criteria used in the assessment of the project's outcome in relation to the factors stated above are as follows:

- **Effectiveness** – Measure of the extent to which the intervention attained its objectives;
 - To what extent were the objectives achieved?
 - What were the major factors influencing the achievement or non-achievement of the objectives?

- **Impact** – The positive and/or negative changes produced by the intervention, directly or indirectly, intended or unintended;
 - What has happened as a result of the project?
 - What real difference has it made to the lives of the beneficiaries?
 - What been the reach of the project?
- **Sustainability** – The likelihood of the benefits of the intervention continuing after the completion of the project;
 - To what extent will the activities promoted by the project be continued after external funding has ceased?
 - What are the main factors that will influence the achievement or non-achievement of sustainability?

A further elaboration of questions and sub-questions raised with stakeholders is contained in Appendix I.

3.4 Evaluation Methodology

The most difficult aspect of evaluation is determining causation, that is, whether the project itself is causing the observed impact, or if it is attributable to events outside of its ambit. Factors in a project's external environment may be the real cause of the observed outcome. Similarly, they may account for the real prevention of the anticipated outcome.

Since the precise determination of cause and effect is a constant challenge in social science research where experiments under laboratory type conditions are usually not feasible (or indeed desirable), reasonable inferences must be made using less scientifically rigorous methodologies which can be equally valid.

The methodology adopted for this evaluation was largely qualitative and was designed to fulfil the requirements outlined in the Terms of Reference (TOR) provided by the HAI office.

The evaluation exercise comprised:

- A literature and documentation review of material available from HAI and partner agencies (annual reviews, workshop reports, donor reports e.t.c).
- Focus group sessions with key stakeholders (senior citizens' groups/older people in the targeted communities)
- Individual interviews with older citizens monitors and selected project beneficiaries from participating communities/senior citizens groups. These are presented as case studies.
- Key informants interview with staff of partner organization, government officials and service providers such as pharmacists and other health personnel.

Consultation sessions, particularly with key informants and senior citizens clubs/older persons who were project participants/beneficiaries, provided valuable information for the assessment of the project's outcome.

The use of the methods outlined facilitated the application of a participatory model of evaluation with the full involvement of all stakeholders. Listening and observation were the primary skills utilized. As noted by HAI: "Listening is the most important skill needed for participatory research ... Good listening encourages more open communication and produces better quality research...The observation of interactions and relationships between people – how people behave – is also a key skill for participatory research" (Participatory research with older people: A sourcebook 2002).

The methodological approach applied in this evaluation exercise is credible and appropriate for identifying the results attributable to the HAI Empowering Older Citizens Monitoring Project, given the range of information that was available, time limitations and resource constraints.

As previously indicated, the qualitative information gathered in this summative evaluation is complemented by the data from the baseline survey conducted on the situation of older persons in targeted communities and their access to social assistance programmes as part of the Empowering Older Citizens Monitoring Project.

3.4.1 Literature and Documentation Review

The main documents consulted and reviewed to inform the evaluation exercise included:

- The HAI Terms of Reference for the End of Project Evaluation
- The Project Profile
- Project implementation documentation such as the monthly project activities reports submitted by the partner agencies and the consolidated donor report.
- Situational Analysis of Older People in Select Communities in Jamaica, HAI/IFKO 2008.
- Report on the National Consultation on the Situational Analysis of Older Persons in Select Communities in Jamaica, HAI 2008.
- Reports of review meetings and other assessments which formed part of ongoing monitoring and evaluation activities integral to the project design

3.4.2 Focus Groups

Ten focus group sessions were conducted covering all the targeted communities and the partner agencies that participated in the project:

- **SACDA:** Deeside, Princess Field and Brown Hall Senior Citizens Club (4 sessions – one with each community and one with the project management team)
- **Children First:** Rivoli and Central Village (3 sessions - one with Older Citizens Monitors of both communities combined and another session with the general membership of the Central village Senior Citizens Club as well as a session with the project management team of Children's First)
- **Hope for Children Development Company (HCDC):** Greenwich Town (2 sessions – one session with the Greenwich Town Senior Citizens Club and another with the project management staff of HCDC))

- **St. Andrew Settlement:** Majesty Gardens Senior Citizens Club (1 session with club members and project manager)

As far as was possible, these sessions were organized to coincide with the regular meeting dates, to avoid undue demands on the time of the stakeholders and the costs and logistics of special arrangements. The Evaluation Framework (Appendix I) guided these focus group discussions.

3.4.3 Semi-structured Individual Interviews

Individual interviews were conducted with older citizens' monitors and other project beneficiaries in the targeted communities. These were in-depth covering socio-demographic information as well as issues related to the effectiveness and impact of the project and are presented as case studies. The interview guide is shown at Appendix II.

3.4.4 Key Informants Interviews

Key informants interviews were also conducted to obtain qualitative information on the evaluation issues to determine the relevance, effectiveness, impact and the sustainability of the results of the project.

Interviews were conducted with: (i) The staff of SACDA, Children First, Hope for Children and St. Andrew Settlement; (ii) Programme managers for JADEP, NHF and PATH and the National Council for Senior Citizens; and (iii) pharmacists and medical personnel in the targeted communities. The key informant interviews with the partner agencies took the form of a focus group discussion with the management team. This approach was also applied in the interview with the National Council for Senior Citizens. Telephone interviews were conducted with the Vice-President of Operations at the National Health Fund, the institution, which also has responsibility for JADEP, and the Monitoring and Evaluation Manager for PATH.

The partner agencies were asked to assist with the identification of the pharmacies, and hospitals/clinics serving the target communities where staff could be interviewed. The External Consultant conducted these interviews with individual staff member using the guide attached at Appendix III.

3.5 Stakeholder Participation

The evaluation was carried out with full stakeholder participation including staff of the HAI Caribbean Office, the managers of the partner agencies (SACDA, Children First, Hope for Children and St. Andrew Settlement, and), senior citizens clubs/older people in the target communities, service providers (pharmacists, doctors, nurses, postal workers) and officials of other relevant state entities.

Stakeholder participation was not limited to the information gathering phase of the evaluation but also for finalization of the report through a meeting convened with partners to validate the findings, conclusions and recommendations.

3.6 Field Activities and Time Frame

The following schedule sets out the initial timeframes and delivery dates established to guide the execution of the evaluation exercise:

Activities	Timeframes
Preparatory Activities (March 30 –April 5, 2010)	
Review relevant literature; prepare workplan; and establish interview schedules with HAI partner agencies	March 30 –April 5
Field Work (April 6-14)	
Conduct Key Informants Interviews Convene Focus Groups Conduct individual interviews with OCM	April 6 – 8 April 9 -14 April 9 -14
Preparation of Report (April 15 – May 7)	
Document case studies of key beneficiaries Analyse findings and compile Draft Report Submit Draft Report (Electronic Version) Stakeholders' Consultation to validate findings Revision of Draft Report Submit Final Report (Electronic Version)	April 15-16 April 15-21 April 21 May 3 (tentative proposal) May 4 –May 7 May 7

3.7 Challenges and Limitations

The timeframe for completing the evaluation was relatively short in relation to the tasks to be completed, taking into account a major holiday break which fell within the evaluation period and the need to synchronize the External Consultant's and the stakeholders' schedule to minimize cost and undue disruptions to the latter's normal activities. This had an impact on conducting the number and range of interviews proposed particularly in terms of key informant interviews with service providers. The availability of some of these key informants proved problematic because of their work schedule, particularly the pharmacists and medical personnel. In addition, these service providers were not familiar with the HAI/OCM project and could only

comment generally on the issues affecting older persons in relation to the social assistance programmes.

As a result of the time constraints, the original date of completion of the fieldwork as well as the Draft and final report could not be met.

4.0 Evaluation Findings

4.1 Overview

The views expressed by stakeholders were overwhelmingly positive in respect of the outcome of the HAI Empowering Older Citizens Monitoring Project.

Relevance of Project

Implementation of the project was seen as particularly relevant within the context of the prevailing socio-economic conditions in Jamaica, reflecting the global financial crisis and the vulnerable situation of older persons; a significant percentage of whom do not meet eligibility criteria for contributory social security in the form of the National Insurance Scheme (NIS), occupational pensions or other retirement benefits.⁴ Many older persons therefore require non-contributory benefits from the social assistance programmes to meet their basic needs. The awareness raising promoted through the project was seen as crucial in increasing access.

The Baseline Survey undertaken at the commencement of the OCM project indicated that in the selected communities only 22% of males and 18% of the females were receiving NIS benefits while access to JADEP and NHF ranged between 14-20% for males and 20-24% for females. For PATH, only 12% of the males and 19% of the females were receiving benefits.⁵

Project Effectiveness and Impact

In relation to HAI OCM's core objective of improving the access of older persons to available social assistance benefits, it was generally posited that this was achieved in terms of the number of persons for whom registration to NHF and JADEP was

⁴ Under a third (approx. 28%) of persons 60 years and above in Jamaica meet the eligibility criteria for NIS pensions (See Table 2). This is due mainly to the large size of the informal sector (estimated as about 53% of the labour force by a 2003 IDB study) and the related high level of non-compliance in the payment of NIS contributions. In addition, it has been estimated that only about 18% of retirees have occupational pension benefits, generally persons who were employed with public sector entities or large private enterprises and who would also have qualified for NIS.

⁵ HelpAge International, Situational Analysis of Older People in Select Communities in Jamaica, p 22, Fig. 25.

facilitated through the project. However, the consensus was that no appreciable increase in access to PATH was recorded as a result of the project, largely because of the rigours of means-testing for entry into the programme, which, among other indicators, take into account the ownership of consumer durables. It was argued by many stakeholders that although older persons may possess such items which were acquired over time, they lack financial resources to make purchases of food and other basic items. In addition, while there was increased access to JADEP and NHF via facilitation of registration through the project, a number of challenges were reported by the older persons in utilizing these health cards at the pharmacies. These complaints centred around the availability of the JADEP supplies and the fact that the drugs which were sometimes prescribed by the doctors were not those on the list approved by the NHF for the drug-subsidy.

When these issues were raised with the NHF representative during the key informant interview, it was stated that adequate supplies of drugs were being provided for JADEP beneficiaries, but that some pharmacies may be giving misleading information to bolster sales of their own stocks. It was also indicated that there was an ongoing public education campaign to inform doctors and NHF cardholders of the range of approved items under the programme so that this could be taken into account when drugs are being prescribed. Other stakeholders such as the NCSC felt that in spite of the NHF's position there are sometimes genuine problems related to the supply of JADEP drugs to pharmacies.

In the main, the objective to develop advocacy skills among older persons to empower them to dialogue with government officials and representatives of other public institutions and the media, in respect of their rights and interests, was considered to have been realized by stakeholders. There were very outstanding Older Citizens Monitors, as shown in the case studies which form part of this report, who rose to prominence in their communities as a result of their involvement in the project.

Many project participants felt greatly empowered as a result of the Information Fairs which provided contact with a range of institution such as the Ministry of Labour and Social Security (NIS and PATH representatives), the Registrar General's Department (Birth certificates and other documents)) and the Tax Registration and Administration Division of the Inland Revenue Department (Tax Registration Number application). Issues of critical importance to older persons such as health-related matters were addressed at these sessions.

Additionally, capacity building in the partner agencies was a major outcome of the project especially in relation to the networks developed with state institutions foremost among these being the National Council for Senior Citizens (NCSC) with its considerable knowledge and experience in dealing with issues related to older persons.

The use of existing community-based organizations at the operational level for implementation was a distinct advantage in the project design because of the

tremendous social capital which these agencies brought in terms of engagement with the communities and the trust which existed. This trust and solidarity was particularly important at the outset when the baseline survey was being conducted and some persons were wary as to whether there were any political connotations. Once they were assured through the partner agencies that this was not the case, the scepticism and suspicions diminished.

The intergenerational nature of the activities of the partner organizations was also a very positive factor for the project and a very important strategy for longer term impact. The project created an opportunity for those agencies whose major focus had been children, to extend their involvement with the broader family and kinship unit, especially in the context where some older persons had the responsibility of caring for their grandchildren. Many young persons also served as volunteers in the senior citizens clubs and developed strong bonds with the older persons while assisting in various outreach activities including welfare and personal care. The promotion of these intergenerational linkages constitute an important component of the Madrid Plan of Action on Ageing, as solidarity between generations is central to the social protection system and helps to eliminate exclusion and isolation of older persons.

The vast majority of older persons who participated in the focus group discussions as part of the evaluation exercise, expressed the view that one of the areas in which the project had the most significant impact was the social interaction fostered through the strengthening of existing senior citizens clubs or the formation and establishment of new groups. This, they stated, allowed them to overcome exclusion, isolation and loneliness by participation in a range of recreational and other social activities. This outcome of the project must be highlighted as studies of older person in Jamaica have identified loneliness as one of their main problems.⁶

Livelihood activities – chicken rearing in the main – which were introduced as part of a follow-Poverty Alleviation follow-up project involving St. Catherine communities under SACDA and Children First, were associated with the OCM by the older persons and considered as a most valuable element. Although a separate project, the older persons did not make that distinction and felt that income generating activities were indispensable to the success of the HelpAge supported intervention in their communities. This will be discussed further in the community level assessment of the project's outcome.

It must be emphasised that , in general, stakeholders at the community level pointed to the economic assistance to some of the most marginalized and vulnerable older persons through the senior citizens clubs as a major achievement under the project. This was not limited to ensuring their registration and access to the social assistance programmes, but extended to other initiatives embarked upon by club members in the spirit of caring and benevolence.

⁶ See for example, Denise Eldemire Shearer (1997), *The Jamaican Elderly: A socio-economic Perspective and Policy Implication*.

As shown in Table 1, a total of 1724 persons in the eight participating communities benefitted from the HAI/OCM Project implementation activities. The project records indicate that 88%, (1528) were older people.⁷ In respect of the three targeted social assistance programmes (where N = 717), it is clearly demonstrated that JADEP accounted for the largest number of registrations, 61.65% (442) facilitated through the project, because it is specifically designed for persons 60 years and older and is more easily accessed in terms of the documents required when compared to the NHFCard. Registration for the NHFCard was the second highest at 33.05% (237), and PATH the lowest at 5.30% (38).

At present, of the total population of persons age 60 years and above in Jamaica, 71.51% are registered on JADEP and 44.56% have NHFCards (See Table 3) and there has been a steady increase in registration over the period 2005-2010 (Table 6). It should be noted that these figures are linked to disease prevalence as well as issues related to ease of access. PATH which has 58,133 beneficiaries age 60 and older (Table 4) is the most restrictive of the three social assistance programmes in terms of access as a result of the application of a means test, as indicated earlier, which is not required for JADEP or NHF.

Table 1
Distribution of Programme Beneficiaries by Gender

Gender of Beneficiaries by Programme / Service							
	Male	Male as % of Total	Female	Female as % of Total	Total	Service as % of Total	Ranking of Beneficiary Access in the Project
Overall Total Beneficiaries	558	32	1166	67	1724	100	n/a
JADEP	131	29	311	74	442	25	2nd
PATH	14	36	24	63	38	2	7th
NHF	65	27	172	72	237	13	3rd
Bus Pass	48	34	91	65	139	8	6th
TRN	68	43	90	56	158	9	5th
RGD	134	26	375	73	509	29	1st
NIS	4	33	8	66	12	0.70	8th

⁷ HAI Caribbean Office IFKO End of Project Final Report

Other support services/ innovations by Partners (Home Care Services, Soup Kitchen, HIV/AIDS Voluntary Counselling & Testing Services etc.,	65	34	124	65	189	11	4th
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Source: HAI Caribbean Office, IFKO End of Project Final Report

Sustainability of Project Outcomes

Indications from the stakeholders are that the outcomes obtained by the project will be sustained at the community level through the institutionalization of the approach within the senior citizens groups and the continued support of the partner agencies even when financial assistance from the HAI and its donor is no longer available. This, it was put forward, would also require the full support of the National Council for Senior Citizens and the other agencies of government.

4.2 Community Level Assessment of Project Effectiveness and Impact

The evaluation findings for each community had many common elements but there were also a number of issues pertinent to specific partner agencies and communities, these are outlined in the community level assessment of outcome which follows. It should be noted that whereas the communities of Deeside, Browns Hall and Princess Field in which SACDA worked are characteristically rural, those linked with Children First (Rivoli and Central village) are sub-urban; while the communities attached to Hope for Children and St. Andrew Settlement (Rose Town, Greenwich and Majestic Gardens) are located in urban areas.

I. St. Catherine Development Company (SACDA)

Deeside Community

Deeside is a relatively poor farming community in rural St. Catherine where the harsh realities of the economic difficulties being experienced in the country are reflected. There are high levels of unemployment especially among the young people, and limited livelihood opportunities for most households. This is borne out in the fact that during the baseline survey, the lack of money was stated as the number one concern of the community.⁸ This was the first community visited in the evaluation exercise, at the local church which serves as the headquarters and

⁸ HelpAge International Situational Analysis of Older in Select Communities in Jamaica, page 15.

meeting venue for the Deeside Seniors Citizens Club which was established as part of the project implementation strategy. The focus group discussion was very animated with the full participation of the more than 30 persons in attendance. They expressed satisfaction with the leadership of SACDA and the personal commitment of its project management team in which they had full confidence. Throughout the sessions, glowing tributes were made to these persons and it took much probing to have participants indicate any gaps. They also had high praises for the work of HAI. A wide range of benefits were highlighted which in their view were derived from the project. These covered both material and what could be categorised as “intangible” benefits and included the following:

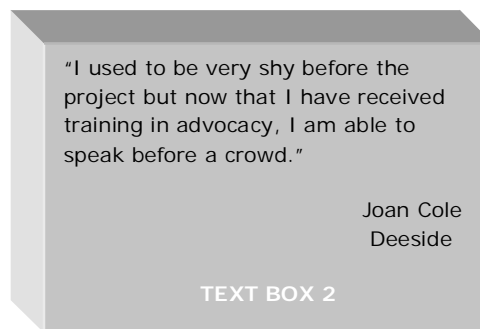
- Greater access to social assistance programmes, JADEP and NHF in the main, as PATH was said to be problematic although some persons were able to get on through the route of the Poor Relief Programme.⁹
- Material benefits such as food packages; health and funeral assistance through a fund established by the club based on the dues contributed by members; and welfare support (provision of meals, personal care etc) to indigent older persons and those disabilities and not being cared for by family members.

Miriam Carter a 60 year old member of the Deeside community joined the senior citizens club since its inception, primarily to meet and interact with others, but has received significant benefits from participation in the project. She suffers from multiple chronic illnesses including high blood pressure, high cholesterol and diabetes. She has had multiple episodes of stroke and cardiac arrest and as a consequence is on a medication regime of more than twenty tablets daily. Her registration with NHF was facilitated through the project and she was also directed to the Government Drug Serve facility (mobile pharmacy) where she can access all her medication which she was not previously able to obtain. Ms. Carter has also gained access to PATH through Poor Relief and was also provided with a new mattress by SACDA, which she needed but could not afford. She received 100 chickens for rearing through the HAI Poverty Alleviation project but was not successful because of illness which she said “mash up” (destroyed) her project and earnings. Sometimes she depends on friends for a meal. She is particularly vulnerable because of her family situation. She lives without the support of a spouse or any of her four children (sons ranging in age from 32-43 years). She explained that her sons are not literate as she was unable to send them to school regularly as they all have different fathers who did not provide support. She was never married and no longer has a male partner. Her household now consist of herself and an eleven year-old granddaughter, whose care she has been responsible for since the child was an infant under one year old. She was also receiving a benefit for her granddaughter from PATH but this was terminated as result of an administrative error which indicated that the child was now 19 years old and therefore not eligible to continue benefiting. A report was made to the Ministry of Labour and Social Security (MLSS) but the matter had not yet been corrected. Her difficulties have been compounded by the fact that she had signed a J\$80,000 bail bond for her son who was charged with simple larceny and failed to show up for Court. She was arrested on Thursday 4 February 2010 and jailed as she could not afford to pay the bail bond. Two days after being jailed she became ill and was taken to hospital under police guard. She managed to garner J\$35,000 to pay to the courts and was released from police custody but is still required to pay the remaining J\$45,000 although she has investigated and disclosed the whereabouts of her son to the police. Her son is now very angry with her. Club members have been very sympathetic and supportive and the SACDA team has been assisting in her interface with the courts through accompanying her to appointments. She is highly appreciative of SACDA and the Deeside Senior Citizens Club. Ms. Carter is very careful regarding the discipline and upbringing of her granddaughter who she says is doing very well in school.

TEXT BOX 1

⁹ The Poor Relief Programme is administered by the local authorities under the Poor Relief Act of 1886 and was intended to be merged with PATH as part of the Social Safety Net Reform, but this requires a change in the legislation, the pace of which has been very slow. As a consequence, persons registered through the Poor Relief System are automatically placed on PATH without application of the means-test.

- Assistance with the establishment of income-generating activities in chicken rearing where the birds were provided and beneficiaries expected to make contributions from their sales to the project. This was actually a component of another project (Poverty Alleviation) through the SACDA/HAI partnership but the beneficiaries did not distinguish between that initiative and the Empowering Older Citizens Monitoring Project. This activity was one of the most important for them in their assessment of the OCM project outcome.
- Assistance with completion of applications for NIS, Tax Registration Numbers (TRN) and birth certificates and other services offered through the Fairs.
- Improvement in the self-worth of older persons. The view was expressed that they were now more intelligent, more informed, and were given hope.
- Greater confidence in expressing views by overcoming shyness and timidity. Attention was pointed to one of the Older Citizens Monitor who through the training and development received under the project was no longer shy and was now involved in the preaching ministry of her local church. The OCM confirmed that as a result of her exposure through the project she was no longer shy or afraid of public speaking.



- Social interaction with other older persons as well as younger club volunteers through outings and other social /recreational events; the sense of family and a heightened community spirit which transcended denominational barriers and any other differences, bringing people together; and the warmth of the club meetings which were attended not just for material gain but the camaraderie. One person commented that "the senior citizens club is the only bright thing in the community".
- Strengthening of inter-generational solidarity (this was very evident) through the participation of youth and younger older persons (under age 60 years) who were involved as volunteers in the seniors club.

This is demonstrated in the case study in Text Box 3 below of a young volunteer who is selflessly supporting the older people in the Deeside Community.

- Leadership potential in the community was developed and this will ensure sustainability even after the HAI intervention.

Nineteen year old Shauna-Kay Donaldson is a volunteer with the Deeside Senior Citizens Club. Her mother Opal is also a volunteer and her grandmother a member of the club. She previously attended the Ewarton High School in St. Catherine and is now doing evening classes at the Dinthill Technical High School to meet the requirements to enrol for skills training in the Human Resources and Employment Training Programme (HEART), in September to pursue courses in Housekeeping and Cosmetology. At present she is self-employed peddling toiletries but her ambition is to eventually operate her own business. She volunteered to assist in the senior citizens club because she likes working with older persons and in this regard, points to the example set by her maternal grandmother. She visits the elderly members of her community and assist with their care, undertaking tasks such as cooking, washing and cleaning their homes. Both Shauna-Kay and her mother were highly commended by the club members for their self-less service as volunteers. An occasion was recounted where Shauna's mother went to the market solely with the intention of making a sale which would be sufficient to provide a meal for an elderly man in the community who is blind and neglected by his own children and other relatives. (A stop by the SACDA staff at his dwelling during the evaluation exercise made it possible to observe the extremely adverse conditions under which he lives). Although Shauna became a part of the club to assist others she stated emphatically that she also benefits tremendously from its social and recreational activities in particular, visiting places, interacting with people and even connecting with relatives with whom she was not previously acquainted. Her parents are not married and no longer live together. She resides with her mother and three other siblings, while her father lives elsewhere and has children from another liaison. Shauna is also President of the Deeside Youth Club, which ironically, is not as active and vibrant as the senior citizens club. She cited the lack of a proper meeting place (the members sometimes gather at a Basic School in the community) as one of the challenges confronting that youth group as well as malaise on the part of the young people. Interestingly, another young person opined that more friendliness and leniency in Shauna's approach to the Youth would help, because she appears not to be tolerant of their indiscretions.

TEXT BOX 3

Gender Balance

The membership of the Deeside Senior Citizens Club was found to be overwhelmingly female, a pattern repeated in all the communities participating in the OCM project and one which has long been observed by the National Council for Senior Citizens. This is not only reflects the demographic structure of the population in which women significantly outnumber men in the older age groups, but also the fact that men have other interests and modes of social interaction. The Deeside Club members asserted that at the inception of the Club many men initially showed an interest but dropped

out after concluding that “this can’t help them, they need money”. However, it was stated that for “one-off” events, the men would assist, but would not commit to consistently participate in the activities of the Club. There was a notable exception to this trend as shown in the case study illustrated in Text Box 4.

Mr. Herbert Young, age 65 years was a very active member in the Deeside Club; described as “one of the best who was constantly providing assistance to others”. Unfortunately he is now wheel chair bound as a result of the loss of one of his legs on 17 March 2009, and therefore unable to be as active as before. However, he still attends meetings and participates in the other activities of the Club as far as is possible. The care and attention that he gave to others before his tragedy, is now being extended to him. He is often assisted by able-bodied Club members to make visits to the doctor. He was also previously facilitated by the SACDA project team to obtain the JADEP and NHF health cards. Mr. Young who formerly worked as a carpenter is married and resides with his wife who is employed as a cook at a Basic School in the community. Their three children are in the 20’s age group and no longer living at home, but from time to time his grandchildren are brought to see him. He applied for PATH but was not selected as a beneficiary. However, he is registered under the National Insurance Scheme as evidenced by the possession of the “little pink card with his NIS number”. The project staff is assisting him to make contact with the NIS office to determine whether he has sufficient contributions to qualify for a benefit. In addition to attaining the age of 65 when men normally become eligible for NIS benefits if they are no longer employed; with the required number of contributions, he could also have qualified on the basis of disability when he lost his legs, but apparently was not aware of that provision.

TEXT BOX 4

Challenges and Gaps

After being prodded as to the existence of any areas of inadequacy in respect of the OCM project in Deeside, it was emphasised by the seniors that more help was required for the many “idle” young people in the community. Great concern was expressed for the future of the youth and greater opportunities for skills training and employment were identified as being among the most urgent needs. Some indicated that the care of grandchildren also posed an economic burden for which they were not equipped. It was mentioned that persons in the age bands between youth and old age also needed opportunities.

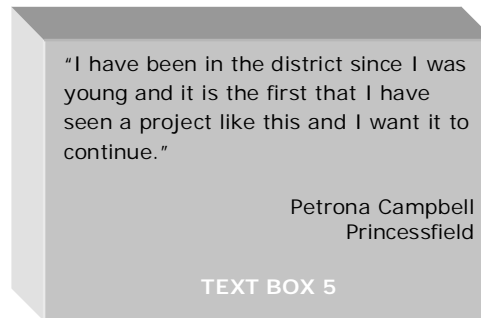
The Deeside Senior Citizens Club recommended that future programmes should include some literacy component due to the fact that some older persons had challenges in terms of numeracy and literacy.

Princessfield Community

Princessfield is a poor rural community in St. Catherine. At the time of the baseline survey for the OCM project, the greatest concern among older persons in the community was poor housing conditions.

The focus group discussion in Princessfield was extremely engaging. The President and other participants skilfully articulated their needs and that of the wider community for economic and social development prospects. In assessing the effectiveness and impact of the OCM project, the factors highlighted included:

- The project is the first initiative of its kind in the community and is an excellent development model that needs to be sustained.



- Older persons are now more aware (through information fairs for example) and have better access to social assistance programmes with the project facilitating registration for NHF, JADEP and PATH.
- The economic support activities (follow-up HAI Poverty Alleviation Project) such as chicken rearing and the sewing machine provided through SACDA have been very beneficial as income generation for older people as well as skills development (e.g the needlecraft and floral arrangements work produced through the Club is of a high quality).
- The model used in the chicken rearing project where participants are required to give back has worked very well. There is a high level of pay back by the older persons and group pressure has contributed to this success.
- Welfare assistance was extended to several persons in the form of food packages, and help in defraying medical and funeral expenses. Such activities were made possible by the establishment of a savings and a club health fund.
- Efforts were made to reach the most marginalized and vulnerable older persons, not only in the club, but the wider community and this has promoted a spirit of caring and sharing.
- Road cleaning effort and the disaster preparedness group organized through the follow-up Poverty Alleviation project have contributed to

community solidarity. Young men who initially demanded money to assist with clean-up activities within the community, later volunteered without charge.

- The social activities such as excursions and dinners organized by the Club have made a significant difference in the lives of older persons eroding long standing fears and eliminating social isolation.
- The existence of the club has immense social value because it facilitates the exchange of thoughts.
- Training in advocacy and other areas has enhanced the personal development skills of older persons.

Mrs. Elaine Sinclair President of the Princessfield Senior Citizen Club is very articulate and vibrant. During the focus group session she capably illustrated the range of activities of the OCM project through the Club, outlining the efforts at reaching the most vulnerable older persons to ensure access to social assistance programmes as well as the welfare initiatives of her group. She proudly displayed the high quality needlecraft and floral arrangements produced as part of the promotion of skills development and income generation activities. She made a passionate plea for an end to what was described as "age victimization" by the MLSS in not granting Rehabilitation grants to older persons to engage in income generation activities and expressed her anger and disgust at being told she was "too old" to access that benefit. She also bemoaned "the monopoly status of the JPS which facilitate unfair practices" with many older persons paying exorbitant electricity bill within the context of an increasingly challenging economic climate. She stated that the OCM project was very good for the Princessfield community, as it empowered older citizens to know their rights and enabled them to reach government with concerns in respect of its programmes. In her view, the OCM project through the club has brought the people of the community together. Mrs. Sinclair was recently promoted at her church as a result of the training and exposure received under the project.

TEXT BOX 6

- The high level of leadership and commitment of the SACDA team was cited as a major factor in the success of the project.

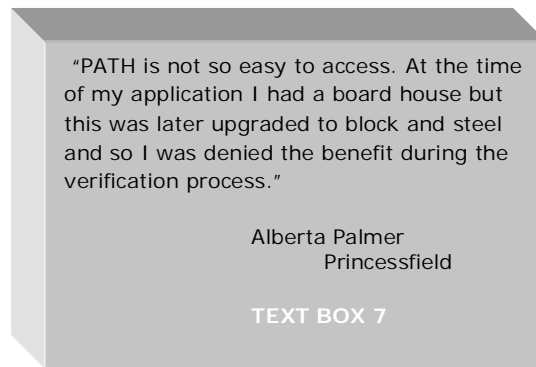
Gender Balance

A relatively high level of male participation was observed in the Princessfield Senior Citizens Club, although men were still outnumbered by women.

Challenges and Gaps

As already indicated, the challenges and gaps identified by the Princessfield Senior Citizens Club in the assessment of the OCM project are not restricted to the project per se, but are much broader in nature. The following points were made:

- While some older persons had managed to access benefits under PATH, the selection criteria for the programme resulted in the exclusion of many households in need of such assistance. Particular reference was made to the fact that households may possess assets but lack cash to purchase basic goods and services.



- The success of PATH in relation to children's attendance at school cannot be realized if issues of transportation costs and lunches are not addressed. In this regard, the provision of a Primary School in Princessfield was cited as one way of overcoming absenteeism among children on PATH. It was also stated that where school lunches are provided for PATH beneficiaries, it should be done in a discrete manner so that these children are not identified and stigmatized.
- Assistance is needed for older persons to repair their homes. (SACDA has been involved in negotiations for the funding of a project for this purpose).
- Senior citizens are excluded from loan programmes for small businesses and therefore are impeded in establishing economic enterprises. It was further asserted that persons 60 years and above can only access cash loans (80% of savings).
- The policy position of the MLSS in not providing Rehabilitation Grants to older persons was described as "age victimization" and there was a strong call for this to be changed.

Browns Hall Community

The Brown's Hall community is nestled in the hills of rural St. Catherine. Agriculture is the major economic activity in this area which was traditionally very important in sugar cane production. With the demise of the sugar industry, the economic prospects of the community have been greatly affected. Driving through the area, the housing conditions appear to be relatively better than that of the other

communities participating in the Older Citizens Monitoring Project. Overall it appeared to be more prosperous than not only Deeside and Princessfield but the five other communities in sub-urban and urban areas which were included in the OCM project. The baseline survey indicated that the lack of money was the main concern of older persons in the community.

The Browns Hall Senior Citizens Club existed before the OCM project but was strengthened to undertake project-related activities. At the time of the focus group discussion the Club president who is male was hospitalised and therefore not able to participate in the proceedings. As in the case of Deeside and Princessfield, a local church was the venue of club meetings. The Club members were generally positive in their assessment of the outcome of the project but needed no prodding (in contrast to Deeside, for example) to mention what they considered to be the major challenges and gaps. In addition, issues related to the National Insurance Scheme were of greater concern than in the other communities, perhaps reflecting the fact that more persons there had been engaged in the formal sector of the economy during their working life. Outlined below is a summary of the views expressed in respect of the Project's effectiveness and impact in Browns Hall:

- Many older persons have been made more aware of social assistance benefits and registration was facilitated for those who had chronic illnesses but were not yet benefitting from NHF or JADEP.
- The Information Fair convened was very useful because of the knowledge gained on the NIS, health-related matters and a range of other issue of importance to older persons. Some person opined that the quality of the information received constituted the area of greatest impact of the project.

"The project caused me to be enlightened about many things, including parenting skills."

Ms. Morgan

"I learnt many important things through the project."

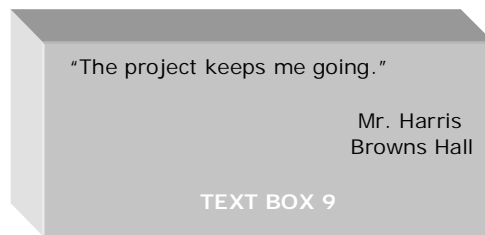
Mrs. Smith

"The greatest impact [of the project] is better information."

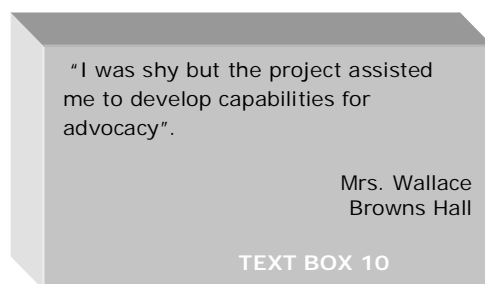
Mrs. Knight

TEXT BOX 8

- The income generating activities (Chicken rearing project under the follow-up Poverty Alleviation Programme) was of great assistance and improved the lives of older persons.
- Social/recreational, cultural and educational activities were of tremendous value. This included exchange visit with Deeside, a concert that was held, seminars and excursion trips to places not previously known. Trips to the beach was a favourite activity.
- Social interaction and support network was strengthened especially for older persons who lived alone and craved the company of others. The senior citizens club, for example, provided comfort and showed solidarity with those who were bereaved by signing at funerals, putting aside religious and political differences.



- Many younger persons have recently been attracted to joining the club, and this is promoting intergenerational solidarity.
- The leadership and support provided by the SACDA team was very good.
- The advocacy capabilities of older persons have been developed.



Challenges and Gaps

While the overall assessment of the OCM by the Browns Hall participants was positive, they pointed to a number of challenges and gaps:

- Some older persons with JADEP and NHF cards were still experiencing difficulties getting their medication. Contributing factors cited include: reluctance of certain pharmacies to accept the cards and supply the drugs; difficulties associated with accessing drugs at the Spanish Town Hospital and the prohibitive cost of transportation from Browns Hall to town centres to access benefits.
- Many persons applied for PATH but have had no response from the Ministry of Labour and Social Security.
- The Senior Citizens Club needs a club-house of its own, with an area for skills training.
- The lack of punctuality of Club members affects its meetings and there is need for better cooperation in the planning of events as a concert had to be postponed due to these weaknesses.

II. Children First

Rivoli and Central Village Communities

Rivoli and Central Village are poor sub-urban districts which are part of the broader Spanish Town Community and characterised by an array of social problems including high levels of unemployment, poor living conditions and crime and violence. In the baseline survey, inadequate food and the lack of money were considered the number one concerns, in Rivoli and Central village, respectively.

In spite of the difficult socio-economic circumstances, there is also significant potential for human and social development in these communities. This has been demonstrated in the work of Children First through its regular activities as well as in its partnership with HAI in the implementation of the Older Citizens Monitoring Project.

In the focused group discussion with the Older Citizens Monitors attached to these two communities it was highlighted that the baseline survey had a profound effect on them as they became aware of the condition of older persons. One of the first hurdles they had to overcome was the initial mistrust and scepticism that their activities had political motives. Once they moved beyond that initial reaction the project activities were fully embraced by the target group.

In terms of the effectiveness and impact of the OCM project the outcomes identified are very similar to those in the rural St. Catherine communities, namely:

- Increasing awareness among older persons of social assistance programmes and other issues affecting their quality of life (particularly through annual health Fairs) and facilitation of registration for NHF, JADEP and PATH, receipt of bus passes, TRN and birth certificates.
- Provision of welfare assistance for the most vulnerable persons. This included food packages and even assisting with personal care.
- Reduction of social exclusion and isolation through the promotion of social/ recreational and educational activities as well as creation of better community relationships.
- Strengthening of inter-generational solidarity through engagement with younger persons serving as volunteers in the Senior Citizens club.
- Improvement in the economic status of older persons through the complementary follow-up Poverty Alleviation Project.

The Older Citizens Monitors in Rivoli and Central Village felt particularly empowered by events such as the National Consultation and the Age Demands Action campaign (ADA) campaign. They indicated that involvement in these important events and visibility in the media resulted in greater respect from persons in their families and the wider community. This is illustrated in Text Box 11 in respect of the Rivoli Club president.

Mr. Kenneth Hemley president of the Rivoli Senior Citizens Club and spokesperson for the Age Demands Action (ADA) campaign states that the training received as an Older Citizens Monitor enabled him to better interact with people. He admits that prior to his involvement in the project he was afraid of speaking in crowds but can now do so with full confidence. He is proud of the fact of being interviewed on a programme aired by the British Broadcasting Corporation (BBC) concerning ageing issues, along with other older persons representing the United States, England, Ghana and Mexico.

TEXT BOX 11

Central Village – Zambia Senior Citizens Club

The Zambia Seniors Citizens Club in Central Village was established in 2008 under the HAI OCM project with a membership of approximately 60 persons. It was indicated that there are only about 30 persons now attending meetings regularly as a result of death, illnesses and incapacity which has affected the membership.

The Club President explained that the HAI Baseline Survey as one of the first activities under the project was successfully conducted in Central Village after

initial misgivings about possible political motives were dispelled because of the assurance given by Children First which is well known and trusted in the community. Persons from outside were able to carry out interviews with the cooperation of community members who became receptive and this resulted in friendship and trust being developed with those involved.

"Some [older persons] were lonely, cast aside, with no information or communication but can now confide in the monitors." (Club Member)

TEXT BOX 13

Over the life of the project more than 100 persons in the community were registered for social assistance programmes, many of whom had very little or no previous knowledge about these benefits. It was pointed out that even while the baseline survey was being conducted, registration forms for the JADEP and NHF programmes were actually completed, including for persons in communities adjoining Zambia such as "Big Lane", "Little Lane" and "Andrews Pen". A number of PATH beneficiaries are also among the Club Members, though not exclusively through the efforts of the project.

Mrs Verona Watson was the first Older Citizens Monitor for Central Village and participated in the administration of the baseline survey. She states that she has "learnt a lot" and has been "helped to overcome [difficulties] and manage better". She knows what to do when cases of older persons needing social interventions are discovered. She has dealt with several cases of older person requiring social assistance on her own and has referred the more difficult ones to the project management team of Children First. She knows her neighbours very well and is recognized by them because she was "seen on TV". In her view "a lot has been achieved" under the HAI/OCM project. Similarly Mrs Dawkins, another OCM in central Village, states that the project has resulted in "many improvements" and "visiting and communicating with older persons has helped in the development of skills and capabilities."

TEXT BOX 12

Many of the older persons participating in the focus group discussion held with the club felt that the social interaction made possible, was one of the best benefits of the project. They expressed the view that before the project some older persons were socially excluded but now have the monitors as their confidantes.

The advocacy training received by the Older Citizens Monitors (OCM's) in the club has equipped them to become active community workers as illustrated in the case below.

Mr. Melard Anderson 71 years of age OCM of Windsor Heights (formerly referred to as Suffers Heights) in Central Village, is a very vibrant and articulate advocate of issues affecting older persons and his community in general. By his own admission, in the past he was shy and when called upon to take the lead in anything would say that he was not very literate. He did not complete primary school because of illness and says he has been managing on his own since age 13+ when he began working. After doing a range of odd jobs (including serving as a cook) he was employed as a security guard with a major security firm. He also worked in that capacity with two foreign embassies in Jamaica. Mr Anderson is married with seven children but his wife has been in the USA for an extended period with one of her daughters. All his children ranging in age from 33 to 43 years received high school education. The youngest child and two grand children are residing with him. In earlier times, he says, he concentrated only on his work, leaving home before dawn and returning at night, because of the nature of his job (he stopped working since 1997). Since becoming a member of the Senior Citizens Club, he has been able to meet and talk with people in his community, and share experiences. He declares that he is no longer shy, which was very evident during the interview. In his view participation in the club and other project related activities have enlightened many persons while they share thoughts and plan social activities (for example, 'fish fry', bingo, basketball competition, Mother's and Father's Day treats, back-to-school treats for children and Christmas Dinner). He proudly displayed two clippings from the Daily Gleaner (28th August 2006 and 2nd December 2009) where he was featured advocating for better infrastructure in his community. His work resulted in the provision of water by the relevant authorities. Mr. Anderson formerly held the position of Public Relations Officer in the Club, but is no longer able to function in that capacity because he had surgery in January 2010. Although he is still in the process of recuperating from the medical condition, he keeps in touch with the Club and participates in some activities. He is a National Insurance pensioner and was also facilitated to obtain JADEP and NHF Health cards.

TEXT BOX 14

As in the case of Deeside, the contribution of younger volunteers is very important in the functioning of the Zambia Senior Citizens Club. The Secretary, Assistant-Secretary and Treasurer are all in the 35-40 age group and are considered almost indispensable to the Club's operations because of their educational and training background and commitment to the older persons.

The activities of the senior citizens club have been coordinated with those of the Citizens Association. The older persons have also been influential in the establishment of a youth club which, based on the advice given to them by the Social Development Commission (SDC), is expected to be registered under the Citizens Association or the Senior Citizens Club.

Gaps and Challenges

Major areas of concern for the Central village and Rivoli communities which were raised during the evaluation include:

- Difficulties with providing proof of age by some older persons which is a requirement for access to NHF, JADEP and PATH. In instances where persons have been duly registered, the project has facilitated applications to the RGD and the birth certificates have been obtained. However, there is a major problem for those with no birth registration records where informants at least 10 years older are needed to make declarations and are not likely to be alive because of the age of the person concerned. This was the case of three persons (presumed to be over 70 years old) present at the focus group discussion with the Zambia Senior Citizens Club; none of whom could access NHF or JADEP but were greatly in need of those benefits. It was reported that there were other older persons in Central Village and Rivoli in the same dilemma.
- Inability to access NIS benefits although contributions were made was a serious problem. This is attributable in many instances to non-compliant employers who fail to pay over contributions made by employees, as well as lack knowledge of the rules and provisions of the scheme by potential beneficiaries, among other factors. This is illustrated in Text Box 15.

Mrs Winifred Bailey is a 94 year old resident of Central Village and a cancer survivor. Employed for many years at the coffee factory in Aenon Clarendon, she came to live in St. Catherine in 1970. She believes she should have qualified for a NIS pension but lost her registration card. Contacts made with the NIS office indicated that her employer had failed to pay over her contributions. It is not quite clear whether she also contributed in the self-employed category as reference was made to losing her "Stamp Card" which is used for that group of NIS contributors. In spite of her age and circumstances Mrs. Bailey still attends club meetings at Zambia because of the social bonds developed and the opportunity to participate in various events. A function at a New Kingston Hotel where she "enjoyed good food" was one of her fondest memories.

TEXT BOX 15

- A proper community centre is needed in the Windsor Heights community. The meeting place of the Zambia Senior Citizens Club is a "make-shift" community centre which citizens constructed and it is urgently in need of improvement.
- Some older persons who are not in need of certain benefits provided to others who are more vulnerable make criticisms that benefits are being given to friends.
- There was a "wait and see attitude" toward the project by some older persons, who decided to "come on board" only after

seeing , for example, chickens being handed out under the follow-up Poverty Alleviation Project.

- Full participation of younger persons was not achieved in respect of the Disaster committee which required their involvement. Some expected to be paid and others were jealous of benefits such as food packages and other disaster relief given to older persons after Hurricane Gustav.
- Skills training for older persons, training of care-givers on how to deal with ageing and grief counselling were identified as elements which could have increased the project's impact.

III. Hope for Children

Rose Town and Greenwich Town Communities

Rose Town and Greenwich Town are typical inner-city communities which like Rivoli and Central Village is affected by unemployment, conditions of poverty and crime and violence, but has considerable potential for human and social development. The HCDC, as in the case of Children First , has traditionally worked with children but was able to make the transition to deal with issues affecting older persons, taking on board the intergenerational approach.

The following were highlighted as the main results of the HAI OCM project:

- Awareness raising and the registration of older persons on the NHF and JADEP was generally realized by the project. However, assisting beneficiaries to gain access to PATH posed a particular challenge.
- Some of the most vulnerable and marginalized persons were reached by the project as illustrated in the case study below (Mrs Beverley Faye Grant).
- Opportunities created for social interaction and the training in advocacy produced a new found sense of confidence in many project participants.

Mrs. Beverley Faye Grant is a 66 year old widow living on her own. Life has always been difficult for her, coming from a poor family background, receiving no support from her father and being the victim of child abuse which resulted her being placed in the Alpha Girls home until age 11. She was educated only to the elementary school level. Mrs Grant was interviewed at home; a room on the upper floor (difficult to access by the dilapidated stairway) of a building in Greenwich Town called "the Ranch" which is reportedly an old abandoned hotel or guest house. The entire structure is in a state of disrepair. Young people are the main occupants of the building but she was given the room there by the 'Don' in the community, after being evicted from a rented place that was sold by the owner and for which she owed rent. At her present location she has no private sanitary conveniences. While there appears to be common bathroom facilities – in very poor condition – on the ground floor, she "does everything" in her room. Mrs. Grant's has experienced deep sorrow in the loss of loved ones. She recounted the exact date, time and place (Saturday 9th February 1979 at 4:00pm in Bogsby at the border of St. Mary and St. Catherine) her husband succumbed to illness and died; and also the details of the murder of her son who was "her bread basket". In respect of the latter, she recalls that he was shot and killed at 5:30am while leaving home in Seaview Gardens to go to work, because of a conflict between Phase 1 and Phase 2 of the community. She lamented also at the loss to his wife and young son for whom he had bought school clothes the day before the murder. Another of her sons died from natural causes at age 30 years. Mrs. Grant was formerly self-employed as a vendor on West Street, but had a stroke and fell and broke her arm during the occurrence in October 2009 and has since been confined to home. Other illnesses from which she suffers include hypertension, diabetes, renal and poor blood circulation problems, and hernia. She has high praises for the project and members of the Senior Citizens Club and is particularly grateful for the young volunteers from HCDC who "assist her in every way": "gets her medication", "aids her in getting to the doctor", "brings water for her", and "checks on her regularly". She was assisted in obtaining NHF and JADEP health cards as well as being accepted on PATH. Along with other members of her community, she has access to a Free Clinic operated by the Shipping Association where she also gets medication, as in some instances the Pharmacies indicate that her prescriptions are not covered by the NHF and JADEP cards. With an obvious sense of gratitude, she named the doctor (Dr. Royes) serving the clinic and described her as "a very nice lady" from Mandeville. Miss Bev, as she is affectionately called by the seniors and the HCDC staff, affirms that the Senior Citizens Club "is a part of her life" and she "loses something" when unable to attend meetings. In her words: "Without a group your voice can't be heard. We are like brothers and sisters". It was the members of the Club who informed HCDC about her stroke. They "bring food, share things they receive, and help me well financially and otherwise" she stated. In spite of her limited means, Mrs. Grant had before her illness signed up with the COK Family Indemnity Plan as well as its Partner Plan. It is now a challenge for her to continue making contributions but the HCDC is working with her to see how this can be overcome. A social worker is also currently in contact with a charitable institution seeking housing assistance for her.

TEXT BOX 16

Mr. Samuel Bailey Older Citizens Monitor, age 67 years, is a resident in the Rose Town community and a member of the senior citizens club which was targeted to be strengthened under the HAI/OCM project. This Club meets at the New Testament Church of God where he was recently baptised and took up membership. He was married but separated many years ago (a common-law wife of a subsequent relationship died). He has six children ranging in age from 10-30 years old and receives some financial assistance from a daughter who is a nurse. He was employed for several years in various capacities (packer, cashier, and ordering goods) at the Hi Lo Food Stores, until made redundant in 1980. Afterwards he worked as a union advocate with the Trade Union Congress (TUC). His ambition was to become an Industrial Relations Officer and in that quest attended many courses (economics, political science, mass communication) at the Trade Union Institute, but became frustrated with the *modus operandi* of the union movement and quit the job at the TUC. The recipient of a Certificate of Merit in Family Welfare Training, Mr. Bailey stated that he reads a lot to accumulate knowledge. In the interview it was very clear that he is a very accomplished advocate, fully knowledgeable about the range of social protection programmes including PATH, NIS, NHF and JADEP. He became a part of the Club because of his interest in older persons. As an OCM he attended seminars dealing with the targeted social assistance benefits (NHF/JAEP/PATH) as well as housing repair issues. He asserts that: "Many older persons who were living in appalling conditions; sick and have no one to administer medicine or help to get them to clinics; are now receiving food packages and other cook meals for them and even provide personal care". Since the project he has gotten involved in such activities and it is a joy for him to help. He also enjoys the social/recreational activities of the Club, the fellowship provided and the meeting of new people. Mr. Bailey knows many persons who are now registered under the social assistance programmes who are not literate or have difficulties with sight and were previously not aware of these benefits. He is a NIS pensioner and also a beneficiary of NHF and JADEP which greatly assists in obtaining medication which he requires for a prostate problem. In his view, many poor older persons have benefitted from the HAI initiative and "a further step by the government with the provision of a universal pension would be very good". Concern was expressed that many workers made NIS contributions which were not paid over by employers. The fact that older persons were not being given loans for small businesses and needed opportunities for skill training, were also emphasised as requiring attention. Housing needs for older persons are also high on his agenda for greater advocacy. He feels that the Government listens to the HAI and points in this regards to the consultation that was held at the Conference Centre. He is very enthused about the OCM project activities and appreciative of the HelpAge staff for whom he offers prayers.

TEXT BOX 17

IV. St. Andrew Settlement

St. Andrew Settlement is located in the densely populated inner-city community of Majesty Gardens off the Spanish Town Road. The people of Majesty Gardens came to the area in the early 1950's as a result of a Government housing programme established to house persons displaced by the 1951 hurricane.¹⁰

The St. Andrew Settlement Senior Citizens Club existed before the OCM project but was targeted for strengthening. However, it currently has no executive members in place and the project manager who is also head of the centre, convenes the meetings of the Club. During the focus group discussion with Club members it was indicated that in the early 1980's the club was very active with between 60-70 members, but as a result of some older persons becoming ill and being confined to their home, the number of active members declined overtime.

Several of the older persons participating in the focus group, had been made aware of relevant social assistance programmes through the club and were assisted to access the NHF, JADEP and PATH benefits. The baseline survey provided an indicator of the state of knowledge of the social assistance programmes in the community and registration was facilitated through the Information Fair held. The success rate in selection for PATH appeared to be much higher than in the case of other communities because registration was done under the Poor Relief system, which, as indicated before, leads to automatic admittance to the programme. Among the Club members, only two PATH beneficiaries had been selected by applying directly to the programme.

Some of the older persons in the Senior Citizens Club also benefit from the ongoing welfare programmes (such as the provision of cooked meals or food packages) which are a part of the St. Andrew Settlement's regular activities. The case study in the Text Box 17 highlights the case of a destitute older person who was given hope through the activities of the Senior Citizens Club when he lost his home as a result of the actions of thugs.

The project manager indicated that advocacy training was very limited for the group with only one person receiving media training. The lack of literacy among Club Members was seen as a barrier. Only about four Club Members were identified as functionally literate and this was also said to be having an impact on the ability of the Club to identify executive members from among its ranks. The view was put forward that as a result of the stigma that is still attached to attendance at literacy classes by adults, Club members will not readily attend any such programme in their community.

¹⁰ Information obtained from 2004 article on the website of the St. Andrew Parish Church.

As in other communities, the social/recreational activities promoted through the Senior Citizens Club were highly valued because of the opportunity for social interaction. Participation in the consultations at the Conference Centre, the Age Demand (ADA) Action walk and the Senior Citizens week activities were some of the high points for these older persons.

Mr. Herman Pitters (Shanty), 63 years old, looks much older than his age because of illness and the difficult circumstances of his life. He has been homeless for almost two years, and was brought to the attention of the Director at St. Andrew Settlement. Previously employed in the construction sector, he ceased working because of arthritic and other pains and the fact that he cannot move freely (he walks with the aid of a cane). He previously occupied a home in Majesty Gardens owned by his mother who died abroad, but was put out by gangsters who took it over. Based on his account, he did not sleep at the home one night and returned to find his belongings thrown outside. The incident was reported to the police who only advised him to “take out a summons” but no action was initiated against the men. Mr Pitters has no spouse as he parted with the mother of his only child – a daughter –long ago. He is not assisted by his daughter who is over 20 years old and had left home as “she was not behaving”. Of his five siblings, two are abroad and the others reside in Jamaica. One sister who is abroad has reportedly sent funds for a room to be built for him on land in Majesty Gardens but the person responsible has not yet completed the job. He was referred to the Majesty Gardens Senior Citizens Club by another man and has since been placed on PATH (via the route of the Poor Relief Programme). He is also assisted with food and clothing at the centre. The St. Andrew Settlement programme provides him with breakfast, while he receives another meal there under the National Council for Senior Citizens Feeding Programme. When he first came to the Centre he was assisted to see a doctor because he appeared to have been seriously bitten by dogs. Since then, however, it has not been possible to persuade him to make a doctor’s visit to be screened for NHF and JADEP health cards. Mr Pitters says he ‘feels safe with the project’ and therefore stays at the Centre during the days, sometimes visiting his niece to get a bath. The Director of the Centre states that he no longer behaves aggressively as he did when he first joined the Senior Citizens Club and is among the few members who can read well (he attended elementary school from age 7-15 years in the rural parish of Trelawny where he was raised with his maternal grandmother). Mr Pitters “congratulates the group for the help” received.

TEXT BOX 18

4.3 Perspective of Partners

St. Catherine Community Development Agency (SACDA)

SACDA can be considered the pioneer agency in the implementation of the HAI/OCM model, in light of the fact that it was the entity selected for the implementation of the pilot project in the communities of Spring Vale, Gblatore and Content in St. Catherine. It was based on the success of the pilot phase of the project that the organization ventured into the expanded initiative with the

establishment of the two new senior citizens clubs in Deeside and Princessfield and the strengthening of the already existing club in Browns Hall. Older persons and their families in the communities were targeted for building capacity and leadership skills. The agency is of the view that this objective was realized to a large extent at the community level, as new leaders emerged and the existing leadership was strengthened. The example was given of Deeside and Princessfield being able to now conduct club meetings on their own without the SACDA representatives.

The feedback from the SACDA team was very positive in relation to the question as to whether the project responded to the challenges, needs and priorities of older persons in the communities in which they worked.

The baseline survey conducted at the start of the project was considered to be of great importance as the Older Citizens involved in the data collection activities were trained to reach other older persons, especially those living in the most vulnerable situations.

It was emphasised that living in rural areas presented special challenges of access to the social assistance programmes on which the HAI/OCM project was focussed. However, through the project it was possible to assist older persons in the poor rural communities of Deeside and Princessfield to obtain vital documents such as birth certificates and Tax Registration Numbers (TRN) which are required to accompany applications for social assistance benefits.¹¹ Links were also established with the relevant departments of government such as the Ministry of Labour and Social Security (MLSS) and the National Health Fund (NHF), which facilitated registration and submission of application forms for the targeted programmes in bulk to the relevant offices.

The agency reported that a range of other services were also brought to the communities using the various meetings and Information Fairs that were held. This included access to medical services (optical, dental, pap smear, HIV/AIDS screening); information on educational and skills training opportunities (Jamaica Foundation for Lifelong Learning and the Human Employment and Resource Training National Training Agency – HEART /NTA) and credit facilities for small businesses.

In respect of the overall impact of the project on beneficiaries and the participating communities in general, the SACDA team pointed to the following:

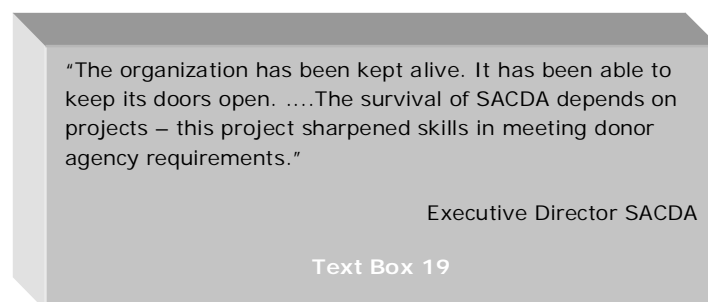
- Empowerment of older persons to represent their interests and access benefits as a result of the information received on social programmes.
- Exposure of older persons to issues of importance to them because of the range of discussions in which they were able to engage and the opportunities created to interact with their peers.
- Affirming of their rights by older persons and the building of confidence to address issues affecting them such as abuse.

¹¹ Registration for the NHF, JADEP and PATH benefits require the presentation of birth certificates. The TRN is required only for the NHF health card.

- Gaining of greater independence by some older persons as a result of the income earning opportunities created through the follow-up Poverty Alleviation project.
- Development of communications skills, with older persons feeling more comfortable and confident speaking with other family members such as grandchildren.
- Greater regard being shown to older persons by their communities.
- Building of intergenerational and other family and community relationships.
- Coming together of persons from different socio-economic backgrounds and the resolution of personal differences.
- Capacity building for a wide cross-section of persons, including younger members of the community, who volunteered to be involved in the project.
- Revival of other community-based bodies such as Citizens Association, because of the example set by the senior citizens clubs.

The HAI/OCM project was also seen as having a very positive impact on SADCA's operations and capabilities. The main benefits to the organization were summed up as follows:

- Building of social capital.
- Recruitment of additional staff with project support and capacity building training for staff members (for example, the Accountant was exposed to donor reporting requirements).
- Enhancement of profile and public relations image of the agency as a result of working with a wide range of stakeholders such as the various government departments and private sector entities, for example, credit agencies.
- Networking and other opportunities derived from working with other community-based agencies.
- Sharpening of the skills of the organization in meeting donor agency requirements.



Some of the challenges encountered and lessons learned in the implementation of the project were also highlighted by SACDA:

- While the communities were fully informed about the social assistance programmes through the HAI/OCM initiative, there were a number of factors external to the project which affected access. In this regard, the capacity of PATH to grant benefits to older persons was greatly constrained because of its own resource base and related programme design. Similarly, in respect of the utilization of the NHF and JADEP cards,

the unavailability of drug supply outlets in close proximity to some areas in the communities resulted in high transportation costs, especially for older persons living in remote rural districts and therefore the inability at times to fill prescriptions in spite of the fact that drugs were either being provided free of cost (JADEP) or highly subsidized (NHF Card).

- So much was achieved by the older persons involved in the implementation of the project using limited resources. Conventional means of communication, for instance, which utilize the mass media at comparatively high costs, were not as effective as the community level or grassroots methods using the Older Citizens Monitors. An incident was cited which occurred at one of the Information Fairs where an announcement was made by the Registrar General's Department concerning the opportunity to complete applications forms for birth certificates, but this message was not understood by some of the older persons. Even after the notice was given they were still enquiring about the time of arrival of the "age paper" persons as they were waiting for that service. It had to be explained by the monitors and project staff that the announcement made was in fact for that service. Some persons also had to be guided as to the use of their proper names for legal and official purposes rather than their "pet names".
- A holistic approach was necessary in working with the older persons in the communities. The emphasis of the HAI/OCM on advocacy was necessary but not sufficient. Other methods had to be used as well to attract participants, hence, the important role of the complementary Poverty Alleviation Project.

Children First

The staff of Children First expressed the view that the HAI/OCM project responded very well to the challenges, needs and priorities of older persons in the Rivoli and Central Village communities, both in terms of the economic benefits derived from improved access to Government's social assistance programmes, as well as the provision of psychosocial support. The centre became a reference point for seniors, who developed strong bonds with the project staff on whom they would often call for counselling and emotional support. In addition, the social events hosted fostered the strengthening of intergenerational solidarity with the youth clientele of Children First. At a Christmas dinner hosted, for example, the young people served and entertained the seniors and also handed out tokens to them. In general, it was felt that a sense of hope was restored among the older persons with whom the organization interacted and community cohesiveness promoted. This was particularly important in the context of the reputation of Rivoli and Central Village as volatile areas. The project was seen to have also had a positive impact on the organization in regards to:

- Creating awareness of the needs of older persons, changing attitudes toward them, placing greater value on their contribution to community development and establishing stronger intergenerational linkages in the programmes offered.

- Networking which facilitated learning from the experiences of other HAI partner agencies such as SACDA and HCDC.
- Training opportunities and capacity building in the organization.

In spite of the successes achieved, the staff of Children First pointed to a number of resource related and other constraints that were encountered in the project implementation process, as well as important lessons of experience gained. Issues cited included:

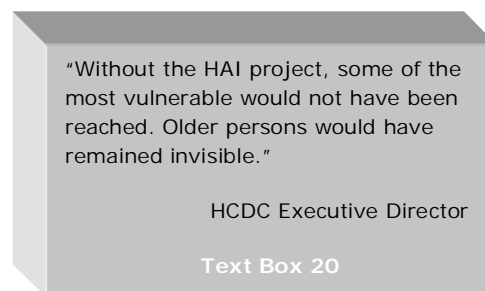
- The need for appropriate venue and items of furniture such as chairs for the convening of club meetings in the communities. In Central Village, for example, meetings of the Zambia senior Citizens Club were originally convened on the verandah of the home of one of the Older Citizens Monitors until a "make-shift" community centre with very modest items of furniture was built by the Club with the assistance of other members of the community.
- High cost of hireage of transportation to facilitate the various activities of the clubs. It was stated that the ideal situation would be for the clubs to have their own means of transport.
- Constant communication with seniors was very important but costly; hence a Closed User Group (CUG) system which provides services at reduced rates had to be negotiated with one of the telecommunications providers.
- Supplementary activities which seniors had come to expect were costly to sustain (eg some of the welfare provisions)
- Violence in the Rivoli and Central Village communities sometimes affected the project activities. Among other incidents, mention was made of instances in which food packages could not be delivered to seniors because of a flare-up of gang violence.
- Ill health affected the functioning of some of the Older Citizens Monitors. As a result, it was essential that younger persons be a part of the process in relation to the activities of the Senior Citizens Clubs.
- Need for training of care-givers for seniors. It was noted that the National Council for Senior Citizens should play a greater role in providing such training.
- There is obvious neglect of seniors, especially in some remote areas, and Public Health Inspectors should be mandated to make visits to those homes to assess the living conditions.
- Absence of strong regulatory framework to guide provision of care for older persons. In this regard, it was proposed that a policy for the licensing of care-givers should be put in place.
- The overarching importance of making preparations for the future, both from the standpoint of formal retirement planning (financial provisions and mental conditioning) as well care for one's offsprings during their childhood years to

avoid resentment and anger on their part when called upon to provide support for ageing parents. The latter was said to be particularly poignant in the case of fathers who were more likely to be abandoned in old age because of their neglect or lack of adequate support for their children while they were growing-up.

- A major concern of seniors is the well-being of young people in their communities; including their own grandchildren for whom they wanted more economic and social opportunities.
- Seniors have much to offer in respect of community level and broader national development; and the project pulled on that potential.
- The fact that Children First was already engaged in the communities selected for the HAI/OCM Project, aided its achievements.

Hope for Children Development Company (HCDC)

As in the case of the other partner agencies, the staff of the HCDC were of the view that the HAI/OCM project responded very well to the needs, challenges and priorities of older persons in the communities in which they worked (Rose Town and Greenwich Town). Reference was made to the significant success achieved in registering older persons for the social assistance programmes (although there were limitations in respect of PATH) using home visits as the main strategy. Applications were taken in batches to the relevant agencies and when processed, received on behalf of the beneficiaries and distributed to them. Assistance was also given to older persons to obtain Tax Registration Numbers (TRN) which presented a barrier to accessing the NFH benefit.



The project was seen as meeting its core objectives as many older persons attended HAI meetings, making them more aware of their rights and entitlements, giving them a voice, and putting their issues "on the map". The seniors who were trained in advocacy were able to present issues affecting them to Government officials.

The HCDC stated that it adapted to its environment, so while it was not possible to independently organize Health Fairs (as done by the other HAI partners) because of the volatility of the communities, it "piggy backed" on such events spearheaded by the Petroleum Corporation of Jamaica (Petrojam) which operates in close proximity to Greenwich Town. HCDC undertook the mobilization on behalf of Petrojam and provided volunteers, while the company provided a bus to transport the seniors to

the event. Through partnership with the National Council for Senior Citizens the older persons in Greenwich Town and Rose Town were also able to participate in a Nutrition Seminar. These collaborative efforts were said to form part of HCDC's sustainability strategy.

The baseline survey was regarded as an "eye opener" to the situation of older persons, pointing to their loneliness and isolation and the need for family and other support systems. It was felt that the Senior Citizens Clubs were of great assistance in filling this vacuum. Older persons became more aware of their peers and looked forward to meetings because of the opportunity provided to share with each other. A Christmas Dinner put on by the Clubs, was greatly appreciated as the older persons enjoyed being served and sharing their thought on what the season meant. The involvement of young people in the social activities of the Clubs including sports such as Domino tournaments was used to build inter-generational solidarity as they interacted with the older persons.

Initially, the staff recounted, the absence of a complementary Poverty Alleviation follow-up component as implemented by SACDA and Children First was problematic when seniors attached to HCDC heard of those activities. However, alternate opportunities for income generation were sought, one example being the contracting of the two Senior Citizens Clubs to provide refreshment for children at home work centres.

According to HCDC the project not only benefited the older persons who were the target group, but also the wider community and the organization itself. At the outset it was recognized that significant synergy existed between the objectives of HCDC and the HAI, especially in respect of the multi-generational approach it (HCDC) had been pursuing with other development partners such as the Jamaica Social Investment Fund (JSIF) and the European Union. A strong partnership was also developed with the National Council for Senior Citizens and the other partner agencies in the HAI/OCM project.

Some gaps were identified in the project implementation process. These were stated as follows:

- More could have been done with the media, including greater use of the community radio station "Roots FM". While at least two seniors from the community were prominently featured in the media, a larger number could have being given exposure.
- At the level of project partners there should have been more sharing of best practices during the three years of the project life. In this regard it was suggested that the combined report produced by HAI (based on reports from individual partners) and submitted to the funding agency, should also have been circulated to all the agencies, thereby ensuring accountability not just to the funder, but all stakeholders including the community.
- Micro enterprise agencies do not cater to the needs of older persons who quite often only require small loans. Older persons who needed to stock stalls for vending, for example, had no source of funds for such activities and this greatly impacted on their livelihood opportunities.

- More strategic alliances with state and non-state bodies needed to have been developed along the lines of the alliance with the National Council for Senior Citizens which proved to be very useful.

For the HCDC one of the most important lessons from the project is an obvious need to press ahead with the promotion of the goal of a universal pension.

St. Andrew Settlement

The Project Co-ordinator at St. Andrew Settlement shares the view of the other partner agencies in terms of the adequacy of the HAI/OCM Project's response to the needs, challenges and priorities of older persons. In her view, the baseline survey set the stage as it provided information on the state of knowledge of social assistance programmes among older persons. The subsequent Information/Registration Fairs held further facilitated older persons accessing the benefits by assisting them to obtain the required documents such as birth certificates and TRN.

It was reported that certain socio-cultural attitudes presented constraints which had to be overcome in order for the project objectives to be achieved. This included a reluctance to visit doctors and the preference for the use of "bush medicines" by some of the older persons. However, after receiving information on benefits such as those provided under the NHF, many registered and also had other family members including children suffering from health conditions placed on the programme. The availability of a Clinic and the services of doctors and nurses on particular days, which has been a long established feature of the St. Andrew Settlement, enhanced the achievement of the HAI/OCM objective to improve the health status of older persons.

Another attitudinal problem cited was the stigma sometimes attached to receiving social assistance benefits which had previously prevented some persons from accessing the services offered at the St. Andrew Settlement, with the majority of beneficiaries coming from outside the immediate environs of Majesty Gardens. A marked change was said to be observed in this attitude as illustrated by older persons in need who were previously forbidden by their children to go to the Centre, now being supported to come for assistance.

The multi-generational reach of the project was considered to be a good feature as the St. Andrew Settlement also has established a partnership with a major commercial Bank (Capital and Credit Merchant Bank) which provides scholarships for children in the community to advance their education.

The ongoing programme at St. Andrew Settlement was said to have been given a boost from the HAI/OCM project. The collaboration with the National Council for Senior Citizens and the other HAI partner agencies was considered to be of significant value.

In spite of the positive outcomes, however, the low educational levels among the older persons manifested in the fact that only a few are able to read, constituted a major gap in the project implementation process and is linked to the absence of an executive body for the Senior Citizens Club.

Government Agencies

The main collaborating state agencies in the implementation of the project – the National Council for Senior Citizens, the Ministry of Labour and Social Security and the National Health Fund – concur that it is a very good initiative which provided valuable support for the achievement of the objectives of the social assistance programmes for which they have responsibility.

National Council for Senior Citizens (NCSC)

The National Council for Senior Citizens (NCSC) was the main collaborator, and assisted in the implementation of a range of project activities and also served in an advisory capacity, providing general guidance and direction. In addition to the important leadership role played by the Executive Director of the Council, the NCSC Parish Organizers and cadre of volunteers provided support to the HAI/OCM Project at the community level.

The NCSC is in full agreement that the project made seniors more aware of social assistance programmes and gave them a voice, particularly in rural areas. Networks were built through various activities such as the hosting of community days and the ongoing programmes of the NCSC have also been enhanced.

Ministry of Labour and Social Security (MLSS)

Collaboration with the Ministry of Labour and Social Security was mainly through the medium of the PATH days hosted by that department and the participation of the NIS and other Ministry staff in the Information Fairs organized by the HAI/OCM project in the communities. The participation of the Minister of State with responsibility for Social Security at the two HAI Consultations at the Jamaica Conference Centre also made a great impact on the seniors who were very gratified for the opportunity to have dialogue with such a high public official on issues affecting them, including the difficulties associated with accessing PATH. Discussions held with a representative of the Ministry during the course of the evaluation exercise, indicated that special provisions were now being put in place to expand and improve benefits under the “elderly category” of PATH as shown below:

1. A Grant from the Japan Social Development Fund (JSDF) totalling US\$2.64M will provide assistance to the elderly and persons with disabilities under PATH, as part of a two year project commencing in June 2010. The objective is to increase the Jamaican Government's capacity to protect the elderly poor and persons with disabilities against economic hardship caused by the global crisis by improving their access to cash transfers through PATH. The Grant is intended to finance:
 - Cash transfers to the elderly and persons with disabilities who meet the eligibility criteria of PATH, along with those going to the main target group of the programme – poor families with children;
 - Improved capacity of government to provide social protection for the elderly poor and persons with disabilities. This component covers specialized targeting interventions to locate the elderly poor and persons with disabilities in communities and to conduct house

to house registration and on-the-spot verification of information to determine programme eligibility.

2. Proposal to increase the PATH base benefit, from which the “elderly category” will benefit, starting with the June 2010 payment cycle.

National Health Fund (NHF)

The National Health Fund which has responsibility for administering the NHFCard and JADEP, collaborated with the project through participation in the Health and Information Fairs that were organized at the community level as well as the HAI National Consultation. The Fund has also made significant investments in public education through the mass media.

As discussed earlier, the issues related to difficulties encountered by seniors in utilizing their NHF and JADEP cards were raised with the Vice President in charge of Operations at the Fund during the evaluation exercise. He pointed out that network of pharmacies accepting NHF and JADEP cards was being constantly expanded (See Fig. 8) and the matter of the provision of adequate supplies of drugs for JADEP had been satisfactorily addressed. He however conceded that there may be improper practices on the part of some providers to sell their own stocks rather than the JADEP supplies and that continuous auditing of these providers which is undertaken by the Fund will help to stem this problem.¹² As indicated in the account of discussions with service providers, some pharmacies insist that delays are still being experienced in the receipt of the JADEP stock of drugs.

Health Service Providers

The limited number of interviews conducted with health service provider (pharmacists and medical personnel) indicated that they had no specific knowledge of the HelpAge project but were fully *au fait* with the social assistance programmes (NHFCard, JADEP and PATH).

During the key informants interview, with the Pharmacy Assistant and the Pharmacist at a centrally located pharmacy in Spanish Town which serves several St. Catherine communities (including Rivoli and Central Village); the view was expressed that while the NHF and JADEP cards allowed for significant savings in the purchase of pharmaceuticals by older persons, there were difficulties in the administration of these programmes. They asserted that at times JADEP stocks were not replenished in a timely manner and this caused frustration for the seniors. Another source of frustration identified was the fact that many older persons have still not fully understood the provisions of both the JADEP and the NHFCard which cover specific chronic health conditions and prescription drugs. There is usually an expectation that the cards should be accepted for the filling of prescriptions for any ailment (eg. treatments for colds and flu). In addition, while some conditions may be covered, it has not been reflected on the card because after diagnosis, the information was not submitted to the NHF so that the necessary adjustment could be made to the cards according to the programme rules.

¹² The drugs which are provided free of cost (with the exception of the payment of a management fee) under JADEP are supplied to the pharmacies in the provider network by the NHF. In respect of the NHFCard, pharmacies apply the subsidy to sale of their own stock of drugs.

The nurse interviewed at the St. Jago De La Vega Clinic which adjoins the Spanish Town Hospital, had not heard of the HAI/OCM Project. However, she indicated that between 20-25 older persons attended the clinic everyday and that they came from a wide range of communities in St. Catherine. She stated that of every forty appointments made each day, at least thirty were older persons. From observation she noted that many older persons without the NHFCard spoke of difficulties in obtaining a TRN and that many also complained about inadequacies of the health cards (NHF and JADEP) in terms of obtaining drugs at the pharmacies.

She was of the view that much more family support was needed for older persons as many attended the Clinic alone. It was also her observation that women are much more likely to attend the clinic than men. This is corroborated by the fact 61.3% JADEP beneficiaries and 63.45% NHF beneficiaries are female (See Table 7). It is a generally well documented fact that the health seeking behaviour of men and women differ significantly.

4.4 Perspective of the HAI Caribbean Office

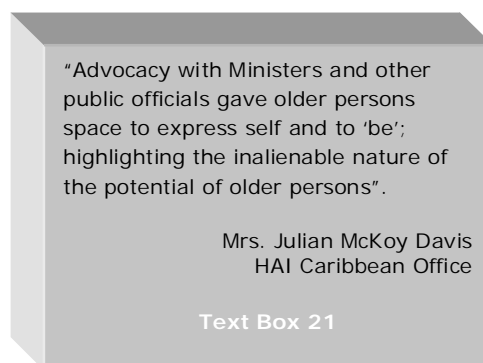
From the standpoint of the HAI Caribbean office, the choice of partner agencies was critical for the success of the HAI/OCM Project. The Community-based organizations were chosen on the basis of their capacity and HAI's awareness and historical association with the work undertaken in the various communities with which they were engaged. Of particular importance was their adeptness to the multi-generational approach in development interventions.

In addition to entering into formal contracts with the partner agencies, the HAI also involved them in the initial design stages, consultations, revisions and the discussions of the final project document after approval by the donor. Accountability on the part of these agencies was ensured in the reporting and review mechanisms built into the project which included regular telephone contacts, visits, progress reports and annual review meetings. The agencies adhered to these requirements.

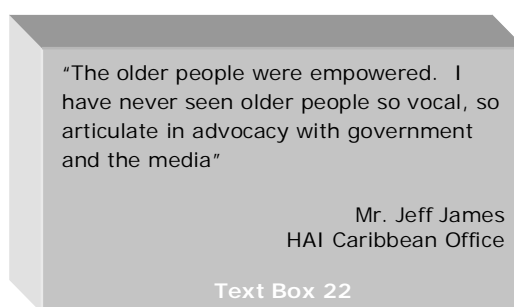
The overall assessment of the Executive Director and the Programme Manager at the HAI Caribbean Office, is that the partner agencies generally handled the project very well. Community mobilization – pulling out the wider community and not just older citizens – was seen as one of the areas in which they were particularly successful. The use of the community approach – community Health Fairs and other community level mechanisms – was demand driven.

The OCM model used in the project not only reflected the international approach but was specifically adapted to the local situation by the HAI Caribbean Office, taking into account the experience of other countries. This contributed to the achievements of the core objectives of awareness raising, building advocacy skills and increasing the access of older persons to social assistance programmes.

For the team at the HAI Caribbean Office, the achievement in terms of advocacy by the Older Citizens Monitors was a major indicator of the project's success. As stated by the Programme Officer, engaging in dialogue with Ministers and other public officials, gave older persons the "space" for self expression and self-actualization, highlighting their tremendous potential.



Similarly, the Regional Representative in commenting on the project's outcome referred to the advocacy skills displayed by the older persons as an indicator of their empowerment. This was demonstrated during the ADA campaign in which older persons got significant media exposure as result of a release done by the project which had videographed fottage of a major event.



5.0 Conclusion and Recommendations

The HAI/OCM Project has served to highlight the fact while there are very good social programmes being implemented by the Government of Jamaica (GOJ), the reach and coverage are being greatly limited by the fact that many potential beneficiaries are barely aware and definitely not fully knowledgeable of these provisions.

Although the HAI/OCM Project specifically targeted the NHF, JADEP and PATH, one of the unplanned benefits was once more bringing to the fore, the need to create greater awareness of the provisions of the National Insurance Scheme, a fact which was evident in all the target communities.

In addition, the plight of older persons with no source of income, which has been vividly demonstrated, speaks clearly to the fact that the argument concerning universalism versus targeted benefits in the provision of social protection is not merely academic but is of fundamental importance in determining policy options which will be the most effective in reaching the most vulnerable segments of the population. This highlights the urgent need for exploration of the feasibility of the introduction of a social pension. There is a major coverage gap in the social protection system in terms of income support for older persons.

As much as 52% of persons 60 years and older have no access to income support either in the form of contributory social insurance benefits (NIS) or non-contributory social assistance such as the cash transfers provided by PATH (See Table 4).

The matter of the need for much greater livelihood opportunities for older persons in the form of micro and small business enterprises was also demonstrated in the outcome of the OCM model, particularly in relation to the appreciation for the complementary Poverty Alleviation Project.

Intergenerational solidarity has also been shown to be indispensable in the provision of social protection, and even more so within the context of the Jamaican family structure that is strongly extended rather than nuclear in form. The vulnerability of older men who are alienated from the family and kinship network as a result of their irresponsible sexual behaviour and unstable family patterns during younger years was also evident.

The issue of loneliness among older people and the importance and immeasurable benefits of interaction with their peers and younger people through various social and recreational activities was highlighted by the responses given in respect of the impact of the project. This validates the ongoing programmes and thrust of the National Council for Senior Citizens which promotes such as activities.

The best prospect for sustainability of the gains made through the HAI/OCM model is for full institutionalization through the National Council for Senior Citizens, which as shown in tables 6-8, has a range of programmes which already converge with the HAI approach. These include the island-wide network of Senior Citizens Clubs and the referral system currently practised, among a range of other initiatives within the context of the National Policy for Senior Citizens. These include the Caring Projects, Senior Day Activity Centres, income generating projects, emphasis on information dissemination to seniors and organizing of social and cultural activities involving older people. The alliances established with the National Council for Senior Citizens and the community-based partners of HAI would therefore need to be strengthened and extended to other agencies and communities across Jamaica.

Lessons Learned

Although the OCM project focussed on older persons' access to social protection, it has a number of design features with wider applicability within the context of social interventions aimed at improving the quality of life of vulnerable and disadvantaged groups. These are linked mainly to the institutional modalities used in implementation. Among the major lessons of experience in this regard are the following:

1. The community development model remains one of the most powerful tools for addressing issues of poverty and social exclusion when well managed. The experience of the HAI/OCM project could therefore be used to inform social intervention approaches in poor urban and rural communities, many of which are experiencing social disintegration.

2. Social development interventions which utilize Community-based organization, with social capita, that is, have built trust with the target population are more likely to succeed when compared with initiatives that seek to create new institutional structures.
3. Knowledge and awareness are necessary though not sufficient conditions for the poor to benefit from social programmes designed to meet their needs.
4. Partnerships are critical in development initiatives taking into account resource limitations, specialization and reach of various organizations.
5. Development of the capabilities of ordinary citizens to dialogue with government representatives and other public officials deepens democracy and fosters the effectiveness and impact of solidarity based community groups such as the Senior Citizens Club.

Recommendations

The following are recommendations with policy and programmatic implications for the Government of Jamaica based on the implementation and outcome of the HAI/OCM Project:

1. The design of PATH must be revisited in relation to the Beneficiary Identification System and the errors of exclusion related to indicators used in the proxy means-test.¹³
2. Introduction of a Social Pension must be given serious consideration by the GOJ. It could be implemented on a phased basis commencing with, for example, persons 75 years and older.
3. The NIS must make a major investment in public education to increase general awareness of the provisions of the scheme and number of contributors among self-employed and own account workers as well as improved compliance on the part of employers. Community-based organizations should be fully involved in this process as they have been shown to be very effective, even more so than the conventional media campaigns.
4. New strategies must be developed by the National Health Fund to ensure that it has the full collaboration of doctors and pharmacists to enable older persons to maximize the benefits of the NHF and JADEP health cards.
5. Economic assistance programme such as the Rehabilitation Grant administered by the Ministry of Labour and Social Security and other small and micro enterprise credit programmes promoted by the public or private sector or through public/private partnerships, should take the needs of

¹³ Work is already in progress in regard to a revision of the BIS.

older people into account and not bar them from participation as is currently the case in relation to some of these initiatives.

6. Programmes developed for older persons must take the gender perspective fully into account on the basis of the specific vulnerabilities which confront both women and men.

These recommendations that have been put forward should form part of a much broader social protection strategy which should be elaborated by the Ministry of Labour and Social Security in collaboration with the Planning Institute of Jamaica. Such a strategy should be aimed at the strengthening of the social protection system within the context of the current global financial crisis as well as the long term development goals enunciated in the Vision 2030 National Plan, which embodies the nation's roadmap to developed country status. The Plan was spearheaded by the PIOJ with the participation of a wide range of stakeholders in the public and private sector using a bipartisan approach. It was published in 2009 and covers all sectors of the economy and includes among the main outcomes expected, a more effective social protection system.

Elaboration of the social protection strategy should also be informed by the internationally agreed development goals such as the Millennium Development Goals as well as those contained in the Madrid Plan of Action on Ageing (2002), the Copenhagen Declaration and Programme of Action, and the ILO Decent Work Agenda which promotes "social security for all".

Table: 2
Distribution of NIS Pensioner by Age Cohort (2010)

Population Cohort	Size of Cohort ¹	No. NIS Pensioners ²	% NIS Pensioners
60-64	68,463	7,662	11.19
65-69	65,255	17,019	26.08
70-74	59,674	18,876	31.63
75 and over	104,668	41,260	13.84
Total	298,060	84,817	28.46

¹Statistical Institute of Jamaica (STATIN), End of Year population 2009

²MLSS, Number of NIS Pensioners as at 31 March 2010

Table: 3**Social Protection Coverage: Government Health Insurance Programmes – Benefits to Elderly Population (March 2010)**

Age Cohort	No. in Cohort ¹	Government Health Insurance Programmes					
		JADEP ²		NHF/Card ²		NI GOLD ⁴	
		No.	%	No.	%	No.	%
60-64	68,463	59,716	87.2	25,896	37.82	7,662	11.19
65-69	65,255	40,836	62.58	25,835	39.59	17,019	26.08
70-74	59,674	41,572	69.66	24,713	41.41	18,876	31.63
75+	104,668	71,024	67.86	56,373	53.86	41,260	13.84
Total	298,060	213,148	71.51	132,817 ³	44.56	84,817	28.46

¹STATIN, End of Year Population 2009²National Health Fund enrolment data as at 31 March 2010³Persons below the age of 60 with NHF Cards total 107,781. Registered beneficiaries therefore total 240,598⁴All NIS pensioners are eligible for the NI/Gold Health Insurance but an application must be made for them to receive it.**Table: 4****Social Protection Coverage Gap: Income Support for Elderly (Jamaica 2010)**

Population 60 years and older ¹	298,060
No. NIS Pensioners 60 years and older ²	84,817
No. PATH Beneficiaries 60 years and older ³	58,133
Number persons 60 and older covered by NIS and PATH combined	142,950
Number persons 60 and older not covered by NIS or PATH	155,110
Percentage population 60 years and older covered by NIS and PATH combined	47.96
Percentage population 60 years and older not covered by NIS or PATH	52.04

¹ Source: Statistical Institute of Jamaica, End of Year Population 2009² Source: Ministry of Labour and Social Security (MLSS), Number of NIS Pensioners as at 31 March 2010³ Source: MLSS, PATH beneficiaries in "elderly" category (60+) as at February 2010

Table: 5
PATH Registered Beneficiaries by Parish and Benefit Group: February 2010

Parish	Beneficiary Category							Payment Suspension	Total
	Health	Education	Elderly	Disabled	Pregnant/Lactating	Adult Poor	Poor Relief/PAD ¹		
Kingston	1732	5800	927	222	30	34	794	128	8873
St. Andrew	5036	18336	3579	656	80	180	2210	372	28239
St. Thomas	2985	10845	2357	370	103	211	515	71	16942
Portland	2737	8681	2313	392	107	123	1082	59	14412
St. Mary	3553	13322	3513	517	73	226	680	96	21300
St. Ann	3441	15549	3820	587	84	190	1289	146	23817
Trelawny	2202	7673	1726	225	35	104	620	51	12016
St. James	2753	10691	2091	398	51	110	1622	221	16315
Hanover	1911	8058	2228	431	47	115	1265	109	12899
Westmoreland	4162	14996	3735	598	143	205	603	153	23992
St. Elizabeth	4936	17139	5350	788	136	287	841	108	28744
Manchester	5108	16573	4523	732	89	183	883	93	27301
Clarendon	7452	27265	6129	867	172	280	1567	131	42296
St. Catherine	6158	26110	5560	1048	60	397	1654	412	39745
Total	54166	201038	47851	7831	1210	2645	15625	2150	332516

¹The MLSS which provided the data contained in this table indicated that 10,282 beneficiaries in the Poor Relief/PAD category are 60 years old and above.

Table: 6
Registered Beneficiaries JADEP and NHF (all age groups): 2005-2010

Year	JADEP	NHFCard
2005	102,533	53,504
2006	134,131	84,626
2007	158,893	132,459
2008	177,757	172,538
2009	196,121	208,488
2010	213,148	240,598

Source: National Health Fund

Table 7
Distribution of NHF Beneficiaries by Sex (March 31, 2010)

Gender	JADEP		NHFCard	
	No.	%	No.	%
Female	130,865	61.40	152,671	63.45
Male	82,283	38.60	87,927	36.55
Total	213,148	100.00	240,598	100.00

Source: National Health Fund

Table: 8

**Participation in Golden Age Clubs by Sex (Islandwide):
National Council for Senior Citizens, March 2010**

Membership Category	Male	Female	Total
Active Member	6,285	20,464	26,749
Shut-ins	2,015	3,542	5,557
Total No. Members	8,300	24,006	32,306
Volunteers	1,052	2,845	3,897

Table 9

**Distribution of Golden Age Clubs by Status (Active or In-active):
National Council for Senior Citizens, March 2010**

Category	Number
Active Golden Age Clubs	653
In-Active Golden Age Clubs	63
Total	716

Table 10

REFERRALS: National Council for Senior Citizens, 2009

AGENCIES	NO. OF REFERRALS MADE
National Insurance Scheme (NIS)	1445
PATH (Programme)	1109
Public Assistance (PAD)	438
Poor Relief	259
Senior ID (Bus Pass)	983
Food for the Poor (FFP)	133
Jamaica Drugs for the Elderly (JADEP)	2889
Ministry of Health – Hospital or Health Centre	85
National Health Fund (NHF)	2015
Other	1375
Total	10731

Source: Report, Programme and Activities of the National Council for Senior Citizens, 2009

Appendix I	
EVALUATION FRAMEWORK	
Project Results and Success Factors	
Issues	Sub-Questions
1. What progress was made towards the achievement of expected results at the outcome and impact levels, especially in respect of the delivery of social assistance programmes to older people?	<p>To what extent did the actual outcomes match with the planned or expected results?</p> <p>What unintended results, if any, were attributable to the project intervention (both negative and positive)?</p>
2. To what extent did these results contribute to poverty reduction and better health status of older citizens in the selected communities?	<p>Were beneficiaries clearly identified and targeted?</p> <p>How was the quality of life of beneficiaries enhanced?</p> <p>What contributions were made to the socio-economic development of the communities?</p>
3. Has the project been relevant/responsive to the communities' challenges, priorities and objectives?	<p>Did the intervention make sense in terms of meeting the challenges taken on?</p> <p>Was there consistency with the need and priorities of the communities?</p> <p>Were the interests of the partners adequately addressed?</p> <p>Were efforts coordinated with other development initiatives?</p>
4. To what extent will the results and benefits continue after the project ends?	<p>How did the project contribute to the sustainability of results?</p> <p>What is the extent of local ownership?</p> <p>Has there been institutional capacity building?</p> <p>How conducive are the national social protection policies?</p>
5. To what extent have partnerships and linkages between institutions and organizations been supported?	What partnerships and linkages were facilitated?
6. What offers the strongest potential for longer-term institutional relationships and partnerships?	What types of institutional relationships and partnerships worked well? Why?
7. Were the project resources used appropriately?	Were the appropriate human and financial management systems in place?

Appendix II

Individual Interview Guide (Old Citizens Monitors/ Project Beneficiaries)

Respondent _____ Location _____ Phone No. _____

Socio-demographic Information :

- Age
- Educational level
- Union status/family structure (whether living alone or with family members)

Socio- economic circumstances before and after participating in project:

- Receiving pension or social assistance benefits – NIS, PATH, JADEP, NHF e.t.c
- Economic activity
- Family support (remittances or other forms)

Benefits derived from project :

- Registration for PATH, JADEP, NHF or other social assistance benefits
- Guidance/help in application for NIS
- Social interaction
- Information
- Training and personal development
- Advocacy skills
- Income generation opportunity
- Improvements in quality of life

Views on outcome and impact of project and sustainability of results:

- What are the most important outcomes of project? (positives or negative changes)
- How has the project impacted on your life and that of other beneficiaries?
- Did the project help you and other older citizens to have greater access to social assistance programmes?
- How has the projects contributed to the development of you advocacy skills?
- What are the best features of the project?
- How did you t contribute to the project activities/outcome?
- What are some of the most memorable events from participating in the project?
- What would have been the impact on your well-being and that of older citizens if the project had not been implemented?
- How has the project contribute to social interaction and community cohesiveness?
- Were there any negative effects of the project? What are the most important lessons of experience?
- Will activities promoted by the project through the senior citizens clubs be sustained now that the project has come to an end?

Appendix III

Interview Guide: Key Informants

Agency _____ Location _____ Contact
No. _____

General

- Q1 How have you been involved in the Empowering Older Citizens Monitoring Project?
- Q2 How well do you think the project has responded to the challenges, needs and priorities of older people?
- Q3 What has been the impact of the project on your organization in the implementation of the HAI Empowering Older Citizens Monitoring Project?
Or
What has been the impact of the social assistance programmes on the services you provide to Older persons? (pharmacies, hospitals/health centres, post offices personnel)

Project Effectiveness/Impact/Sustainability:

Project activities/benefits

- Registration for PATH, JADEP, NHF or other social assistance benefits
- Provision of guidance/help in application for NIS
- Provision of Information
- Provision of training, personal development and advocacy skills
- Hosting of social events
- Income generation projects
- Strengthening of organizational capacities partnerships and linkages

Views on outcome and impact of project and sustainability of results:

- What are the most important outcomes of project? (positives or negative changes)
- Did the project achieve its objectives?
- What are the factors contributing to achievement or non-achievement of objectives?
- How has the project impacted on beneficiaries and their communities?
- Did the project help older citizens to have greater access to social assistance programmes?
- Are there improvements in the beneficiaries' quality of life?
- What is the impact of the project on development of advocacy skills among older persons?
- What would have been the impact on older citizens well being if the project had not been implemented?
- How has the project contribute to quality of social interaction and community cohesiveness?
- Were there any negative effects of the project?
- Were there any resource related issues/constraints which affected the project?
- What are the most important lessons of experience?
- Will activities promoted by the project through the senior citizens clubs be sustained now that the project has come to an end?

Appendix IV – Supplemental Data: National Health Fund

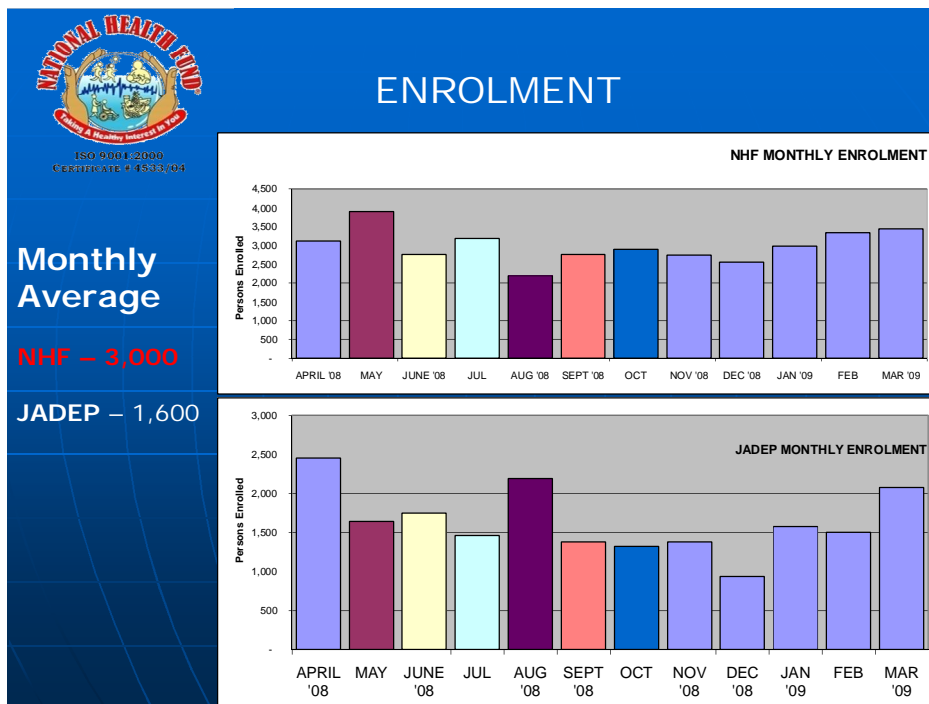


Fig. 1

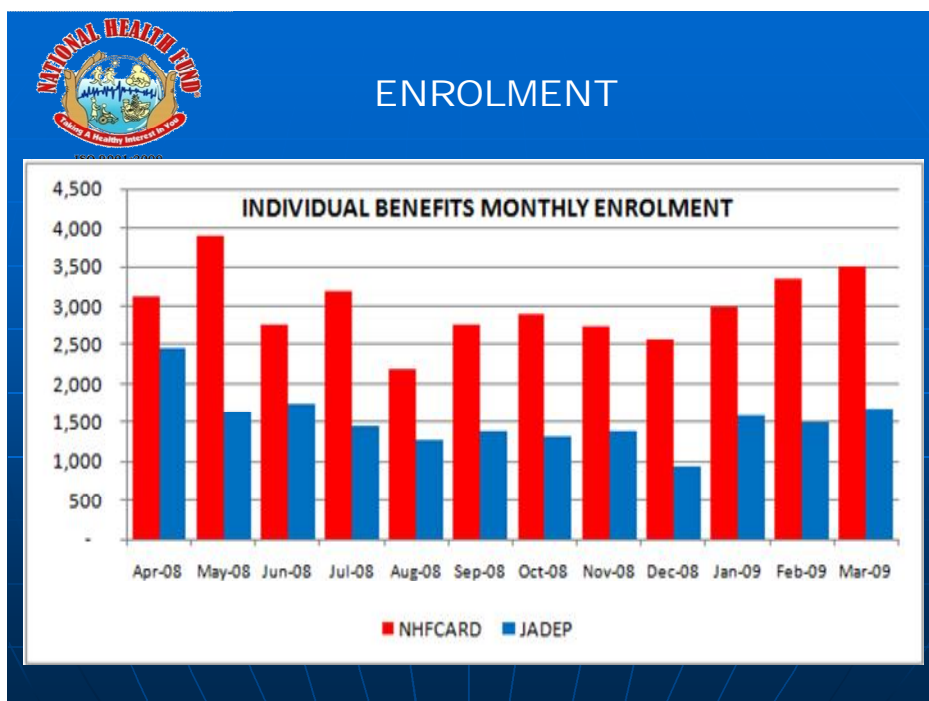
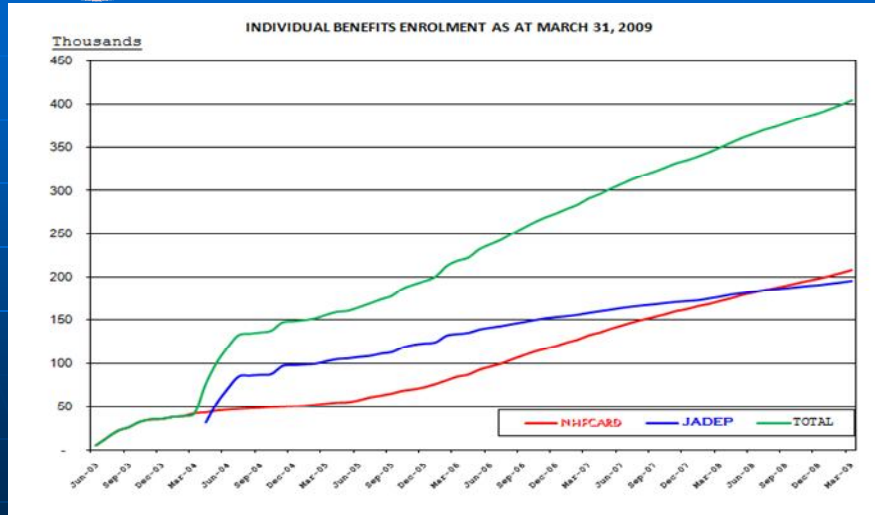


Fig. 2



Enrolment as at March 31, 2009

405,183 Beneficiaries
NHFCARD – 208,990
JADEP – 196,193



Source: NHF -May'09

Fig. 3



ENROLMENT - geography

As at March 31, 2009

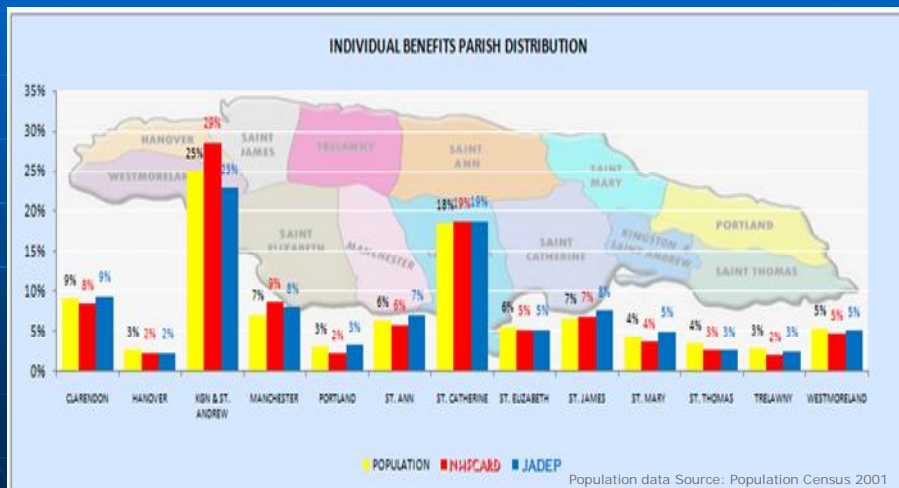


Fig. 4

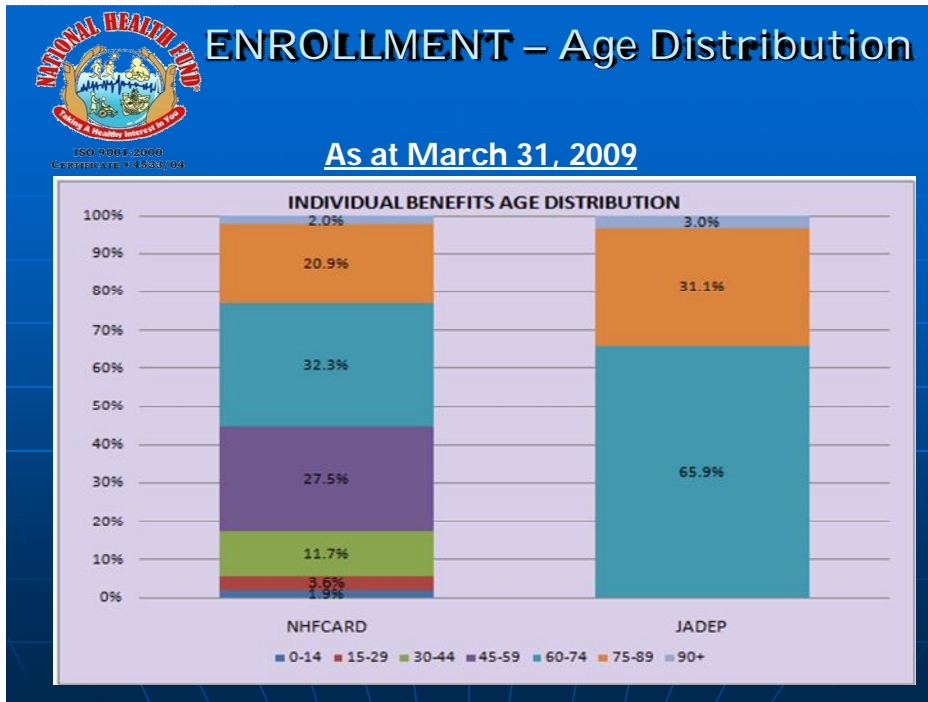


Fig. 5

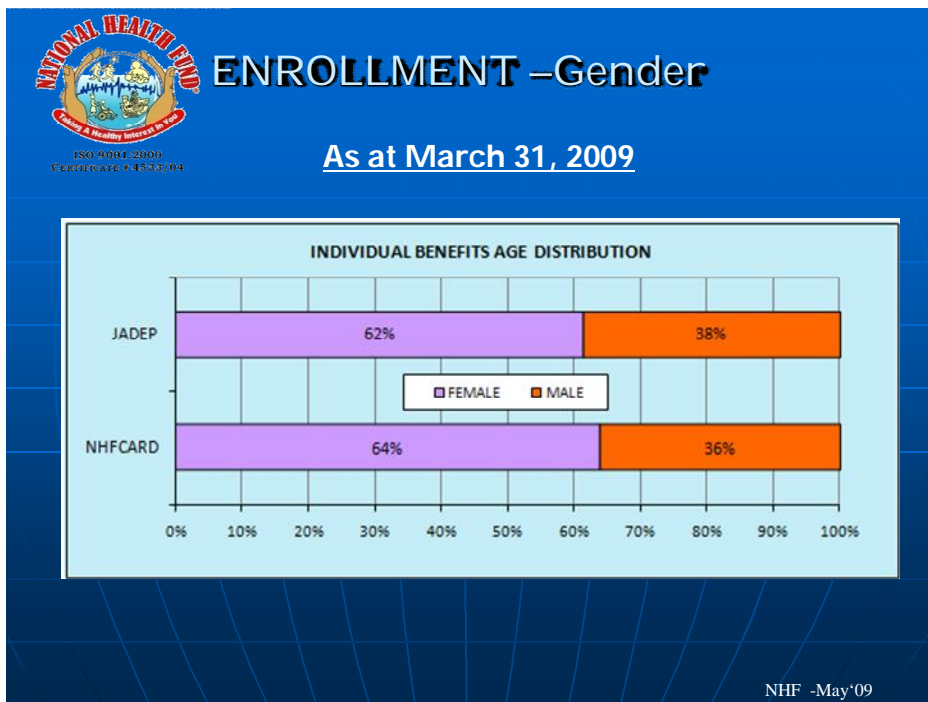


Fig. 6

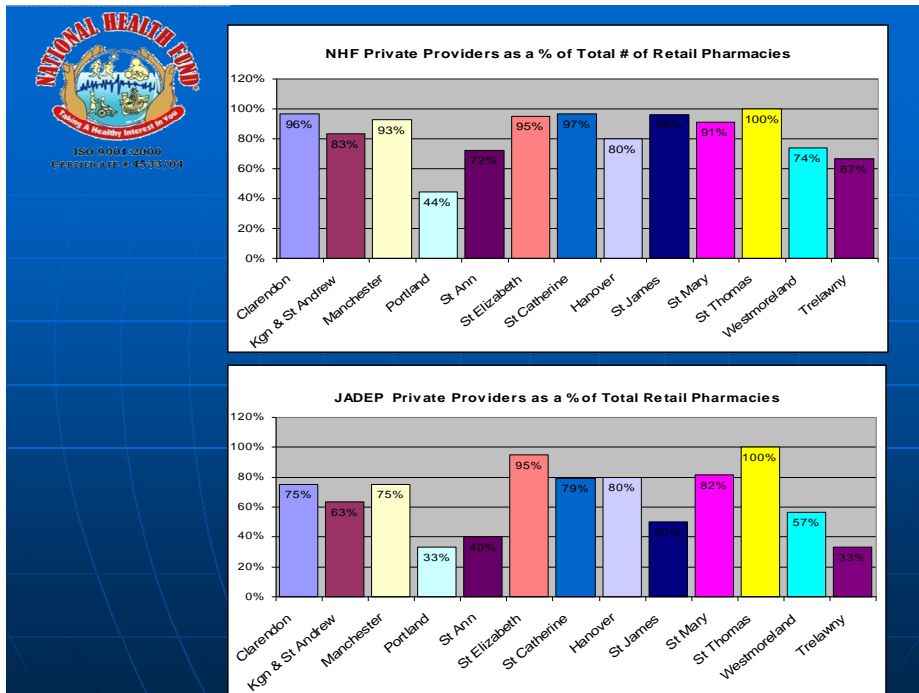


Fig. 7

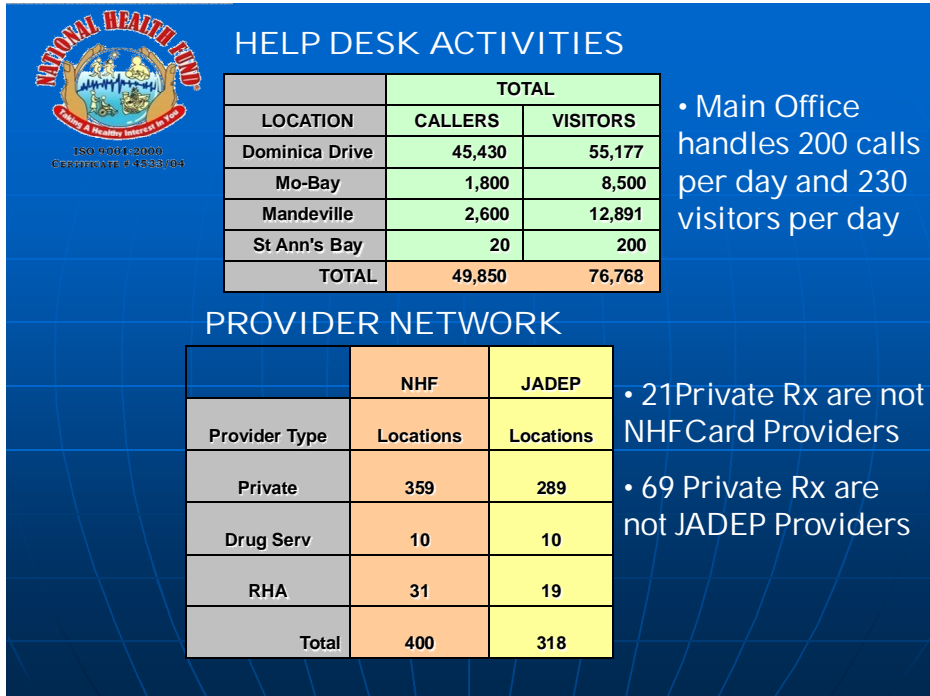


Fig. 8