Poverty reduction through the participation of vulnerable people in decentralized development planning and budgeting in Tanzania (2007-2012)

Mid-term evaluation report

ACKNOWLEDGEMENT

This mid-term evaluation is an outcome of collaborative efforts involving HelpAge Tanzania, HelpAge - ARDC, local Authorities of Morogoro, Songea, Karagwe, Tanga and

Arusha - Monduli and the implementing partners: CHAWAMA, SOPF, MORETEA, SAWAKA and AFRIWAG.

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Prepared by Samuel Obara, Smart Daniel and Sophia Kessy
for HelpAge International, Tanzania

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HelpAge International
Box 9846, Dar es Salaam

Registered charity no. 288180

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LIST OF ABBREVIATIONS

AFRIWAG	-	Africa HIV/AIDS Women Working Group
CHAWAMA	-	Chama Cha Wazee na Wastaafu (Arusha)
CSOs	-	Civil Society Organisations
DED	-	District Executive Director
DPLO	-	District Planning Officer
EU	-	European Union
FGD	-	Focus Group Discussion
HAI	-	HelpAge International
HAI-ARDC	-	HelpAge International – Africa Regional Development Centre
HAIT	-	HelpAge International - Tanzania
ITN	-	Insecticide Treated Nets
MDGs	-	Millennium Development Goals
MKUKUTA	-	A Kiswahili acronym for the National Strategy for Growth & Reduction of Poverty
MORETEA	-	Morogoro Retired Teachers Association
NGOs	-	Non-Governmental Organizations
OPMF	-	Older People Monitoring Forum
OPMG	-	Older People Monitoring Group
OVC	-	Orphaned and Vulnerable Children
PLHIV	-	People Living with Human Immuno-Deficiency Virus
PWD	-	Person with Disability
SAG	-	Sponsor a Grandparent
SAWATA	-	Saidia Wazee Tanzania (Karagwe)
SOPF	-	Songea Older Person's Forum
SPSS	-	Statistical Package for Social Sciences
TAN140	-	HelpAge International Tanzania Project code 140
TEWOREC	-	Tanga Elderly Women Resource Centre
TOR	-	Terms of Reference
UK	-	United Kingdom

EXECUTIVE SUMMARY

This report presents midterm evaluation findings of Tanzania 140 Project, which is a five year project (2007-2011) funded by European Union with total budget of Euros 745,302.

The project is implemented in five different regions of Tanzania, covering a total of 14 wards and collaborating with grassroots NGOs, national CSOs and local authorities. The overall project objective is to contribute to the achievement of MKUKUTA's goals of growth and the reduction of poverty, improved quality of life, social well being, good governance and accountability.

The midterm evaluation purpose was therefore to assess the impact of this project on the target population, identify key lessons and recommendations which will feed into the re-planning during the remaining period .

The evaluation process was participatory involving key stakeholders: local authorities of Monduli - Arusha, Morogoro, Songea, Karagwe and Muheza, participating primary schools, older people, health officials, community leaders and the implementing organisations.

The following are the key findings:

Project impact

The project has built the capacity of participating partners through equipment support, training in programming and advocacy, systems improvement like data collection and analysis using modern statistical packages like SPSS, developed standard monitoring tools and framework. The impact of this is better data analysis and generation of evidence to inform policy, improved production of accurate and better reports , good tracking of project progress and feedback using the established Older people forums and local administration structures and active involvement and participation of older people in advocating on issues affecting them and those under their care. There is a greater understanding of older people issues by the local authorities and increase in resource allocation.

The partners demonstrated improved capacity by being able to understand how policies impact on the lives of older people and how to proactively change the situation through active participation at local level meetings of the local Government and in networks like how to acquire funds from TASAF. This has enabled the local authorities to allocate resources for the older people and TASAF to fund older people livelihoods projects enabling older people to improve on their standards of living.

On visibility, the project has raised the profile of European Union, HelpAge and all implementing partners. The local authorities and other Government sectors work closely with the project partners and looks upon them for provision of technical guidance on ageing issues in local authorities' plans. This has enhanced joint review meetings between the local partners and the local authorities. In some Government offices like Morogoro, a special file tracking minutes and action taken by the local authorities and the local partners have been opened.

The project has built excellent relationships with the local authorities. Older people have been incorporated in Ward Development Committee meetings. By end of year two of the project a total of about Euros 94,000 has been committed by the five local authorities to older people designated poverty reduction and livelihood improvement projects.

However, the central Government should improve on disbursement procedures of approved funds to local authorities as this has a corresponding effect on service delivery and budget execution. There were instances where the budget is approved but funds from the Central Government come in piecemeal due to resource constraints. This affects accomplishment of set objectives. Similarly there should be proper monitoring plans on implementation of this money and impact generated as at times the funds are diverted to other areas felt critical.

Through the provision of identity cards for accessing health care in public health facilities, the project has used this opportunity to build relationships with health care providers in order to mainstream ageing issues in selected health care facilities. For example in Morogoro, MORETEA has developed good relationship with two health facilities: Saba Saba Health Centre and Uhuru Health Centre, where older people do not only receive free health services but they are also exempted from queuing for services. This has led to improved attendance by older people and adherence to treatment procedures (Table 3). These gains should be showcased and included in the healthcare policies.

The project has trained Older People Monitoring Groups (OPMGs), with key tasks of tracking health and livelihood issues affecting older people. The OPMGs have been instrumental in identifying these needs and presenting them in Older People Forums (OPFs) and Ward Development Committees. The OPMGs are emerging as advocacy champions for addressing a wide range of social issues at community level affecting the older people and other vulnerable groups. This is a positive step in strengthening data collection and data utilisation at community level.

The project has strengthened community structures to manage local resources. The communities have been mobilised to harness local resources in addressing critical issues facing them. This is one of the effects of the OPMGs. A case in point is protection of water springs in Songea. During the protection of water springs the community members were mobilised to provide stones, bricks, manual labour while the local authority provided technical supervision. Water management committees formed around each spring are now performing multiple development roles like participation in environmental protection and conservation around the water points and presentation of older people water related issues in Ward Development Committee meetings.

Uniforms and stationery may not mean much to a child coming from a normal home. These items have transformed the lives of OVC. Their self esteem has improved and now they participate in games and other social activities. There is a noted improvement in attendance, discipline and better performance in class work. In addition, local authorities and CSOs and Faith Institutions have been mobilised to support these initiatives enabling more OVC to benefit much more than what was envisaged at the start of the project(details in table 2).This collaboration has led to better utilisation of resources and synergy.

The involvement of both men and women in all project activities has enhanced the community to appreciate and support one another and change traditional stereotypes held by men on women. Similarly, the provision of water through protection of water springs in Songea has reduced distance to water points, lessening water burden on women. This has had a corresponding effect on women who are using time saved to engage in income generating activities. Similarly the girl child who supports in water fetching has more time to do home work. In the long run noticeable changes will be realised in school performance and household level income.

Most importantly, the project has restored hope and dignity among older people and challenged Government structures in changing attitude and proactively being involved in responding to ageing issues.

Gaps and Challenges

The design of the project was to provide specific services to people aged 60 years and above at the time of baseline. The underlying principle was that those turning 60 years within the project life span will be linked into Government or the local authorities systems. However this seems not to be well coordinated and re-planning is required to address the emerging gap. The local authorities should therefore prioritise areas/wards not being served by the project and at the same time respond to the needs of those turning 60 years within the project areas to remedy this deficiency.

On OVC support, the project has a selection criterion on whom to benefit (an orphan under care of an older vulnerable person).However, there was a noted variation on selection criteria. To address this, the project should develop a database on every case assisted for follow up and accountability. Monitoring of this specific activity also seemed to be left more on the OPMG. This should be a collective responsibility of the partners, the community and the local authorities.

The support package of school materials (uniforms and books) is important and well appreciated, however in an environment of households with extreme poverty and perennially food insecure, no good shelter, no reliable paraffin availability for assisting in doing school home work, the gains made may be lost in the long run. The local authorities should develop proper linkages to other services (safety nets). Similarly the local authorities should develop proper link up to the next scheme, since the project support is a one off package. It would be interesting at the end of the project to do a comparative analysis of OVC assisted in year one and two, and establish percentage retention /fallout rate and percentage of those linked up to other safety networks.

Provision of identity cards is important. However this should not be a one-off thing. Mechanisms of investing in laminating machines by the local authorities should be explored and older people can replace the defaced, lost cards at subsidised rates.

As observed in one FGD, there is worry and fear that the same cards can be deterrence to service provision.

"We are grateful for the identity cards. But when we lose or forget, this should not work against us. We are known here, our grey hair and looks tell it all when it comes to age and this should also be put into consideration". Observed an older person in Monduli.

On issue of health care access and drugs availability Tanzania Government is a signatory to Abuja declaration, where African heads committed to allocate 15% of their total budget to health care. This seems not to be the case. Identity card provision is not an end in itself, advocacy on operationalisation of Abuja Declaration should go hand in hand with these initiatives.

The noted concerns during discussions were on issue of shortage of drugs which featured in most FGDs. The same was echoed by a Health Provider who said during the Key Informant Interviews, **"***We receive drugs quarterly from the Ministry of Health. Our general drug kit usually runs out at the end of the first month. Other than children syrups which are*

supplied in bulk and donor supported, our patients now know our situation and buy drugs for the next two months in private pharmacies".

Another noted challenge while serving older people in health facilities was transport challenge to go home due to lack of income. *"Our most trying challenge in addition to shortage of drugs is that after treatment some older people are stranded to go back home because of lack of bus-fare. These are our parents and grandparents we feel embarrassed to leave them stranded in our compound. We often at times are forced to chip in from our pockets*" - Health Provider.

The older people also faced challenge of nutrition due to food insecurity in their household and this affects adherence to treatment. To address these issues, it was suggested that the Local Government introduces IGAs that are not labour intensive and which can be done by older people and those under their care, alongside a wide range of social protection interventions. This includes goat-keeping, chicken rearing and bee-keeping and linkage to micro loan schemes. This will also address nutrition and food deficit issues.

Conclusions and Recommendations

Poverty reduction through participation of vulnerable people in decentralised development planning and budgeting in Tanzania is doable and a sure way of realising targets set in MKUKUTA. However the following should be considered:

1. The central Government should disburse local authorities' approved budgets on time if targets' in MKUKUTA are to be met within the set timeframe. This is an advocacy issue by CSOs and the project.
2. There should be sufficient technical manpower, machines/equipment for efficient implementation and follow ups at local authorities' level.
3. This project success should be used as a showcase for mainstreaming and rolling out ageing issues in local authorities' plans and budgets as envisioned in the MKUKUTA. A well documented process leading to a production of a guidebook is being suggested .
4. The OPMG members are the engine of this project. They are respected and looked at for providing leadership, address older people issues; solve conflicts, advice on disease prevention (malaria, HIV, Hygiene and sanitation) among others. Further training is therefore suggested for OPMG to enable them have diverse multiple skills to meet their raised status.
5. Provision of identity cards has enabled older people to claim their right to free health care as stated in MKUKUTA and the National Ageing Policy. However, distance (an average of 10km) and shortage of drugs remain a hindrance. There is need to advocate for setting up outreach health care programmes by the ministry of Health in rural areas to reduce distance and more resources channeled into the drug kit, with good monitoring and accounting system to curb drug shortage and loss.
6. Poverty and livelihood issues dominated discussions during this review process. The review process established varying trends of poverty and burden of care among older people households:
    a) Older people who are retired but skilled and resourceful
    b) Older people with limited or no resources, with a big burden of care for OVC and PLHIV
    c) Older people who are frail with chronic illnesses and bed ridden most of the time, with no reliable income.

In view of the above, this midterm process recommends arrange of social protection interventions by the Government including: establishment of linkages with other organisations involved in poverty reduction programmes like TASAF, rolling out of universal pension to provide much needed support and income to the most vulnerable older people households, Initiate Older people tailored and targeted IGAs, like the ongoing Government led Village Community Micro Banks (VIKOBA).

In conclusion, this project is responding to the felt needs of the poor and relevant to MKUKUTA and MDGs. However, rolling out of national Social Policy Framework and operationalisation of National Ageing Policy will go a long way in rapid scale up of lessons being generated by this project.

1.0 INTRODUCTION

This report presents midterm evaluation findings of TAN140 Project funded by the European Union. The total project budget is Euros 745,302 for a period of five years (2007-2011) and implemented by HAI and partner organisations: Songea Older Person Forum (SOPF) Chama Cha Wastaafu Mkoani Arusha (CHAWAMA), Translated as, *Arusha Retired People's Association*, FRIWAG[1] (African Women AIDS Working Group), Morogoro Retired Teachers Association (MORETEA) and SAWATA Karagwe in Kagera region. The project covers five different regions of Tanzania, reaching a total of 14 wards.

1.2 Overall Project Objective

To contribute to the achievement of MKUKUTA's overall goals of growth and the reduction of poverty, improved quality of life, social well being, good governance and accountability.

1.3 Specific Objective

To ensure that the concerns and entitlements of vulnerable people are incorporated into decentralized district planning and budgeting in order to support the achievement of MKUKUTA targets to improve the delivery of pro-poor services by: Increasing capacity of Action Team, local Government, and other CSOs to work with and through older people to improve the delivery of pro-poor services, Supporting the Local Government development plans in 14 wards in 5 districts to reflect priorities of vulnerable groups, Supporting Improving of delivery of services to vulnerable groups in 14 wards in 5 districts of Tanzania through partnerships between local Government, CSOs and communities and ensuring that Civil society monitor the delivery of key services and entitlements at local level and use evidence to influence policy formulation and implementation at ward, district and national levels.

1.4 Project Activities

The main project activities are: Programme introduction; Orientation workshop to partners; Action management committee established; Monitoring and evaluation; Formation of Older People's Forums and Older People Monitoring Groups (OPMGs) ; Meeting of OPMG members with Ward Development Council; District Forums; Improve the availability of data on vulnerable groups at district level; Inform vulnerable groups of their entitlements; Provide identity cards to older people; Provide treated mosquito nets; Construct water wells (protect water springs); Provide school uniforms and materials to OVC; Map existing informal safety nets village level; Monitor target achievement by OPMGs; Evidence based advocacy at local, national and international levels.

1.5 Purpose of Mid Term Evaluation

To provide the full range of stakeholders with an independent assessment of the project's achievements as well as information relevant to the re-planning of the remaining action period and future programming activities of the implementing agencies including the grant-maker. The evaluation will assess the impact of the programme on the target population, identify key lessons and recommendation and include feedback sessions for the main participants to the evaluation. Findings from this evaluation will feed into all the re-planning during the remaining period of the action. The annual review scheduled in year 3 will provide

[1] AFRIWAG substituted Tanga Elderly Women Resources Centre (TEWOREC who were removed at the end of year 2 due to non compliance to contractual obligations.

the forum for the consultant's report to feed into the programme action and integrate its recommendations.

1.6 Evaluation methods

The evaluation process was participatory involving stakeholders in key stages. Tools used in the evaluation included:

a) Document Reviews

Project documents: the project proposal, progress reports and relevant Government materials were consulted and findings incorporated in the report.

b) Key Informant Interviews

Key informant interviews were held with technical officers in HAIT, Government Officers, Health Officers, staff from partners implementing the project, OPMG/OPMF leaders.

c) FGDs and Discussions

FGDs were held with project beneficiaries of identity cards, treated mosquito nets, school materials and safe water recipients of Songea. Discussions were held with larger groups to seek their views regarding the project.

d) Transect Walks and Mapping of Services

The mid-term review team held transect walks to map out key services like access to health facilities, water points and shopping places.

e) Case Studies

Case studies were shared on sampled individuals on how the project has transformed their lives.

1.7 Limitations

Field logistics, travel time and schedules were tight and challenging but this was the best options in lieu of limited resources. In some cases, delays were experienced from one point to another keeping some discussants longer but they exercised patience and demonstrated high level of understanding.

1.8 Structure of the Report

This report is structured along the TOR and contains the following key sections: Introduction, achievements and outcomes, exit and sustainability Conclusions and Recommendations.

2.0 FINDINGS

2.1 Project Relevance

This project is built around MKUKUTA, Kiswahili acronym for the: National Strategy for Growth and Reduction of Poverty and forms part of the Government of Tanzania's efforts to deliver on its national vision 2025.The current framework running 2005-2010 is clustered around:

a) Growth and reduction of income poverty
b) Improved quality of life and social well being and
c) Governance and accountability.

In addition this project contributes to the following MDGs:

- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve Universal Primary Education
- Goal 3: Promote gender equity and empower women
- Goal 6: Combat HIV/AIDS, malaria and other diseases.

The Poverty & Human Development Report for the United Republic of Tanzania (2007:52)
reveals that there is need for a concerted effort by local Government authorities and health and education sectors to provide exemptions of treatment fees for patients over 60 years of age and to ensure the enrolment and participation of disabled and orphaned children in school. This view is also supported by the National Ageing Policy and the framework for Social Protection.

(Views of The People 2007:43), a Government document analysing Tanzanian's perceptions towards their Government on service delivery to the poor revealed that about 11% of the older people foresaw no help forth coming from any source and nearly half of those aged over 60 years, 48% did not know that they were entitled to free treatment in Government health facilities. In addition, about 18% of the respondents reported refusal for treatment in Government health facilities because they could not pay for the services, while 13% indicated they had been refused free treatment due to lack of proof of their age (ibid2007:4.4).

In Tanzania work commenced in 2007 on the development of a national framework for Social Protection. The framework aims to enhance the coordination of programmes addressing the needs of most vulnerable groups in society and to prioritise the use of available resources in more concerted efforts by the local Government authorities and other Government units like education and health (The Poverty & Human Development Report for the United Republic of Tanzania :2007:52). It is envisaged that this project provides learning for the ongoing Social protection policy framework discussions.

2.2 Project Implementation and Extent to which Targets have been met

2.2.1 Baseline Findings and Project design

A baseline was carried out in all the project sites of Muheza, karagwe, Songea, Monduli and Morogoro and targets were set based on the population of people aged 60 years and above and OVC under their care .The table below shows population of older people in comparison to the general population in areas within the project site. The table also provides data of OVC in the area and data of OVC under care of older people. This data was obtained from Government records and local administrators' records. A household survey was not done due to resource limitations.

Table 1: of populations for different Age Cohorts in the project site

Region	Total Population of the targeted wards	Total number of Older People	Number of Older People Caring for Orphans	Number of OVC in the area
Karagwe	51,464	2,663	1691	4697
Morogoro	17,330	1182	199	579
Arusha	48,141	2889	398	526
Songea	16840	1,051	340	533
Tanga	66393	3827	1324	1660
Total	**200,168**	**11,612**	**3,952**	**7,995**

Source: MORETEA, SAWATA KARAGWE, CHAWAMA, TEWOREC AND SOPF: 2007

From the above data therefore, older people supports 49.4% of the OVC in the five districts. About 30% of the above OVC were not attending school due to lack of basics like school uniform, writing materials. Regarding health access, baseline data established that 38.5% (2046) out of 5302 older people in five districts paid for health user fees. The baseline confirmed that in the 14 wards none of the older people have been issued with identity cards for accessing free health care in Government Health Facilities. The ones who were treated free of charge used a letter from the village chairperson to allow them to get free medical care. Older people were therefore facing difficulties in accessing health services.

Regarding rights and entitlements, about 1200 older people were aware of their rights and entitlements as outlined in the National Ageing Policy and MKUKUTA. This was attributed to slow pace in the rolling out of Government policies directly affecting older people and vulnerable populations. The project was therefore to map out entitlements and services available to vulnerable groups at ward and district levels, and sensitise the older people and other vulnerable groups about these entitlements and the criteria they must fulfil in order to access them. Regarding social assistance to older people and other vulnerable groups, baseline data revealed that social assistance to vulnerable groups was only found in 3

wards in Kagera region out of 14 wards in all five targeted district in the form of: education support to OVC and microfinance loans. The project will therefore sensitize Local Government authority and other CSOs, FBOs in the district to provide service to all vulnerable groups in their respective areas.

Regarding water access, Songea Region was the most affected with inadequate supply of clean water, water consumed is from swamps and rivers which are seasonal. The swamps are normally contaminated and most of the older people complained of water related infections, distance to the water ranged from 6-15 kilometres.

Regarding incorporation of older people in district plans and budget, all the targeted districts have in cooperated older people needs into their plans and budgeting in 2007/08. But it was found that this was influenced by the Block Grant Project which was also funded by EU. The EU Block Grant project aimed at mainstreaming an intergenerational perspective into local development planning and practice. The work was done by HelpAge partners together with the OPMGs .Therefore, this project is to track the budget allocated to the local authorities and ensure the allocated monies are used to address specific services prioritized at planning level.

2.2.2 Achievements and Changes Attributable to the Project

The table below shows accomplishments against set targets after baseline.

Table 2: showing progress against targets Feb 2007 – Sept 2009

Activity	Targets	Actual & Outcomes
Expected Result 1: Increased capacity of Action Team, local Government and other CSOs to work with and through older people to improve the delivery of pro-poor services		
Introduction: Local Government, INGO, CBO & FBO workshop	• Launch the project in all 5 district with approximately 50 people in each district	Launch was done in each district with approximately 55 people in each district participating and pledging commitment. Conducts established for further follow up and networking
Orientation workshop	• To be attended by Project Officers and Financial Officers from 5 partners, totalling 10	Orientation workshop held and attended by 15 staff from all partners including leaders of each organisation. Partners inducted on the project implementation guidelines, procurement and accounting and reporting procedures.
Action Management Committee meetings	• Set up an action Management Committee (made up of 5 partner representatives and 2 HAI staff)	An action management committee has been set up and functions as planned. The committee participates in monitoring, assess effectiveness of various approaches, and lobby for support. An example is in Monduli - Arusha, a committee member was influential in facilitating allocation of Euros 109 by the local

		Authorities to support older people set up a revolving micro loan for initiating income generating activities.
Monitoring and evaluation.	• Partners to provide financial and narrative reports to HAI quarterly. • To conduct annual review meeting for partners every year • Trainings for capacity building to partners • Two monitoring visits per year to partners	• Narrative report received from partners quarterly and monthly financial reports • Annual review have been conducted as planned • Trainings conducted for Monitoring &Evaluation, Data software and Financial Management in place. • Monitoring has been participatory involving older people monitoring groups, local authorities and project staff. Findings have been used to improve on project interventions, making of necessary adjustments and flagging up issues that were not foreseen during planning. Monthly and weekly meetings of OPMGs, local administrators meetings are the common forums for sharing of feedback. This has enhanced learning and active participation by the community in project activities. For instance it was through these meetings that one of the partners (TEWOREC) was found not to be adhering to project procedures and guidelines. After repeated warnings and resistance to take in advice, the partner was dropped and a replacement made.
Expected Result 2: Local Government development plans in 14 wards in 5 districts reflect priorities of vulnerable groups		
Formation of Older People's Forums (OPFs) and Older People Monitoring Groups (OPMGs)	• 14 OPMG in 96 villages formed • Each Ward to conduct a one day meeting with the WDC. The meeting to involve 30 participants and an average of 4 representatives of OPMG from each village from all 14 wards	• 14 OPMGs in 96 villages formed , • 14 OPMG and Ward Development Committee (WDC) meetings were held and attended by 280 older people and 360 WDC for 2 consecutive years. Through these meetings older people have been able to lobby for services from the local authorities. For instance, in Karagwe 4200 (2086, female and 21,114) were provided with national Identity cards by the local authority. In Songea shelter tax by the local authorities was waived on older
Meeting of OPMGs with WDC to influence village and ward level planning		

		people headed households. In Monduli free agricultural extension service was conducted to 35 (15 female) older people involved in farming.
District forums to influence planning at the district level	• Two days forum on older people's issues in all five districts held. The forum to involve 25 participants including Mayor, DED, DPLO, District sector technicians, 2 members of social committee, 3 members of finance committee, OPMG representatives and 2 members of partner organization.	• The outcomes of these meetings are manifested in more resources in the budget being allocated to older people related needs. For example in **Karagwe,** budgetary allocations have been as follows: Tshs 10,000,000 (€,5376) allocated for paying older people health care fund(CHF),Tshs 18,850,000 (€10,814) spent in Karagwe district annual budget to support older people's programmes such as income generating activities and provisions of school materials for students cared for by vulnerable older people, The District has budgeted 9,500,000 (€ 5107.5) for procurement and provision of Identity Cards to older people, The Council Provided food for 56 elderly people who are caring for 200 orphans.
		Morogoro, allocated the following older people designated resources in the budget: Tshs 3,000,000 (€1612.9) spent on designing and distribution of ID cards to all older people in Morogoro Municipality,Tshs.18,000,000 (€9677.4) was disbursed and used to support school materials to 76 OVC . **Muheza Council** paid Community Health Fund for poor 500 families headed by older people **Songea**, Municipal paid school fees for 375 OVC in secondary schools and provided 3,000,000/- Tshs (approximately €1,685)) to cover the Community Health Fund (CHF) contributing on an additional 300 older people headed house-holds and 1,500 dependents to access health care. **Monduli District** council supported 120 students (72 female) in 2009 budget with school materials and uniforms, enabling these students

		to accomplish their studies for the year without interruptions of being send home to look for school uniform.
Expected Result 3: Improved delivery of services to vulnerable groups in 14 wards in 5 Districts of Tanzania through partnerships between local Government, civil society organizations and communities		
Providing identity cards to older people	• 10,973 eligible older men and women in 14 wards in 5 districts to be provided with identity cards	13,305 older people have so far been provided with Identity cards to enable them access free health care. This is more than the planned target due to stringent procurement procedures and encouragement of business people to support this course.
Provide treated mosquito nets to older people and their dependants	• A total of 4,800 ITNs will be provided to older people and their dependants.	7,466 ITNs have been distributed benefiting 5,034 older people (2,931 female) and their family members. More ITNs were purchased due to sourcing of these items from wholesalers and business premises providing discounts in order to reach more deserving needy people as part of their contributions.
Construction of water wells (spring box)	• Construction of 20 spring box water wells in identified areas.	20 water wells constructed reaching a total of 17,200 people (9,200 female) including older people with clean water. In addition, each water spring has a tree nursery enabling the community to engage in environmental conservation. Three more springs have been constructed learning from this initiative by PAD a local NGO in the area and therefore increasing proportioning of people accessing clean water in Songea.

Provide school uniforms and materials to OVC.	A total of 800 OVC to be supported	720 students (375 female) have been supported with school materials and uniforms since the start of the project in all five districts. The local authorities and Civil Societies supplemented as follows: In Morogoro, the Municipal Council, Faraja Trust, UWAMO (Muslim organisation), TUNAJALI, World Vision, Care International, Huruma AIDS Concern Care (HACOCA), Bakwata, Mgolole Sisters, Evangelical Lutheran Church, (KKKT), Tanzania Assemblies of God Church (TAG), and Presbyterian Church, are now supporting and paying school fees to a total of 3,082 OVCs (962 boys and 2,120 girls). In Karagwe, implementing partner SAWAKA has been able to link a total of 189 OVCs (90 male and 99 female) to other service providers such as WOMEDA, TAWOVA, KDEF and ELCT Karagwe Diocese for further support. They are now benefiting in terms of uniforms, school fees, text books and food items. There is also noted improvement in attendance, discipline and better performance in class work by these OVC.
Map existing informal safety nets for vulnerable groups at village level	• Workshop will be held in 96 villages in 14 wards in 5 districts	17 social informal support groups have been formed in 5 districts enabling older people to be linked to existing support systems by the Government and other small community led initiatives, which are instrumental in cushioning vulnerable older people during hard times like the recent ended drought.
Expected Result 4: Civil society monitor the delivery of key services and entitlements at local level and use evidence to influence policy formulation and implementation at ward, district and national levels		
Train OPMGs in basic monitoring technique and progress tracking	• Training OPMGs in simple qualitative and quantitative monitoring techniques.	Training on simple monitoring tools to OPMGs was conducted in all 14 wards and they are collecting data. For example data collected between September and November 2009 indicates that 75% (150 out 200) of older people who were interviewed did not pay any fee at

		the Government health facilities to receive the service. Compared with year one, where 58% (116 out 200) were allowed treatment without paying fees.
Advocacy capacity building for partners and OPMGs	• Advanced training on advocacy methodologies	30 participants attended from all 5 partners and they developed advocacy strategies which they are using. The effect of the training has enabled older people to participate in designated calendar events like World AIDS Day, Older people's Day, among others demanding for recognition of rights of older people.
Intervention in national and international events and processes to influence change in favour of older people	• HAI will facilitate printing of Cap, T-shirts that will carry appropriate messages based on the event.	4,422 Newsletters (SAUTI YA WAZEE) copies were produced, 4,600 T-shirts and 2, 000 Caps with advocacy messages were printed and distributed. This has increased visibility of older people, European Union and HelpAge. The media printed and aired some of the proceedings drawing attention of policy makers on the need to honour Government commitment of addressing needs of older people and translating policies into practice

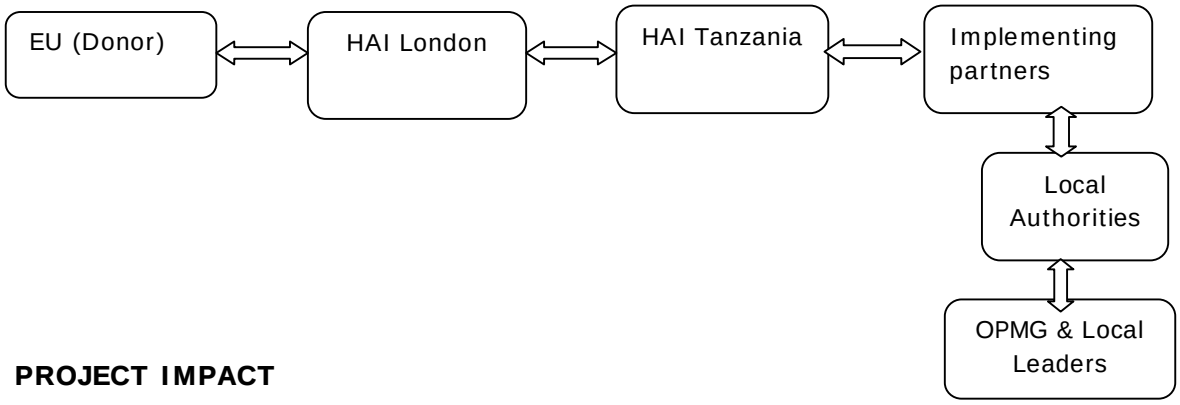
2.3 Exit Strategy and Sustainability

The matrix above provides graphic illustrations of processes and achievements. Targets have been met as planned and in some cases surpassed. Similarly effects of the interventions are being noticed, sustenance of this pace will enable the project accomplish remaining targets. The involvement of the local authorities and the prevailing good will from the Government augurs well for the project. Commitment of resources by the local authority and increasing momentum of the older people in championing for their rights is a clear indicator of exit strategy mechanism being developed and a sure way of this project sustaining itself in future.

2.4 Clarity of roles and communication protocols

Discussions with the partners revealed that the communication flow and protocol has been established, with clear roles and effectively serving them well. Disbursement of funds and feedback on reports has been prompt. Similarly there is a signed contract between HelpAge International Tanzania and every partner outlining roles and responsibilities. HelpAge International Tanzania provides backstopping activities which is annually planned and mutually agreed on by all partners. The relationship with partners is good and the level of trust and respect high. However in one instance, one partner TEWOREC was found not to be complying with contractual obligations and after repeated warnings with no change, these partners was terminated and AFRIWAG was recruited as a replacement.

Figure Showing Funds Disbursement Procedure and communication protocol



3.0 PROJECT IMPACT

3.1 Result 1. Increased capacity of Action Team, local Government, and other CSOs to work with and through Older People to improve the delivery of pro-poor services

The project has ignited structures at community levels to appreciate and include ageing issues in development planning from the lowest planning level of the ward to the district. For instance during the review process, a *ward executive officer* accompanied older people from her ward to the venue where FGDs were being held and had this to say: "*I heard you were coming to evaluate the project. Although I'm very busy with Government activities this week, I felt I should accompany the people I serve and come and say thank you. This project is an eye opener to us as Government officers and has taught us how to involve and allocate resources to older people and vulnerable poor populations in an integrated way"- Ward Executive Officer- Monduli.*

The formation of Action Management Committee (AMC) has enhanced ownership of the project by the community and raised the profile of all the implementing partners, HelpAge and European Union. The local authorities and other Government sectors and CSOs look upon the project partners for technical support on how to mainstream ageing issues in development activities. Similarly the AMC is an active wing of the project which advocates for inclusion of older people in all development activities by development agencies. In Monduli, the district planning officer said, **"***We have been linked to HelpAge International who trained our officers in ageing issues. The training has changed the way we do business. Every sector head now has an item on ageing in their annual plans".*

In Arusha and Morogoro, the partners have been given office facilities within the Government building and exempted from rent other than utility bills. In Songea, SOPF pays a subsidised rent in a building owned by a commercial bank. This is in recognition of the role SOPF is playing in profiling ageing issues in the district.

In Morogoro, the Municipal Economist said "*We have learnt from this project the value of team work in utilising limited resources. Municipality has accepted to support formulation of OPMFs and OPMGs in the remaining 17 wards and support provision of identity cards. This will ensure that all wards are now covered through this joint partnership of learning and doing".*

In Songea, despite limited resources and budget deficits, the Mayor said that the municipality is supporting formation of OPMGs and OPMFs in *the remaining wards*

not covered by the project. In addition, the municipality has initiated diary loaning scheme – "Kopa Ngombe, Lipa Ngombe" (Borrow a Cow, Pay a Cow) in two wards targeting the poor, Persons with Disability and Older People.

3.1.1 Capacity building of partners

The project has supported all partners with a motor bike, a desktop computer, trained them in data management using SPSS software, financial accountability and presentation of financial reports including timely and accurate reconciliations. In addition through the project, all the five partners meet every end of year to plan, review, reflect and share on programme experiences. This activity has provided opportunity for learning and exposure. The partners have also been exposed to new programming skills like personnel recruitment and management, planning, monitoring, development of advocacy materials, negotiation skills with Government officers and writing of good reports, which they greatly value and feel has improved their capacity and changed their attitude.

The matrix below provides a brief scan of the partner's capacities in relation to this project. This is based on the evaluators' impression while interacting with the partners in the field and through teleconference for the case of SAWAKA. There is a likelihood of inaccuracies and it is useful to ask the respective partners to feed into this in the spirit of learning and mentorship. AFRIWAG are not included here as at the time of this exercise, they had just finished formalization processes for joining in the project.

3.1.2 Matrix on Partners Analysis and Performance Impression

Organisation	Performance and Remarks
SAWAKA	a. Good programming skills b. Good and accountable system in place c. Delivering project targets as planned d. Good and timely reports being generated e. Good at using SPSS software to generate evidence
MORETEA	a. Has been able to blend previous programme experience with HelpAge into current programme like strengthening of older people centres b. Good and accountable system in place c. Strong collaboration with the local authorities and commands respect from Government technical officers from the grassroots to the district level d. Good at information sharing with Government and community e. Well trained and passionate OPMGs. f. Using SPSS software to generate evidence g. Writing good progress reports h. Implementing the project as planned
SOPF	a. Good accounting procedures in place b. Has a mix of the young, middle aged and the old at programme technical level and coordinating well c. Good team work observed d. Commands respect from the Municipal , the Government and the community e. Implementing activities as planned

	f. Data analyst requires further training in SPSS, currently using excel software to generate evidence
CHAWAMA	a. Long history working with HelpAge b. Good working relations with the Government and local authorities c. Writes good progress report d. Has raised very committed OPMG e. At the time of the evaluation, the organisation had experienced a software crush and therefore could not demonstrate on how they analyse data f. Requires close supervision and technical support in programming and organisational development skills for the board g. Need to improve communication with the OPMG h. Need to improve on follow up of key activities in the field especially on OVC support and OPMG activities i. Have highly resourceful, skilled and retired members in the management, with good attitude but not using their talents. Further discussions to understand what could be the barriers and de-motivations be explored j. Further mentorship in programming required

General Remarks

1) All partners should strengthen resource mobilisation skills and develop fundraising plans
2) All partners need to have a strategic plan to provide a road map of where they want to be in the next 5-10 years
3) All partners should work on their own branding, visibility and marketing strategies
4) All partners should carry out internal assessment with view of identifying what they are good at and how they can harness this uniqueness into an admirable cutting edge institutions that can advance ageing agenda into Government plans and policies

Note: These suggestions are not project specific but provide direction on areas partners require improvement. Similarly some of these areas are critical for HelpAge future engagements with these partners.

3.2 Result 2. Local Government development plans in 14 wards in five districts reflect priorities of vulnerable groups

In order to plan and allocate resources for vulnerable groups, data availability is critical. Data desegregation by age and gender for older people remains a major gap in Tanzania national data collection system. In order to address this gap, the project conducted training workshop for all heads of departments in the five districts. A desktop computer was donated by the project to every district to support data collection and analysis. The five districts were to serve as pilot sites and the success will provide lessons on rolling out this enhanced data system. Indicators were developed and submitted to the National Bureau of statistics for incorporation in the system. At the time of midterm review, feedback was still

being a waited. Nevertheless local Governments have demonstrated commitment by including older people in their plans and budgets as shown in table 2.

3.3 Result 3. Improved delivery of services to vulnerable groups in 14 wards in five districts of Tanzania through partnerships between local Government, CSOs and communities

3.3.1 Provision of Identity Cards

Provision of identity cards to 13305 (7,520 women) older people has enabled them to access free healthcare, a service they were experiencing difficulties in getting**.** For example in Morogoro, MORETEA has developed good relationship with two health facilities; Saba Saba Health Centre and Uhuru Health Centre. The facilities have prioritised older people's health issues.

The table below shows older people attendance and nature of health concerns in of the health facility in the project.

Table: 3 People Aged over 60 years seen at Saba Saba Health Centre Morogoro in September 2009

Clinic		**No. of patients seen**
↳	Outpatient clinic	29
↳	Eye clinic	14
↳	Dentistry	19
↳	**Total**	**64**

On average Saba Saba health facility spends Tsh. 250,000 (€143.5) on older people health needs alone per month.

Nevertheless, frequent shortage of drugs and equipment is a hindrance in realisation and enjoyment of better health care by the older people.

3.3.2 OVC support and effects on child growth and school performance

OVC support has lessened the burden on older people, contributed to better retention rates in schools and sensitised school authorities in understanding challenges facing OVC under care of older people. So far 720 have benefited from the project.

The project support for this activity has catalysed the local authorities and CSOs in sponsoring more OVC as reported in table 2, under result 2 benefiting more OVC than earlier on envisaged.

Uniforms and stationery may not mean much to a child coming from a normal home. These items have transformed the lives of OVC. Their self esteem has improved and now participates in games and other social activities. There is a noted improvement in attendance, discipline and better performance in class. Some OVC are now in position of responsibilities '*one of the children was always a late comer, not a regular school attendant but when he received the uniform, this changed, he is quite responsible and he is now our school time keeper'*. Teacher Kingolwira Primary school - Morogoro.

An interview with one of the OVC confirmed this. "*I used to feel bad to come to school in torn clothes, I now feel good , I know there is no paraffin at home but God has given us sufficient sunlight during the day, I make use of the weekends to do my homework during the day. I want to be somebody important to help other people in similar situations in this community'***"** in OVC in Morogoro

3.3.3 Pro poor support services

The local authorities and TASAF established older people designated funds. Through the funds older people have accessed loans for setting up small businesses. This has enabled them to get much needed capital and enabling environment.

In Monduli- district Arusha, the Government has set aside Tsh.8,000,000 (€4589.5) for the improvement of a room within the district hospital which will be designated to providing services to older people, enhancing convenience when seeking healthcare.

In addition, in Monduli, the Government cooperative unit is supporting older people involved in micro enterprises with training and matching funds for accessing affordable village revolving fund schemes.

3.3.4 Distribution of Treated Mosquito Nets

Studies on malaria prevention reveal that sleeping under a treated mosquito net has possibility of reducing malaria incidences by 20%. The project in partnership with the ministry of Health and Social Welfare sensitised the community on importance and proper use of treated insecticide nets and thereafter distributed 5100 insecticide treated mosquito nets to 2050 poor and older people headed households. Households that could afford were encouraged to purchase after sensitizations. Discussions held with the beneficiaries and health facilities within the project sites, indicated reduction in the incidences of malaria, saving time and money on health care and therefore contributing to better health.

3.3.5 Access to Safe Water

Protection of 20 water springs has enabled 16840 (8531 women) people to access clean water within 30 minutes walking distance. This is also envisioned in MKUKUTA. Access to safe water, accompanied with good hygiene and safe water use and storage, will have a corresponding effect on the reduction of hygiene and water related diseases like typhoid, dysentery, and amoebiasis and therefore contributing to improved quality of life.

3.4 Result 4. Civil society monitor the delivery of key services and entitlements at local level and use evidence to influence policy formulation and implementation at ward, district and national levels

3.4.1 Harnessing capacity of local people to respond to and address own issues using local resources and solutions: The OPMG Model

The project has trained and raised a group of skilled older people as Older People Monitoring Groups (OPMGs) .The roles of these monitors include:

Conduct population census on a quarterly basis to identify number of new members who have attained age 60, number of those who died, needs and emerging challenges. Sensitizing older people on their rights and how to demand for their rights. Data collected by the OPMGs is submitted to the local partners who in turn submit to the district planning unit and this is fed in the Government data system. The data is instrumental in guiding local authorities in equitable resource allocation.

The OPMG also holds local meetings at ward level and discusses how to influence incorporation of issues affecting older people in the local authorities' plans. Similarly the OPMG monitor safety nets and programmes targeting vulnerable

populations at community level and negotiate for inclusion of vulnerable older people. The OPMG has been instrumental in identifying needs of older people and discussing them in OPFS and Ward Development Committee. The OPMG are emerging as advocacy champions. They are being consulted on conflict resolutions, disease outbreaks, interpretation of Government policies and general counselling. In one of the FGD, an OPMG remarked: "We now know our rights and entitlements; it is our responsibility to claim them. This training has been important investment and we are thankful" OPMG – Bigwa Ward Morogoro. The same was echoed in Songea by an older person: **"***One important aspect I have obtained from this project is hope and negotiation skills. I know my rights and what the Government plans for me and therefore able to demand for my fair share like free treatment".*

3.4.2 Project Intervention and Policy Relevance

The project is supporting operalisation of Government Policies and frameworks, through capacity building of Government officers on ageing issues, supporting on data disaggregation and demonstration of evidence and learning through services being provided by the project. This will have a direct impact on the MKUKUTA, Social Protection Framework, NAP and MDGs.

4.0 GENDER

Poverty is multidimensional, encompassing income, consumption and other dimensions related to development outcomes like insecurity, vulnerability, powerlessness and exclusion. It is also increasingly recognised that poverty in its many dimensions is experienced differently by men and by women and that consequently gender analysis of poverty is essential for a fuller understanding of poverty dynamics (Wodon Quentin et al, 2006). Patriarchal structures, stereotypes, can be a specific hindrance to women's participation in project development activities. Similarly low incomes or no income can be deterrence in meaningful men participation in development activities due to low morale and self perceptions of failure to provide basic needs for household requirements.

The project has factored in all these dynamics to ensure both men and women participate and benefit. The OPMG selection, OVC support, distribution of treated mosquito nets and the M and E system is gender disaggregated (table page 8).

The provision of water in Songea and OVC support has a direct impact on women and the girl child as they are the most involved in water fetching and therefore most disadvantaged. A total of 16840 (Female 8531) people now have access to clean water.

This mid-term evaluation obtained impact information from the community through group discussions as follows: The discussants said that access to safe water has resulted in: reduced distance in accessing clean water and therefore more time saved, which is utilised in engaging in other economic and social activities, more hours for the girl child to engage in class work, and general reduction in water related diseases in the community.


Figure 1: Picture showing (left) an OPMF session and OVC beneficiaries (right). Gender considerations are one of the underlying principles in project implementation.

5.0 PROJECT MONITORING FRAMEWORK AND EVIDENCE TRACKING

The project developed a standard framework to track processes and results derived from the project logical framework. An M & E specialist is based in HelpAge International office at Dar-es-Salaam. Each partner has a data analyst hired by the project and trained in SPSS. Data is collected by trained OPMG using standard tools and submitted quarterly to the field offices. Data collected includes: age, gender, marital status, access to health care, time taken to receive health services, condition of health facilities, burden of care and access to safety nets /Government subsidies.

The data analyst cleans the data and makes entries and runs preliminary analysis. The findings are relayed back to the OPMG for sharing with the community. The preliminary data is submitted to HAIT – Dar –es –Salaam Office for further analysis. In addition further data is generated from the Government through special arrangements with the project. In all the five project sites a desktop computer was supplied to the Government district unit in charge of data. The purpose is to strengthen local authorities' capacities in data collection, disaggregation and management. At the end of this project, it is expected that the local authorities will learn and replicate the model. Data quality assurance is done at all levels. At ward level, the OPMGs have a team leader who counter-checks on the accuracy of the data, at project site level both the data analyst and the project officer do the counter checking. This ensures that data sent to HAIT for further analysis has undergone through proper validation procedures.

To improve data collection, partners were trained in data collection, entry and analysis. The first data analysis soft ware (CSPRO) was challenging and user unfriendly. A decision was made by the project team to bring in better user friendly software (SPSS) and all partners were inducted. During this midterm review process, the data analysts were asked to demonstrate how they enter and analyse data using SPSS programme and they ably showed confidence and competence. However in two instances, the data analysts could not carry out a demonstration due to: software crash in CHAWAMA and inadequate skills in SOPF. However in SOPF the data analyst was more conversant with excel software package which he was using and equally producing reliable data.

This framework has ensured accurate tracking of activities and evidence being generated for learning. Feedback is done at various levels which are fed into the

system for improvement. Qualitative tools to track other changes like gender issues, morbidity patterns should be incorporated in the framework to enhance learning.

6.0 LEARNING ON WHAT IS WORKING WELL AND WHAT IS NOT WORKING WELL

1. The involvement of the local people through use of OPMG and OPMF is an effective way of empowering and involving local communities in understanding and demanding for their rights from the Government and at the same time holding policy makers accountable. It also enhances citizen critical appreciation of their rights and their role in realisation of these rights. This approach is simple, cost effective and easy to sustain.
2. The involvement of local authorities from the grassroots (Ward development Committee), is critical and has led to the incorporation older people in the committee at ward level. However efforts should be made to include the same representation at the district level where decisions are made and resources are allocated
3. Equity and gender engagement: There is a clear process in involving women, men and the poor people across the project activities. However deliberate efforts in development of qualitative gender monitoring tools to measure the effects of the project interventions on men and women should be incorporated in the Monitoring and Evaluation framework.
4. Policy Environment and Decentralized Planning for Effective resource allocation: The project is actively influencing engagement of local grassroots based organisations in planning and participation in Government budgeting process at district level. Practical steps should be taken to ensure the lessons and successes of this process are embedded and rolled out nationally. To realise this, there is need to step up advocacy at national level using evidences being generated at the grassroots.
5. Data desegregation and policy influence: To plan and allocate resources at district level, accurate data for all age cohorts and their needs is essential. Whereas the project has recognised this as a gap and currently supporting data information system at district level, the national bureau of statistics has not been responsive in incorporating recommendations being made. More engagement and deliberate efforts in collaborating with this key institution at national level should be stepped up.

6. Striking a balance between what is budgeted and what is available: At the time of the midterm review, it was established that as part of MKUKUTA, the districts develops annual budgets and submits to the central Government which allocates resources based on what is available in the national kit. Close collaboration in addressing the budget deficit between the local Government and Central Government is critical in the realisation of targets set in MKUKUTA.

7.0 GAPS AND CHALLENGES

7. 1 Demographic dynamics and project design

The design of the project was to provide specific services to people aged 60 years and above at the time of baseline. The underlying principle was that those turning 60 years within the project life span will be linked into Government or the

local authorities systems. However this seems not to be well coordinated and re-planning is required to address the emerging gap. The local authorities should therefore prioritise areas/wards not being served by the project and at the same time respond to the needs of those turning 60 years within the project areas to remedy this deficiency.

7.2 OVC Support

On OVC support, the project has a selection criterion on whom to benefit (an orphan under care of an older vulnerable person).However, there was a noted variation on selection criteria. To address this, the project should develop a database on every case assisted for follow up and accountability. Monitoring of this specific activity also seemed to be left more on the OPMG. This should be a collective responsibility of the partners, the community and the local authorities.

The support package of school materials (uniforms and books) is important and well appreciated, however in an environment of households with extreme poverty and perennially food insecure, no good shelter, no reliable paraffin availability for assisting in doing school home work, the gains made may be lost in the long run. The local authorities should develop proper linkages to other services (safety nets). Similarly the local authorities should develop proper link up to the next scheme, since the project support is a one off package. It would be interesting at the end of the project to do a comparative analysis of OVC assisted in year one and two, and establish percentage retention /fallout rate and percentage of those linked up to other safety networks.

7.3 Provision of Identity cards

Provision of identity cards is important. However this should not be one off thing. Mechanism of either investing in laminating machines at partner level should be explored and older people can replace the defaced, lost cards at subsidised rates. Discussions with the local Government should be initiated on how best this can be addressed and incorporated in local Government plans and action points.

As observed in one FGD, there is worry and fear that the same card be deterrence to service provision. ***"****We are grateful for the identity cards. But when we lose or forget, this should not work against us. We are known here, our grey hair and looks tell it all when it comes to age and this should also be put into consideration"*. Observed an older person in Monduli

7.4 Health care access and drugs availability

Tanzania Government is a signatory to Abuja declaration, where African heads committed to allocate 15% of their total budget to health care. This seems not to be the case. Identity Card provision is not an end in itself, advocacy on operationalisation of Abuja Declaration should go hand in hand with these initiatives. The noted concerns during discussions were on issue of shortage of drugs which featured in most FGDs.

"We took one of us to the District Hospital, Doctors and other staffs were good. But we could not get all the drugs. They advised us to buy what was not available. We understand they are doing their best and we fundraised and bought the missing drugs as advised". OPMG - Bigwa Ward Morogoro.

The same was echoed by a Health Provider who said during the Key Informant Interviews, "*We receive drugs quarterly from the Ministry of Health. Our general drug kit usually runs out at the end of the first month. Other than children syrups which are supplied in bulk, our patient now know that thereafter we only examine and prescribe and they go to buy drugs for the next two months*". - Health provider

8.0 RECOMMENDATIONS

1. The programme has a good mix of partners with a range of skills which could benefit them further if they could initiate exchange visits and learn from one another beyond the current annual joint reviews and planning meetings.

2. The project has demonstrated that realization of older people rights as envisioned in the MKUKUTA is possible. HelpAge should document and disseminate this process. This will provide learning for other local authorities and facilitate systematic and rapid scale up.

3. The OPMG were trained for an initial 3 days to monitor older people issues in their respective areas and ensure fair representation in local authorities planning and budgeting meetings. Their roles have since then expanded and their value greatly appreciated by the community. There was a noted feeling of deficiency in certain community prescribed roles for them, which was not originally part of the project design. This includes issues related to malaria prevention, HIV prevention, peace and conflict arbitration, hygiene and sanitation issues, older people and parental challenges. Whereas it is not possible for a single project to address all these, a long term phase out plan can be developed, to systematically address this and gradually embed into the local Authorities plans.

4. Malaria remains one of the major causes of morbidity and mortality in Africa and Tanzania in particular across all ages; provision of treated mosquito nets accompanied with proper education on right use is very commendable. It is recommended that the project trains household heads on how to identify and destroy malaria breeding places within homesteads

5. Provision of identity cards has enabled older people to claim their right to free health care as stated in MKUKUTA and the National Ageing Policy. However, distance (an average of 10km) and shortage of drugs remain a hindrance. There is need to advocate for introduction of mobile Health outreaches to cater for special groups like older people and more resources channeled into the drug kit.

6. Testing and costing of older people friendly health care model: In their prime age , they played a major role in national building. Today, they are branded as frail and statistically constituting an average of 5% of the population, therefore not economically viable to run an older people health care in resource constraint settings. This has been an argument advanced by a number of health economists. However, the mid-term evaluation of this project strongly recommends that at least one site be used as a test model for show casing what it entails to initiate and run an older people friendly health facility. This will provide evidence and experience for learning and way forward. Saba Saba health Centre in Morogoro and Monduli district hospital has shown willingness for collaborations. Discussions by the project team should be initiated.

7. Poverty and livelihood issues dominated discussions during this review process. The review process established varying trends of poverty and burden of care among older people households:
   d) Older people who are retired but skilled and resourceful
   e) Older people with limited or no resources, with a big burden of care for OVC and PLHIV
   f) Older people who are frail with chronic illnesses and bed ridden most of the time, with no reliable income.

   In view of the above, this midterm process recommends arrange of social protection interventions by the Government including: establishment of linkages with other organisations involved in poverty reduction programmes like TASAF, rolling out of universal pension to provide much needed support and income to the most vulnerable older people households, Initiate Older people tailored and targeted IGAs, like the ongoing Government led Village Community Micro Banks (VIKOBA). This will also cater for food insecurity , nutritional needs and better learning environment at household level for OVC under care of Older People.

8 Integration (seeing the big picture) through the OPMG, who are the engine of the programme. The programme has a good M & E system skewed more on quantitative outcomes. OPMG are generating a lot of data. The M & E system should develop extra tools to capture the qualitative data using a triangulation method to ensure useful outcomes and impact is not lost.

9 In year 2, the project trained 125 heads of district councils, members of OPMG and partner staff. The aim is to influence disaggregation of data by age and gender and social economic for effective and fairness in resource allocation. Six indicators were developed and submitted to the Change Group (Ministry of Planning, Health, Dar–es-Salaam Computing Centre), which has the mandate to review indicators. These indicators were:
   i. % Older people reached with effective social protection measures by 2010
   ii. %older people provided with identity cards to access free medical treatment
   iii. Proportion of older people accessing medical exemptions at public health facilities
   iv. % of older people receiving cash district
   v. Population of older people aged 60years and above in the district
   vi. Number of households of older people aged 60 years and above caring for OVC

   It is important that momentum on this key plan is maintained and the indicators synchronized in the Government national monitoring framework.

10 Malaria prevention through proper use of ITNs.
   Regarding incidence of malaria, there was a general affirmative that malaria incidence has reduced due to proper use of ITNs. This is in line with ITN principle that proper use leads to a reduction in malaria incidence. However, pre and post ITNs use data may need to be compared during end of project evaluation to measure the percentage reduction.

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Chronic Poverty Research:The Chronic Poverty Report Centre 2008 – 09, Belmont Press UK

MKUKUTA Secretariat: Poverty and Human Development Report, 2007 Poverty Eradication–Division, Ministry Of Planning, Economy & Empowerment, United Republic of Tanzania

Project Proposal

Project Progress Report

Wodon Quentin and Mark, 2006:Gender, Time Use and Poverty in Sub-Black den Saharan Africa. The World Bank, Washington USA.

Annex: LIST OF PEOPLE INTERVIEWED

DISCUSSIONS WITH SAWAKA 6/10/2009- Teleconference

1. Livingstone Byekwaso-Programme Coordinator
2. Liberata Charles-Finance Officer
3. Boaz Kaitaba-Program Officer

OVC From school- school beneficiaries

1. Rukia Musa
2. Doretha Clemence
3. Adventive Sirus
4. Merik Bashaka
5. Mike Bashara
6. Talemwa Pius

Older Carers of OVC

1. Vedast- Baltazavi-Age 66
2. Sebastian- Kyabanza-73 years
3. Didas- Kiyondera-72 years
4. Dafroza-Charles Karori-78 years

OPMG Rep.

Pasca-Kamutu age-64.

DISCUSSIONS WITH MORETEA

Pupils Interviewed

1. Mrisho Omari (VI)
2. Mbwana Mohammed (II)
3. Shida Juma(V)
4. Helima Jafari (III)
5. Hadija Shabani
6. Kuluva Julius(II)
7. Vumilia Semeo(IV)
8. Muhammed Meso (I)

DATA MANAGEMENT

- Data Assistant-Viviane Samson

KII with Bigwa Executive Officers

1) Mr.Avinus Kapinya (WEO)
2) Mrs.Veronica Mhina (WEO)

MEETING WITH OPMG of Bigwa

Name		Age	Male	Female
1	Godright hymo	65	X	
2	Frank Rashidi	65	X	
3	Ramadhan Magood	66	X	
4	Abedis Mkopi	62	X	
5	Adriani August	61	X	
6	Catherine Reonard	60		X
7	Andria F. Kidiro	65	X	
8	Abdala Juma	64	X	
9	Teresia Tadei	60		X
10	Martina George	62		X
11	Benada Gidion	60		X
12	Ann Antoni	61		X

KII WITH SABA SABA HEALTH

- Dr. Dafrose Nhanga

MEETNG WITH MUNICIPAL OFFICIALS

1. John Alois - Municipal Economist
2. Munika Lindi - Municipal Community Development Officer
3. Dr. Ernest Rugiya - Co-ordinator malaria and IMC for the municipality
4. William Lema - Municipal Health Officer

MEETING WITH MORETEA EXECUTIVE COMMITTEE

1. Salome Nyoni - Member
2. Silvia Chipindula - Member
3. William Macha - Member
4. Ukende Emmanuel - Member
5. Samson Msemembo - Member
6. Paul Nzuza - Chairperson
7. Wilson Karu Wesh - Executive Secretary
8. Peter A. Mwita - PO –PvD Staff
9. Viviane Samson - Data Analyst/PvD Staff

SONGEA OLDER PERSON'S FORUM (SOPF)

MEETING WITH THE STAFF

1. May D. Roberts - Project officer-PvD
2. Lazaro Nyoni - Finance Officer-PvD
3. Jongo M Haule - Mjumbe kamati -Tendaji PvD
4. Dollah J. Kisite - Mjumbe kamati -Tendaji PvD
5. Andrew F.K. Kuchonjoma - Publicity secretary and data entry clerk(DEC)

Discussions with the Mayor –Mr.Gerald Herman Ndimbo

TOOL 1: Key Informant Interview to Government Officers involved in Mkukuta Implementation

1. HelpAge is working in this area in partnership with the Government and local Authorities, what are your major roles and contributions in the implementation of this project
2. As a key player and stakeholder in the district, what are the achievements you would attribute to this project?
   Probe on: (policy changes, Access to entitlements, Budget planning processes and allocation of resources- analyze the trends, are resources increasing at the local level targeting the poor)
3. Of all the interventions in this project in the district, would you share on what the Government and local Authorities values most and why?
4. As a
5. stakeholder, please reflect and share on how gender issues are being addressed in this project?
6. If possible, would you comment on issue of data generated from this project and how feedback is being shared for continuous project improvement?
7. Would you share and cite examples if possible on how this HelpAge project complements the Government policies and plans like MKUKUTA, National Ageing policy, Local Government reforms etc!?
8. Given a chance, what advise would you offer to HelpAge that you feel could go a long way in improving the quality of service(s) of this project?
9. How do you see activities of this project being sustained in the long run?(Probe project exit strategy)

TOOL 2: Discussion with Partner implementing the project

1. What are your roles in this project?
2. How were you identified? (probe for capacity, experience on issues of poverty and older people)
3. How has your involvement in this project changed your way of addressing issues facing older people and vulnerable population in this area? (probe on support given to enable partner engage with local communities etc)
4. What are the key benefits /effects you could attribute to this project?
   a) On your institution
   b) On the target group (the older people and other vulnerable population)
   c) On Government policies including local Government authorities
5. How do you monitor progress of this project?(probe for M and E system including feedback system and data desegregation)
6. How are issues of gender addressed by this project and your organization?
7. Of all the benefits from this project, what are the most valued benefits by the community and why?
8. How are older people involved in the implementation of this project? (probe for participation and decision making)
9. Would list key lessons you have learnt from this project that could benefit others
10. What challenges do you face while implementing this project and how can these challenges be solved?
11. In your opinion, what requires to be improved in this project and how?
12. How can activities initiated by this project be sustained(probe for exit strategy)

TOOL 3: FGD with OPMG/Older People Forum

1. When did you enroll in this group/forum?
2. How were you selected? (probe for selection criteria)
3. Did you receive any training? (probe for duration and issues trained in)
4. What are your roles/tasks in this group/forum?
5. What are the benefits of your work on the older people and other vulnerable members in this community? (Cite specific examples)
6. What is the most important change you have seen in this project and why?
7. How do you organize your activities? (Do they have a structure, rules/guidelines, leaders etc?)
8. How do you keep records of your activities? (Probe for any format of record keeping)
9. How do you share feedback (to fellow members, the community and the Government etc)?
10. What motivates you to be in this group?
11. What are the main effects of HelpAge International supported project on the older people and vulnerable groups in this area?
12. Make suggestions that could improve this project further in championing for the rights of older people and other vulnerable groups?
13. How has this project supported you in knowing your rights and entitlements?
14. How far are these rights and entitlements being met by the Government? (Probe for examples)
15. How receptive is the Government when you present your request for your rights and entitlements?
16. How can activities being implemented by this project be sustained?

TOOL 4: Specific Benefits/Beneficiary Groups

a) Provision of school uniforms and materials to OVC

- What did you exactly receive?
- When did you receive?
- Was there criteria for selecting those to receive?
- How did you feel after receiving the school uniform (etc)
- Are there processes/Mechanisms for ensuring that those who can not afford continue receiving the uniforms?
- Please feel free to comment on anything related to school and this project

b) Provision of mosquito nets

- When did you receive the Mosquito Net? (probe for number of nets received)
- Was there a criterion for selecting those to receive?
- Were you told the use of mosquito nets? (probe by whom and what are the uses)
- Are you using the mosquito net as for the purposes you were told or for other purposes? (probe for details)
- How did you feel after receiving the mosquito net?
- Could you comment on the trend on malaria incidences in your HHs now and before you received the net?
- What plans are in place to ensure that when the net(s) you have are won out, you can make a replacement? (sustainability)

c) Provision of Identity Cards

- When did you receive the identity card?
- Why haven't you received this card before?
- What are the benefits of this card?
- Any comment you would like to make in regard to this project

d) Provision of safe drinking Water

- When was this spring protected? (probe on the process and community involvement)
- How are gender issues addressed at the management and access levels?
- Who manages this water point? (probe for selection criteria and management system)
- Who do you control pollution and conserve environment around this water point?
- How are the relevant Government Departments involved in this water point?
- How do you handle conflicts related to water when they occur?
- Where you given information on water conservation and ways of making water safe at home?
- Any comment or suggestions related on this issue

TOOL 5: Mapping of Services

- Profile Analysis, Case Studies & Site Visits/Transact Walk will be done as shown below)
- Mapping of existing informal and formal safety nets
- Partnership with media
- Specific impact on policies at local and national level done
- A profile and analysis case studies and site visits

TOOL 6: Crossing Cutting Issues

a) Data desegregation
b) Monitoring and Evaluation tracking system
c) System of service delivery – efficiency, cost effectiveness and controls
d) Participating partners and governance issues/system – improvement
e) Gender concerns

This will be addressed through document reviews and one to one discussion and debriefing sessions at various levels.

IMPACT MONITORING

No	*Intervention Logic*	*OVI (Objectively verifiable indicator)*	*Information needed*	*Tools*	*Source*	*When*	*Responsible Official*
	Overall Objective						
	To contribute to the achievement of MKUKUTA's overall goals of growth and the reduction of income poverty, improved quality of life and social well being and good governance and accountability.	*100% of poor households covered by social assistance Programmes to care for older people, OVCs, and PLWHAs*	• *Total population in the wards (male and female)* • *number of older people (male and female + age)* • *number of OVC (male and female + age)* • *No of OPs cares OVC* • *No of OVC cared by OP* • *number of Household* • *Types of social assistance in the ward* • *No of house hold covered by social assistance* • *No of PLWHA* • *No of OP headed household*	*Questionnaires* *Structured Interview* *Review of secondary data*	*District planning Office* *Ward Executive Office* *municipal and district directors office* *NBS*	*Yearly*	*WEOs* *OPMG* *DED* *VEO* *MCDO/DCDO /CDO* *DPLO*
		100% of the all older people are provided with identity cards to access free medical treatment	*No of older people provided with Identity cards and their Sex* *No of OP receiving free medical services* *No of Older people without identity cards* *Underlying reasons*	*Questionnaires* *Structured- - Interview*	*Implement ation Report from partners* *OPMG* *WDC* *Health centers* *Social welfare departmen t*	*"*	*DPLO* *WEOs* *OPMG* *DMO* *POs* *Social welfare officers*
		Proportion of rural population with access to clean and safe water within 30 minutes distance increased from 53% in 2003 to 65% 2009/10	*No of people with access to safe and clean water within 30 min distance* *Number of people without clean and safe water within 30 min distance* *Type of water in the*	*Questionnaire* *Structured- Interview* *Observation*	*Implement ation Report from partners* *DED office* *WDC minutes*	*"Monthly report*	*District planning Officer* *WEO* *Water engineer* *DED*

			rural areas				*VEOs*
		Representative, inclusive (poor and vulnerable groups) and accountable governance institutions operating at all levels *Public resources are allocated, accessible and used in an equitable, accountable and transparent manner.*	*Number of vulnerable group represented in the government institutions e.g. local government, district, ward, village* *services allocated for vulnerable groups*	*Interview* *Documentary review*	*District Councils reports* *Ward developme nt committee* *Village committee*	*Six monthly* *Quarterly*	*DED* *WEOs* *TASAF coordinators* *DPLO* *CHAC (coordinator for HIV/AIDS Committee)*
	Specific objective						
	To ensure that the concerns and entitlements of vulnerable people are incorporated into decentralized district planning and budgeting in order to support the achievement of MKUKUTA targets to improve the delivery of pro-poor services	*20% of 5 annual district development budgets allocated to support activities prioritized by vulnerable groups*	*Amount allocated to support activities prioritized by vulnerable groups* *Total annual budget of the district* *Types of support/issues* *Number of beneficiaries* *Amount released*	*Structured Interview* *Questionnaire*	*District annual plan and Budgets.* *DED office* *Finance committee*	*Annually* *Quarterly*	*DPLO* *WEOs*
		5 District Councils and 14 Ward councils consult with *vulnerable groups in policy-making process*	*Number of vulnerable groups in the ward consulted in policy- making process* *Type of group* *The issues consulted for*	*Structure interview* *questionnaire*	*Ward Developm ent Committee*	*Annually*	*WEOs* *OPMG* *VEO*
		14 citizens groups independently monitor the implementation of district plans in 14 wards in 5 districts and develop evidence based advocacy messages.	*No of OPMG formed in the wards* *What do they monitor* *Number of advocacy message developed based on evidence gathered by OPMG* *Targeted Audience*	*Reviewing OPMG and Partner Implementation Report* *Questionnaire*	*OPMG minutes reports*	*Quarterly*	*POs* *OPMG*
	Expected results						

1	*Increased capacity of partners, local government, and other CSOs to work with and through older people to improve the delivery of pro-poor services*	*5 Partner organizations use skills in participatory planning and training, baseline survey techniques, financial management, monitoring and reporting.*	*Workshop report showing:* *List of Participants* *Topic covered* *Handout produced*	*Check list*	*Implement ation report*	*Annually* *Quarterly* *monthly*	*HAI – PO* *Partners*
		250 representatives from local government, international, national and local NGOs, FBOs and CSOs from 5 districts informed about the action and aware of their role in participatory planning and service delivery.	*Launching report* *No of representatives informed* *Issues discussed*	*Check List*	*Workshop report*	*Year 1*	*HAI* *Partners (PO's)*
		Action Management Committee established and meeting regularly to provide advice and support to the action.	*Minutes of the meeting* *No of people in the AMC* *No of meetings held* *Action plan developed*	*Check List*	*Implement ation report*	*Six monthly* *Annually*	*AMC*
2	*Local government development plans in 14 wards in 5 districts respond to the needs prioritized by vulnerable groups*	*96 Village level Older People Forums (OPFs) are established and operating with at least 1,000 members*	*No of OPF established* *Dates, and members operating* *Issues raised by OPF*	*Check List*	*Implement ation report* *Minutes of OPMG*	*Quarterly*	*OPF,* *OPMG* *WEOs* *VEO*
		14 Ward level Older People's Monitoring Groups (OPMGs) are established and operating with at least 140 members	*No of OPMG establishes* *Dates and members operating* *Issues being monitored*				
		Representatives from OPMGs become	*Number of OPMGs who are members of*				

		members of 5 WDCs	*WDCs*				
		5 District Councils include older people representatives in relevant meetings and consultations	*Number of OP representatives*				
		20% of 5 annual district development budgets allocated to support activities prioritized by vulnerable groups	*Amount allocated in the district annual budget*	*Questionnaire* *Interview*	*District annual plan and Budgets*	*Annually*	*DPLO* *DED* *Members of finance committee*
		5 District data collection and management systems collect and disaggregate data on older people	*No of district collected disaggregated data*				
3	*Improved delivery of services to vulnerable groups in 14 wards in 5 districts of Tanzania through partnerships between Local government, civil society organizations and communities*	*OPF members are trained on rights and entitlements of vulnerable groups and provide information in 96 villages.*	*No of OPF trained* *No of villages with the information*	*Check List* *Questionnaire* *Structured-Interview*	*Minutes of OPMG* *Implement ation Report*	*Quarterly*	*OPMG* *VEOs* *WEOs* *TASAF coordinators*
		CSOs in 8 wards have accessed TSAF funds	*No of CSO who accessed TASAF Fund* *No of OP CBOs accessing TASAF Fund*				
		80% of older people experience a reduction in health user fees	*No of OP exempted*	*Questionnaire* *Structure - Interview*	*Implement ation report* *District Medical Office* *District Education Office*	*Annually*	*DMO* *DPLO* *WEOs* *Municipal Community Development Officer*
		20% reduction in reported malaria cases among older people and their dependants	*No of OP and their dependants received Mosquito nets* *No of OP and their dependants with malaria*				
		16,840 residents of 2 wards have access to	*No of people accessed clean and safe water*				

		sustainable clean water within 30 minutes distance	*No of community sustainable clean water point,* *Average Distance from one point to the other*		*Director of water and sewage* *DPLO office*		
		15% increase in the number of OVCs attending primary school in 10 Wards in 2 districts	*No of OVCs attending primary school* *What are the reasons?*				
			No of OVC provided with school materials				
		96 community based support plans agreed	*Number of community based support planned*				
4	*Civil society monitor the delivery of key services and entitlements at local level and use evidence to influence policy formulation and implementation at ward, district and national levels.*	*4 OPMGs are established and trained in indicator development, survey design and data collection and presentation techniques,*	*No of OPMGs established* *No of OPMGs trained*	*Check List* *Questionnaire* *Structured-Interview*	*OPMG Report* *Implementation Report* *District annual Plans*	*Quarterly*	*OPMG* *NGOs CBOs*
			Dates, timetable and List of participants				
		14 OPMGs monitor implementation of targets agreed at district level	*Number and Types of services that addressing targets agreed at district level* *Type of entitlements being monitored* *Data collected by OPMG*				
		5 partners and 14 OPMGs develop advocacy strategies	*No of advocacy messages developed*				
			List of advocacy messages				
		Data collected by OPMGs is shared at 5 annual district forums.	*No and list of district annual forum*				
		Evidence gathered from the action is presented at 5 national policy events per year.	*No of national events attended*				
			No and list of People attended				

		1,000 copies of a report documenting action's experiences and good practices published and disseminated to local, national and international stakeholders.	*No of copies*				