Final Report

**Evaluation of HelpAge International’s**

**ECHO-Funded Project (2011-2012)**

March 2013

Andrew Lawday Evaluations

6A Temple Road, London NW2 6QB

Email: andrew@lawday.info

Web: www.lawday.info

# Executive Summary

In recent years, the IASC and HAI have worked to include older people in the humanitarian response. In 2007, the IASC WG commissioned a review by HAI, leading to recommendations. In October 2010, the IASC commissioned a global progress review by HAI and WHO, which found needs of older people were still not systematically addressed. In November 2010, the IASC WG published six Final Action Points and Conclusions aimed at including older people.

In this context, HAI designed a project aimed at building a more inclusive humanitarian response, and received funding from ECHO for the project to run for 18 months from mid-2011 until end- 2012. The project undertook to deliver humanitarian training, practical guidance, policy publications, needs assessments, and cluster advocacy.

This evaluation, conducted February-March 2013, seeks to provide an independent assessment of HAI’s ECHO-funded project and its distinct areas of activity. Using OECD/DAC evaluation criteria and other applicable concepts, data was collected from HAI Implementers, advocacy targets, and strategic partners. It was collected using a document review, verification of data, in-depth telephone/Skype interviews with 36 people, and written email responses from 10. A case study focused on Pakistan. The findings are based on detailed analysis and a synthesis analysis. Conclusions and recommendations were shaped in discussion with HAI key staff.

In the first work stream, HAI undertook to provide expertise to clusters and partners to mainstream age and cross-cutting issues. HAI’s work here was relevant and appropriate within limits, and consistent with HAI’s strategy. Its provision of expertise was effective at delivering a range of outputs, and led to the development and piloting of expert activities and tools which may now be implemented more widely. HAI’s provision of expertise has already contributed to several important outcomes. HAI must consider how its expertise can help to bring changes at the field level, and establish a mechanism for follow up and monitoring outcomes.

In the second work stream, HAI undertook to improve assessments in four field locations. Improving needs assessments is consistent with increasing humanitarian capacity to address needs, as well as appropriate for HAI, for clusters, and for partners—despite structural constraints. HAI’s work to improve needs assessments was at least partially successful, and provided a viable way to accurately estimate the needs of older people. This work also contributed to various positive outcomes, including enhanced access to funding streams.

In a third work stream, HAI undertook to foster a more integrated approach to cross-cutting issues.

This objective is consistent with the project’s objective, and relevant to the IASC, clusters, and advocacy partners. Work to integrate cross-cutting issues has been very effective; most significantly, HAI ‘redefined’ age and gender as the ‘universal determinants of vulnerability’ in a draft framework document. An important strategic relationship was agreed with HI, which works for the inclusion of people with disabilities. HAI contributed to a range of outcomes, although important further steps are needed to integrate cross-cutting issues.

Training: HOPE training responds to requirements, and has built awareness and willingness among participants, generating numerous requests for more training and technical advice. HAI should invest in further training aimed at changing the larger system, targeted strategically, following up with participants, and maintaining quality.

Technical Guidance: HAI produced and began disseminating new technical guidelines on health, livelihoods, and needs assessments, which could contribute to change in HAI programmes and among willing partners. HAI should continue to develop and share technical guidance, which are

targeted at willing humanitarian actors, embedded in flagship guidelines and tools, disseminated at field level and translated into programming, and tracked for utilization.

Policy Publications: HAI produced two effective policy publications. Both were well received by donors and humanitarian agencies, served to raise the profile of older people, and demonstrated HAI’s expertise. HAI could produce additional policy publications, focused on defined policy challenges that most affect older people in disasters, and clarify its overall policy messages.

Expert Deployments: HAI’s direct deployments of experts to global clusters, arranged under this project, are a particularly effective way to build the system’s capacity. HAI will seek to provide additional capacity, which should be targeted at all relevant clusters and aim to maximize impact by offering combined expertise in gender, age, and disability in concert with existing standby mechanisms and deploying early in a crisis.

Needs Assessments: HAI produced technical guidelines on needs assessment, providing a way to estimate the needs of older people, and enabling participants in four test countries to conduct needs assessments. HAI aims to roll out its approach, which should be carried out by HAI in its own programmes, strengthened with HAI teams and partners in four pilot countries, and contribute to strengthening needs assessment and SADD policies and practices globally.

Integrating Issues: HAI’s work to develop a more integrated approach to cross-cutting issues achieved considerable value, contributed to a major policy development, and strengthened strategic partnerships, with HI in particular. HAI should see this process to completion, aiming for all global clusters to mainstream gender, age, and disability; aiming for policy changes to be implemented at the field level; ensuring that responsibility for integrating cross-cutting issues lies clearly with the IASC, OCHA, and HCs; and developing joint initiatives among HAI and strategic partners to support mainstreaming and a people-centred approach.

Relevance: HAI’s work has been well aligned to its objective in support of its goal. It has been appropriate for humanitarian clusters, partners, and HAI country teams. However, the goal remains distant and progress difficult to quantify, so HAI should clarify a roadmap for achieving expected impacts; clarify which actors need to be targeted; and strategically balance assisting older people directly, providing expertise; and strengthening inclusion.

Effectiveness: In this short project, HAI formalized and initiated a process that has begun to increase the capacity of humanitarians to address the needs of older (and disabled) people. Its effectiveness depends on the combination of activities in support of changing the awareness, attitudes, competencies, and actions of specifically targeted humanitarian actors. The work has been relatively cost-effective but requires continued funding for value created to be sustained.

Outcomes: The project and its diverse activities have contributed, often significantly, to achieving numerous outcomes after 18 months of activity. These include sensitization of 486+ field staff and policy makers worldwide; reported changes in policies and practices in some locations; a means to include older people’s needs in needs assessments; participants in the testing conducting needs assessments; a major policy development in support of integration; and increased awareness about older people among humanitarian policy makers. Looking forward, numerous outcomes remain to be achieved on the path towards inclusion of older people in humanitarian response.

Outcome Mapping: The Project was designed and managed according to ECHO’s log frame and requirements for results reporting, which may not be the optimal framework for managing policy and practice advocacy activity. HAI should consider using Outcome Mapping to design, implement, and assess its continued work to build an inclusive humanitarian response.

ECHO/Donors:ECHO is principled and impartial humanitarian donor, supportive of the need to build a more inclusive humanitarian response, has engaged actively with HAI’s policy and practice activities under this project in diverse countries, and funded this innovative first step to bring about change and generated valuable outcomes. It should fund the continuation of the work undertaken in this project, or find other ways to build upon the value achieved in this project. Like-minded donors, such as DFID should consider how they might engage to support this work.

# Contents

[Executive Summary 2](#_Toc352225929)

[Contents 5](#_Toc352225930)

[Introduction 6](#_Toc352225931)

[Main Findings 10](#_Toc352225932)

[1. Providing Expertise 10](#_Toc352225933)

[2. Improved Assessments 13](#_Toc352225934)

[3. Integrated Approach 15](#_Toc352225935)

[Conclusions and Recommendations 17](#_Toc352225936)

[Annex 1: Persons Consulted 23](#_Toc352225937)

[Annex 2: Documents Reviewed 25](#_Toc352225938)

[Annex 3: Evaluation Questions 26](#_Toc352225939)

[Annex 4: Terms of Reference 28](#_Toc352225940)

# Introduction

This section describes the background, the project funded by ECHO, and the evaluation undertaken.

**Older People in Disasters**

In 2007, HAI conducted a review of the inclusion of older people in humanitarian action, on behalf of the Inter-Agency Standing Committee (IASC) Working Group (WG).[[1]](#footnote-1) This resulted in a report and recommendations[[2]](#footnote-2) on how the humanitarian community could better understand and address the needs of older people in crisis contexts. The 69th Inter-Agency Standing Committee Working Group Meeting in November 2007 endorsed the recommendations, and agreed that WHO and HAI would work with the humanitarian community to disseminate good practice and lessons learnt, and undertook to review progress in 18 months.[[3]](#footnote-3)

In October 2010, a global progress review conducted by HAI and WHO for the IASC found no indication that the needs of older women and men were becoming systematically identified within mainstream humanitarian response or coordination.[[4]](#footnote-4) In the review,[[5]](#footnote-5) HAI identified three major policy areas for potential interventions: sensitizing practitioners, policy makers and donors on ageing issues and the responsibility of humanitarian agencies to support all vulnerable groups, whilst providing practical tools to field personnel; reviewing current assessment methodologies identified an inadequate focus on assessing the needs of older men and women and other vulnerable groups; the integration of cross-cutting issues in the activities of clusters and their members.

In November 2010, the IASC WG published Final Action Points and Conclusions:[[6]](#footnote-6)

1. Requests all relevant cluster lead agencies to identify focal points within their global clusters to work together with HelpAge and other partners for the integration of the humanitarian needs of older persons in the work of clusters. Action by: Cluster lead agencies by December 2010
2. Requests NATF to ensure that multi-sector assessment methodologies have clear reference to and include all vulnerable groups, including the needs and capacities of older persons. Action by: NATF to work together with HelpAge and partners to incorporate the needs of older persons in all assessment methodologies, by end of 2011. With a view to building global and field level capacity to response to the humanitarian needs of older persons in emergencies, the IASC WG:
3. Encourages IASC Organisations to improve the implementation of the IASC Guidance on Older Persons and Humanitarian Assistance and to monitor the implementation of the guidance. Action by: IASC Organisations supported by OCHA/HelpAge/interested partners
4. Requests Cluster Lead Agencies, HelpAge and interested partners to develop training materials, best practice guidelines, awareness raising and sensitization material, to support the operationalisation of the IASC Guidance on Older Persons. Action by: HelpAge, Cluster Lead Agencies and interested partners.
5. Requests HelpAge and interested partners to establish closer links with other relevant cross cutting issues e.g. gender and disability. Action by: HelpAge and interested partners
6. Raises awareness of the critical gap in humanitarian response and older persons with donors, and through CAP and Flash Appeals mechanisms. Action by: HelpAge with OCHA, CAP SWG and the IASC Humanitarian Financing Group.

**Project Funded by ECHO**

Given the above, HAI designed a project intervention (Project) aimed at building a more inclusive humanitarian response. HAI requested funding worth €268.402 from ECHO, and the project was agreed to run for 18 months from July 2011 until December 2012.

The project’s ultimate goal was to see old people assisted and protected in disasters:

*‘Older men and women and other vulnerable groups such as persons with disabilities are assisted and protected in crises and disasters in accordance with humanitarian principles through global international policy and response.’[[7]](#footnote-7)*

The project’s objective was to increase the system’s capacity toward the goal.

*‘To increase the capacity of the humanitarian system, key agencies, donors and field based staff to address needs of older and disabled people whose lives have been disrupted by disasters through sensitisation and shaping key policy tools, such as IASC's Gender Marker, to explicitly include older men and women.’[[8]](#footnote-8)*

The project undertook to carry out the following activities:

* Humanitarian Training: Sensitising 200 field staff and 80 senior HQ staff on ageing and disability through the development of its training programme Helping Older people in Emergencies (HOPE), and supporting the sensitisation of CAP staff on the specific needs of older people and other vulnerable groups.
* Practical Guidance: Producing three sets of Humanitarian Guidance on inclusion of older men and women in emergency health and livelihoods programming, and initial first-phase needs assessment.
* Policy Publications: Development of detailed policy and research publications on the effects of displacement on older men and women and the levels of humanitarian financing available to meet the needs of older people and people with disabilities.
* Needs Assessments: Implementation of four field-based needs assessments which included the involvement of partners in the collection and analysis of data
* Cluster Advocacy: Influencing work with two UN global clusters and other Geneva stakeholders to increase awareness and capacity around ageing concerns in emergencies.[[9]](#footnote-9)

**Evaluation**

Under the contract, HAI opted to commission an evaluation, and issued a Terms of Reference[[10]](#footnote-10) (see Annex 4) requesting an evaluation to answer the question:

*To what degree has the policy and practice of assisting older persons more effectively in the international humanitarian system and its interventions, been advanced as a result of the Project?*

The evaluator was contracted in December 2012, and conducted the evaluation between 5 February and 27 March 2013.

The primary objective of the evaluation was to conduct an independent evaluation of HAI’s ECHO-funded project, ‘Strengthening the quality and effectiveness of humanitarian response to ensure it meets the needs of older men and women and other vulnerable groups.’ Its secondary objective was to assess the distinct areas of activity conducted under the project, including provision of expertise, improving assessments, and integrating cross-cutting issues.

The purpose of the evaluation was to contribute to organizational learning and a growing evidence base about interventions in support of older people and other vulnerable groups in disasters and emergencies,[[11]](#footnote-11) and to provide upward accountability to ECHO. The primary audiences for the evaluation are HAI staff, ECHO funders, and partners concerned with meeting the needs of older people and other vulnerable groups in disasters and emergencies.

The evaluation assessed the project using the established OECD/DAC evaluation criteria[[12]](#footnote-12) and ALNAP’s related guidance for humanitarian action:[[13]](#footnote-13) Relevance, Effectiveness, Efficiency, Sustainability, and Impact. It also used additional concepts for evaluating advocacy and policy activity: Theory of Change,[[14]](#footnote-14) Outcomes,[[15]](#footnote-15) Contributions,[[16]](#footnote-16) and Boundary Partners.[[17]](#footnote-17) The criteria and concepts guided development of the evaluation questions (see Annex 3) used to collect data from sources.

The evaluation sought to consult key stakeholders divided into three categories, as listed below. During data collection, however, the difference remained insufficiently clear between advocacy targets and advocacy partners, so it became useful to consider both as broad ‘partners.’

* HAI Implementers: HAI staff responsible for implementing the project and its parts at HQ and field levels
* Advocacy Targets: cluster leads and key staff of humanitarian agencies at global and field level, whom the project seeks to influence
* Strategic/Advocacy Partners: staff of humanitarian actors (including donors) who share an interest in collecting SADD and shaping a more inclusive humanitarian response

The evaluation is based on analysis of data collected from a document review, verification of data, in-depth telephone (or Skype) interviews, and written email responses.

* Document Review: 26 key documents (see Annex 2),
* Verification: dozens of documents provided by HAI
* Total respondents: 46 (see Annex 1)
* In-depth Interviews: 36
* Email Responses: 10
* Pakistan interviews: 15
* Global HAI implementers: 13
* Global Partners: 19

The evaluation conducted a case study focused on Pakistan, where both HOPE training and needs assessment activity was carried out. However, a planned field trip to the country was cancelled due to security warnings. Instead, interviews and group discussions were conducted remotely using Skype.

The evaluation findings depended on two levels of analysis: detailed analysis of data in response to each question, and a synthesis analysis to reach main findings. Overall conclusions and recommendations were shaped in discussion with HAI key staff on 21 March 2013.

# Main Findings

This section presents the main findings of the evaluation.

### 1. Providing Expertise

In the first work stream, HAI undertook to achieve the following result through training, technical guideline production, policy publications, and direct engagement with clusters and key humanitarian actors:

*‘To provide expertise to facilitate humanitarian clusters and partners at both global and field level to mainstream age, disability and other cross-cutting issues such as gender into international humanitarian response work.’*

For the objective, HAI proposed five indicators of success:

* Training: 200 field staff trained on ageing and disability and 80 senior HQ staff sensitised on ageing and disability by the end of 2012.
* Publications: 1 detailed policy report and 2 best practice guidelines published and disseminated by end 2012
* Collaboration: Joint work on ageing undertaken in at least 2 major humanitarian contexts with key NGO partners
* Clusters: Worked with 2 global level clusters to support capacity to mainstream age related issues
* Appeals: Performance in CAP and Flash appeals in 2011-12 compared to 2008-10

**1.1 Relevance**

HAI’s work to provide expertise is relevant and appropriate. Providing expertise is a logical activity for HAI, in support of the project’s overall objective (to increase capacity). The IASC explicitly requested such activities,[[18]](#footnote-18) and humanitarian actors continue to need capacity building on inclusion. Providing expertise is a more appropriate approach to achieving inclusion than establishing niche services, given HAI’s limited resources. Yet partners also consider relevance to depend on HAI’s ability to implement its own expertise, to include expertise on disability, to engage with global cluster coordinators, and to prioritize field-based NGOs.

Providing expertise is an appropriate way to raise awareness and build capacity among humanitarians. Training, guidance, and direct engagement could each advance humanitarian actors along a continuum of change that includes awareness, attitudes, competencies, and ultimately action. Training in particular responds to specific needs among actors. In Pakistan, for example, where an aging population is vulnerable to disasters, HAI’s country team plans to provide the training to 170 organizations across the country. However, training alone will not change the programmes of participants, unless it includes follow-up in support of specific changes. Even then, it cannot expect to change the humanitarian system without a strategy for reaching many more people and offering much greater accessibility to training.

Providing expertise is consistent with HAI’s strategy of building expertise, sharing it, and bringing it to scale.[[19]](#footnote-19) Similarly, it follows HAI’s theory of change: to ‘achieve significant impact indirectly by embedding (…) in the international humanitarian system.’ The training was welcomed by several HAI field offices (though not all wished to co-finance it), and used by HAI Pakistan in its strategy to build implementing partnerships throughout the country. Guidelines are also considered useful for HAI if practical, easy-to-use, and field-based, and include best practices and checklists.

However, HAI’s provision of expertise is appropriate within certain limits. HAI cannot be the only provider of expertise on inclusion of older people to clusters and interested partners; it will take more than HAI to provide expertise to the full range of humanitarian actors, donors, governments, DRR and development actors whose policies and practices are not inclusive. At field level, training is appropriate for interested organizations that need sensitization as a first step to including older people, but requires systematic follow-up and wider advocacy to donors, government, and civil society actors. Guidelines are appropriate for organizations that are aware and willing to include older people, but they must be carefully designed and targeted to them. Direct deployments to global clusters are a particularly apt way to build the system’s capacity, but they must offer expertise in gender, age, and disability; be available alongside existing standby mechanisms; and deploy early in a crisis to shape the response.

*‘Now HelpAge has well documented experience, information and evidence, and model responses that make influencing others so much easier, as we are going with practical solutions and no longer just the rhetoric.’ (HAI Implementer)*

*‘It is no use if partners understand [i.e. the need to include older people, as a result of training], but there is no funding [i.e. to address inclusion from donors]’ (Pakistan Participant)*

**1.2 Effectiveness**

HAI’s provision of expertise was effective at delivering a range of outputs in training, technical guidance, policy publications, and direct engagements to several humanitarian clusters, multiple partners, and wider members of the humanitarian community. Its overall effectiveness, however, depended on combined activities (training, publications, and deployments). It might also be enhanced through better defining targets, and understanding its relative added value in providing expertise.

In the project, HAI developed and piloted expert activities and tools, which are now ready to be implemented more widely. Looking forward, HAI plans to invest core funds in continued training and guideline dissemination, and to seek funding for a standby roster of experts. The sustainability of these activities will depend on systematic follow up, good practice by HAI (country teams), and continued donor support.

Training was effective at building awareness about the inclusion of older people among 486 field staff and policy makers.[[20]](#footnote-20) Its effectiveness is attributed to the trainer’s competencies, the quality of the training package, and the willingness of partners. It might be further improved with inclusion of gender and disability aspects, providing examples of good practice, and more adequate resources. Now approaches are needed that reach the larger humanitarian community: training of trainers, internal training for organizations, external training mechanisms (such as SPHERE), customizations, online provision, and creating a community of practice.

HAI effectively produced technical guidelines on health, livelihoods, and needs assessments. Published in December, these guidelines have been disseminated among stakeholders and downloaded more than 650 times. They will influence practices over time, particularly if they are embedded into flagship cluster guidelines and tools, and/or those of large agencies. They should now be systematically promoted and integrated into HAI training, and their format and utilization should be continually reviewed and monitored.

HAI produced an effective policy report with IDMC,[[21]](#footnote-21) and updated its review of humanitarian financing and the inclusion of older people, this time also including people with disabilities.[[22]](#footnote-22) The latter provided rare data on mainstreaming, and powerful figures. For example, ‘In 2010 and 2011, 47 projects (0.78 per cent) included at least one activity targeting older people, and 18 of these were funded (0.3 per cent)’.

HAI engaged effectively with multiple agencies (UNHCR, WFP, MSF, HI, BRC, DRC) in the field, and with global cluster leads (protection and food security). Its deployments of experts arranged under this project (but funded separately) were particularly effective, allowing HAI to contribute to particular responses as well as guidelines and tools. HAI’s approach to these engagements is praised for being inclusive, constructive, and appreciative (not campaigning). HAI will need to provide additional deployment capacity to meet demand for expertise in inclusion of age, gender, and disability.

*‘HOPE was generic awareness-raising⎯a wake-up call. Now we need tailored training for organizations’ (HAI)*

*‘HAI has infiltrated the system. Now in the Global Food Security Cluster, age is always relevant and never overlooked. And this is right.’ (Partner)*

*‘HAI went about developing capacity in the right way. It did not assume that we don’t address needs of older people. It facilitated inquiry to refine our approach. It engaged us in dialogue, without shouting and screaming…’ (Partner)*

**1.3 Outcomes**

HAI’s provision of expertise has already contributed to several important outcomes: raised awareness of older people among humanitarians; sensitization of 486+ field staff and policy makers worldwide; widespread interest in HAI and requests for its expert assistance; multiple opportunities for collaboration in support of inclusive practices; and some reported changes in policies and practices in some locations.

Specifically, training has contributed to numerous requests for more training, increased requests for technical advice, and signs of changes to policies and practices. HAI in Pakistan and DRC have implemented further training themselves, generating further positive outcomes. Guidelines were published too recently to see many outcomes yet. But policy documents on older people and financing, and older people and displacement raised the profile of older people and HAI’s expertise. Direct engagements have contributed to changes in the global food security cluster, the global protection cluster, and ICRC.

Looking forward, HAI must consider how its expertise can help to bring changes at the field level, perhaps focusing initially on a selection of locations. It should also establish a mechanism for follow up and monitoring these outcomes.

*‘Despite this successful project, ongoing work is needed to firmly anchor older people’s issues within the humanitarian system in the same way as, for example, children's issues’. (Partner)*

### 2. Improved Assessments

In the second work stream, HAI undertook to achieve this result:

*‘Improved multi-sectoral and sectoral assessments on behalf of all vulnerable groups in a minimum of 4 field locations’.*

For the objective, HAI proposed these indicators of success:

* Cluster Leads: Minimum 3 cluster lead agencies refer to older people within policy materials and needs assessment
* IASC Agencies: IASC agencies collect data disaggregated by age and sex, resulting in action in 4 field locations
* Guidance: Guidance on incorporating needs of older and disabled people into NA disseminated by end 2012
* Assessments: Needs assessments integrated into multi-sector assessments and intercluster support in 4 locations

**2.1 Relevance**

Improving needs assessments is clearly consistent with increasing humanitarian capacity to address needs. Needs assessments are critical to an inclusive humanitarian response, and they may shape a whole response to be inclusive. Inter-cluster assessments rarely integrate cross-cutting issues,[[23]](#footnote-23) tools were lacking for assessing the needs of older people, and information about the needs of older people is systemically absent. HAI’s proposed methodology was to fill this gap, by designing an approach in line with needs assessment initiatives (NATF, ACAPS, and MIRA), and testing its utility in four locations.

Improving needs assessment is appropriate for HAI, which has long engaged with the challenges of needs assessment and SADD, and was requested by IASC to ‘incorporate the needs of older persons in all assessment methodologies.’[[24]](#footnote-24) In Pakistan, HAI’s country team required a more rigorous and practical approach, as well as capacity and tools for needs assessment.

Improving needs assessment to ‘include all vulnerable groups’ is also appropriate for clusters and partners. Such improvements are requested by IASC, agreeable to partners, and of interest to donors such as ECHO and DFID. It was also appropriate to develop a methodology for testing with clusters in selected field locations. In Pakistan, the exercise was relevant for partners, NGOs and INGOs and donors.

Still, HAI’s plan to improve needs assessments faced structural constraints. Agencies that collect SADD may not use it, and needs assessments remain only part of humanitarian decision-making. In Pakistan, for example, the needs of beneficiaries were assessed and many found to be unmet, but nothing could then be done to address them⎯ this depended on government and UN policies. Furthermore, improving needs assessment to include disability is also considered relatively more difficult than age.

*‘All donors have made it clear, we will fund you so long as you provide blanket projects that include older people and others; but not specific projects for older people’ (HAI Pakistan)*

*‘We identified different problems and categorized them. The most important problem was income, then health, and then basic services. Social and public services are providing for needs but not meeting those of older people. This was not recognized before the assessment’ (Pakistan Participant)*

**2.2 Effectiveness**

HAI’s work to improve needs assessments was partially successful. It may not have improved the wider practice of needs assessment in four locations, and the needs of older people may not have been mentioned in IASC material as hoped. But HAI’s needs assessment methodology and its testing in four countries achieved a clear purpose. To around 100 field staff, it provided a way to accurately estimate the needs of older people using of secondary data, sound assumptions, and few resources. In Pakistan, it effectively trained a team to conduct a needs assessment. The team learned about doing needs assessment, and understood the extent of unmet needs.

However, not all partners could understand the methodology and its purpose. And in Pakistan, the methodology could not be used to assess the needs of other vulnerable groups as now required. Looking ahead, questions also arise: What will happen next in testing locations? Can HAI sustain follow up activities to ensure change?

*‘If we are breathing down their neck, they integrate older people into their needs assessment, if not they don’t. This is frustrating.’ (HAI)*

*‘It offers a reasonable and pragmatic approach, which is helpful but not heavy. There is no need to pay thousands to get (sex and age disaggregated) data’ (Partner)*

*‘The most important thing I learned was the SADD methodology. After the training, we were able to access secondary information about SADD, and this was useful. Now we use this in data collection and reporting’ (HAI Pakistan)*

*‘We learned a lot about SADD from available data.’ (Pakistan Participant)*

**2.3 Outcomes**

Irrespective of effectiveness, this work to improve needs assessment contributed to various positive outcomes. At the policy level, it offered a means to include older people’s needs in needs assessments. At the practical level, it enabled participants in the testing to conduct needs assessments, enabled HAI to advocate for its use, and contributed to evolutions in needs assessments among partners. In Pakistan, the methodology has been used by participants, enhanced the team’s reputation, and enabled it to access new funding streams.

However, of the four HAI country teams involved in its testing, only HAI Pakistan is known to have used the methodology. In Gaza, it was reportedly not used despite an opportunity arising.

Looking ahead, HAI must continue to aim for a system that automatically assesses the needs of older people in disasters. DFID and ECHO should strengthen their requirements for SADD. On a practical level, HAI should implement SADD in its own programming, and provide advice on good practice.

*‘Overall it [needs assessment testing] has been very positive. It actually also helped raise the profile of HAI as specialist organization. We can now talk about this methodology with confidence to other stakeholders, especially in emergencies’ (HAI Pakistan)*

*‘Currently we have one comprehensive needs assessment methodology, which covers only older people’s needs. We’d like it to cover the needs of other vulnerable groups.’ (HAI Pakistan)*

*‘I use it in HAI work, in training and official meetings as an essential component. It changed the way I work’ (HAI Pakistan Participant)*

*‘We do not need SADD, because we work with the whole community’ (Pakistan Participant)*

### 3. Integrated Approach

In a third work stream, HAI undertook to achieve this objective:

*A more integrated approach to cross-cutting issues, in particular age, gender, and disability*

It proposed these indicators:

* By end 2012 IASC Gender Marker includes older women and men explicitly
* HAI and HI made recommendations on inclusion of age and disability for global review of response
* Formal agreement between HI and HAI for future collaboration on emergency response

**3.1 Relevance**

Promoting a more integrated approach to cross-cutting issues is consistent with the project’s objective to increase capacity, and with IASC’s request for ‘closer links’ among cross-cutting issues. This is necessary because humanitarian action still neglects diversity, and it must be addressed jointly at the policy level. Following achievements at the policy level, it may now be relevant to push for inclusion with NGOs together and/or to focus on the larger task of changing practice.

Promoting an integrated approach is relevant to the IASC, clusters, and advocacy partners. It is appropriate for strategic partners, such as HI, and humanitarian partners in Geneva, New York, and London. It is also appropriate for HAI, although its strategy makes little/no mention of an integrated approach.

*‘HAI must walk the talk. “I know this because I’ve done it”⎯that’s why successful businessmen sell books about successful business.’ (Partner)*

*‘the days are coming to an end when we in the business of cross-cutting issues can work in isolation of each other - and that goes for the gender community (too)!’ (Partner)*

**3.2 Effectiveness**

Work to integrate cross-cutting issues has been very effective. It has not yet changed the Gender Marker to include older men and women. However, contributions were made to a global review of the humanitarian response, and much was achieved in relation to the IASC sub working group on gender, clusters, OCHA/CAP, GenCap, donors, UNHCR, the Gender Marker, and others. Most significantly, HAI ‘redefined’ age and gender as the ‘universal determinants of vulnerability’ in a draft framework document.

An important strategic relationship was agreed and a detailed workplan is developed with HI, which works for the inclusion of people with disabilities. HAI also worked effectively with UNFPA, which seeks the inclusion of youths and adolescents.

This work was relatively cost-effective (compared to equivalent UN staffing costs), especially if integration has been as well advanced as expected. Looking ahead, HAI’s humanitarian advisor should remain in Geneva to see this process to completion, and ensure gains are consolidated.

*‘[HAI in Geneva] is creating space for age in gender mainstreaming’ (HAI implementer)*

**3.3 Outcomes**

HAI’s work to increase integration among cross-cutting issues contributed to a range of outcomes. It laid the foundation for a major policy development in support of integration, by recognizing gender and age as ‘universal determinants’ of vulnerability in the IASC sub-working group on gender. It contributed to a range of other important policy developments in favour of integration, notably in the IASC/SWG, Global Protection Cluster, UNHCR, DfID, and ICRC. It also increased awareness about older people among humanitarian policy makers, notably in GenCap, OCHA/CAP, global Clusters, and the IDMC.

Looking ahead, important further steps are needed to integrate cross-cutting issues. All global clusters need to mainstream gender, age, and disability in policies and guidelines; policy changes need to be implemented in the field, often as simple changes to practice; responsibility for cross-cutting issues needs to be assumed by IASC, OCHA, and HCs. HAI and its advocacy partners could develop joint initiatives in advocacy and practice to support mainstreaming, and a people-centred approach.

*‘The evolution of the ICRC approach towards addressing the needs of disabled and older people has been possibly influenced by the regular and meaningful dialogue between HelpAge and ICRC.’ (Partner)*

# Conclusions and Recommendations

This section outlines conclusions and recommendations for HAI and ECHO.

1. **Training**

HOPE training responds to requirements and demands from diverse humanitarian and development organizations at different levels, including HAI field offices, which seek basic sensitization to the needs of older people in disasters. Tested in eight locations, the project’s training activities have built awareness and willingness among participants, thanks to the trainer’s competencies, the quality of the training package, and the initial willingness of participants. It has generated numerous requests for more training, and multiple requests for technical advice from participants, as well as some indications of specific changes made to policies and practices in DRC and Pakistan.

Looking ahead, HAI should build on this success, by investing in and fundraising for further training. In so doing it must address the following challenges:

* Training should aim to change the larger system. This will likely require reaching a much larger humanitarian community, through training of trainers, internal training for organizations, working through external training mechanisms (e.g. SPHERE, RedR), engagement with quality initiatives (e.g. JSI), customized online provision, and/or cultivation of a community of practice. HAI’s separate training activities will need to add value in relation to existing mechanisms.
* Training should be targeted strategically. HAI may seek to make the training self-funding to ensure it is adequately resourced, but it must target the organizations and actors most able to make the humanitarian response more inclusive at global and/or at country level, and avoid the risk of providing training according to a demand-driven or commercial dynamic.
* Training should follow up with participants. HAI will increase the likely impact of the training by following up on Personal Action Plans (PAPs) made in training sessions. By following up systematically with individuals and organizations, HAI may monitor outcomes, learn from experience, and assist with overcoming barriers.
* Training provision should maintain quality. Training provision and materials will need to evolve to meet more diverse and specific needs, increase gender and disability aspects, integrate HAI’s technical guidance, and adapt to different regional, national and local contexts. HAI will need to ensure the quality of all HOPE Training.

1. **Technical Guidance**

The publication of technical guidance on inclusion of older people in humanitarian programmes could contribute to change in HAI programmes and among willing partners. By December 2012, HAI effectively produced and began disseminating new technical guidelines on health, livelihoods, and needs assessments. The guidelines reflect a strengthening of HAI’s global technical expertise to support programmes, but it is too early to see their outcomes.

HAI should continue to develop and share technical guidance, bearing in mind the following challenges:

* Guidance should be targeted at humanitarian actors who are already aware and willing to include older people, and therefore need practical competencies in relevant sectors to implement changes that include older people.
* Guidance should be embedded in flagship guidelines and tools of all global clusters, large agencies, and regional mechanisms (such as ASEAN).
* Guidance should be disseminated at field level and translated into programming. To that end, it should be integrated into HAI and other training, shared with communities of practices, supported by further facilitation and technical training.
* Guidance should be tracked for utilization. Its format, distribution, and utilization should be constantly monitored, reviewed, and adapted if necessary.

1. **Policy Publications**

Under this project, HAI produced two effective policy publications, which were both well received by donors and humanitarian agencies, and served to raise the profile of older people and demonstrate HAI’s expertise. A policy report produced with IDMC on the displacement of older people, and the related article in the Forced Migration Review, helped to strengthen HAI’s advocacy engagement with UNHCR, ECHO, and agencies in East Africa and Sudan, as well as with Kenyan lawmakers. The updated review of humanitarian financing for older people, this time including people with disabilities, once again provided rare powerful data on mainstreaming gaps, and continued to influence diverse humanitarian policy makers, including DfID.

HAI could find it useful to produce additional effective policy publications that generate positive outcomes, and continue to monitor financing gaps. However, it should address the following challenges:

* Humanitarian policy publications should be focused on defined areas of humanitarian and development policy which most affect the survival of older people in disasters, whether these are financing and internal displacement or other thematic areas. HAI could benefit from always specifying which ‘policy’ area it is concerned with and why it is important.
* Humanitarian policy work could benefit from clarifying its overall policy messages for this intervention, providing a framework for its work on specific policy areas (i.e. needs assessment and cross-cutting issues) and its multiple practical interventions. HAI could restate the case for assisting older people in relation to: (i) the main threats facing older people in disasters, past and future; (ii) the challenges facing humanitarians in meeting their needs; (iii) the main actions needed (by policy and practice actors) to strengthen the response; and (iv) the added value of HAI actions.

1. **Expert Deployments**

HAI’s direct deployments of experts to global clusters, arranged under this project (but funded separately), are a particularly effective way to build the system’s capacity. Experts thus contribute to particular responses and embed expertise in influential cluster guidelines and tools. HAI’s ability to deploy experts to the Global Protection Cluster and the Global Food Security Cluster has also depended on HAI’s approach: inclusive, constructive, practical, and appreciative⎯instead of campaigning.

Building on this success, HAI will seek to provide additional capacity to meet demand for such deployments. It should consider the following challenges:

* Deployments should be targeted at all relevant clusters, in order to shape a more inclusive system in relation to needs assessment, health, nutrition, food security, livelihoods, and/or protection. The clusters may be targeted by direct deployments, or via the Global Protection Cluster and its ‘transversal function’.
* Deployments should aim to maximize impact by offering combined expertise in gender, age, and disability; by offering availability in concert with existing standby mechanisms; and by deploying early in a crisis to better shape the response.

1. **Needs Assessments**

HAI produced technical guidelines on needs assessments, offering a way to accurately estimate the needs of older people using secondary data, sound assumptions, and few resources. It also enabled participants in the testing in four countries to conduct needs assessments, strengthened HAI’s advocacy (for its use), and contributed to evolutions in needs assessments among partners. In Pakistan, the methodology has been used by participants, enhanced the team’s reputation, and, significantly, enabled the team to access new funding streams.

HAI aims to roll out its approach to needs assessments, providing specialist support where appropriate. It should address the following challenges:

* Needs assessments and implementation of SADD should be carried out by HAI in its own programmes, enabling it to provide more effective advice on good practice in this area.
* Needs assessment practices could be strengthened with HAI and partners in four pilot countries. HAI could monitor and support the utilization of the approach by participants, and expand the approach to include other vulnerable groups—especially people with disabilities, recognizing that this may be more difficult.
* Needs assessment and SADD policies and practices should be strengthened globally. HAI must continue to advocate for a system that effectively assesses the needs of older people in disasters, recognizing that agencies which collect SADD may not use it, and needs assessments remain only part of humanitarian decision-making. It could target donors and their funding guidelines as key drivers of change in this regard.

1. **Integrating Issues**

HAI’s work to develop a more integrated approach to cross-cutting issues achieved considerable value among global humanitarian policy actors. A more integrated approach to cross-cutting issues is critical to increasing the capacity of humanitarians to address the needs of older people, through the IASC, clusters, HCs, and partners.

At relatively little cost, HAI’s work to increase integration among cross-cutting issues contributed to a major policy development in support of integration, by recognizing gender and age as ‘universal determinants’ of vulnerability in the IASC sub-working group on gender; contributed to a range of other important policy developments in favour of integration, notably in the IASC/SWG, Global Protection Cluster, UNHCR, DfID, and ICRC; and increased awareness about older people among humanitarian policy makers, notably in GenCap, OCHA/CAP, global Clusters, and the IDMC.

HAI’s integration policy work also strengthened strategic partnerships, with HI in particular, but also with UNFPA and other policy actors in Geneva, New York, and London. Advocates for cross-cutting issues, including gender (though perhaps not children), increasingly realize that they must collaborate.

Looking ahead, HAI’s humanitarian advisor in Geneva should see this process to completion, and ensure integration gains are consolidated. HAI should address the following challenges:

* Integration work should aim for all global clusters to mainstream gender, age, and disability in their policies and guidelines.
* Integration work should aim for policy changes to be implemented at the field level, often as simple changes to practice. Following achievements at the policy level, it will become important to push for inclusion at field level. HAI should contribute to this process by its own examples.
* Integration work should ensure that responsibility for integrating cross-cutting issues lies clearly with the IASC, OCHA, and HCs. HAI and its strategic partners could add value by monitoring the performance of these authorities, and helping to hold them accountable.
* Integration work should explore the development of joint initiatives among HAI and strategic partners to support mainstreaming and a people-centred approach. NGOs working together could make their influence felt in the larger task of changing practice.

1. **Relevance**

HAI’s work has been well aligned to its objective, increasing the capacity of humanitarians to address the needs of older people and disabled people, in support of its goal: older men and women ultimately being assisted and protected in disasters according to humanitarian principles. It has also been appropriate for, and requested by, humanitarian clusters, partners, and HAI country teams.

However, the goal remains distant and progress towards the objective difficult to quantify. Looking ahead, HAI will need to:

* Clarify a roadmap for achieving expected impacts, including milestones and expected outcomes along the way;
* Clarify which actors need to be targeted (in which order) to achieve the scale of change required; and
* Find an appropriate strategic balance between assisting older people directly, providing expertise on inclusion of older people and people with disabilities, and strengthening inclusion of gender, age, and disability in the humanitarian response.

1. **Effectiveness**

In this short project, HAI formalized and initiated a process that has begun to increase the capacity of humanitarians to address the needs of older (and disabled) people. It provided expertise to diverse humanitarians through awareness training, technical guidance, policy publications, and direct engagements; devised and tested a needs assessment methodology; and improved the global integration of age and other cross cutting issues. It developed a set of effective materials, tools, and activities that contribute to achieving the objective: the deployment of experts, integration of cost-cutting issues, training, publications, needs assessments, and strategic partnerships.

The effectiveness of this work depends on the combination of activities in support of changing the awareness, attitudes, competencies, and actions of specifically targeted humanitarian actors. Key factors of success in the project have been the competency of staff; the quality of activities, products, and services; HAI recognized expertise, based in practical experience; the willingness of partners to engage; and the funding support of ECHO.

The work has been relatively cost-effective but requires continued funding for value created to be sustained. Having achieved a first step toward the goal, the project has opened the way for wider implementation and multiple achievements at a lesser cost. HAI plans to invest core funds in continued training and guideline dissemination, and to seek funding for a standby roster of experts. But the sustainability of these activities and their combined effectiveness depends on continued engagement from HAI teams, partners, and enlightened donors.

1. **Outcomes**

The project and its diverse activities have contributed, often significantly, to achieving these numerous outcomes after 18 months of activity:

* Raised awareness of older people among humanitarians;
* Sensitization of 486+ field staff and policy makers worldwide;
* Widespread interest in HAI and requests for its expert assistance;
* Multiple opportunities for collaboration in support of inclusive practices;
* Reported changes in policies and practices in some locations;
* A means to include older people’s needs in needs assessments;
* Participants in the testing conducting needs assessments;
* HAI advocacy for use of needs assessment;
* HAI access new funding streams;
* Evolutions in needs assessments among partners;
* A major policy development in support of integration;
* Various important policy developments in favour of integration; and
* Increased awareness about older people among humanitarian policy makers.

The activities have contributed in different ways and to a greater or lesser extent. Training activities have perhaps prompted most outcomes, since they reached larger numbers of people. Deployments are less visible but impactful. Changes in cross-cutting issues policy may yet have a far greater impact. Outcomes from the production of guidelines remain hard to assess as they were published too recently, and the utilization of the needs assessment methodology has so far been disappointing in three of four locations.

Looking forward, numerous outcomes remain to be achieved on the path towards inclusion of older people in humanitarian response:

* HAI to consider how its expertise can help bring changes at field level, perhaps by focusing initially on a selection of locations;
* HAI to establish a mechanism for follow up and monitoring of outcomes;
* HAI to implement SADD in its own programming, and provide advice on good practice;
* HAI and partners to aim for a system that automatically assesses the needs of older people in disasters;
* HAI and advocacy partners to develop joint initiatives in advocacy and practice to support mainstreaming, and a people-centred approach;
* DFID and ECHO to strengthen their requirements for SADD in funding guidelines;
* IASC, OCHA, and HCs to assume responsibility for cross-cutting issues;
* All global clusters to mainstream gender, age, and disability in policies and guidelines; and
* All humanitarian workers in the field to implement integrated approach policy changes, often as simple changes to practice.

1. **Outcome Mapping**

The Project was designed and managed according to ECHO’s log frame and requirements for results reporting, which support the management of direct service provision activities. However, this may not be the optimal framework for managing policy and practice advocacy activity aimed at building a more inclusive humanitarian response system. It may incentivize quantifiable short-term results above the focused engagement needed to achieve high value change in the long term. This project could benefit from clarification of its overall coherence to support its multiple activities and results.

Given the above, HAI should consider using Outcome Mapping to design, implement, and assess its continued work to build an inclusive humanitarian response. Outcome Mapping is focused on changes in the behaviours, relationships, actions or activities of the people, groups and organisations with which a programme works directly. The methodology’s designation of ‘boundary partners’ and ‘strategic partners’ seems very applicable for HAI’s work. It should also assist with the work’s overall direction, targeting of actors, and structured follow up.

1. **ECHO/Donors**

ECHO may be considered the most principled and impartial of humanitarian donors. At the policy level, it is supportive of the need to build a more inclusive humanitarian response, which collects and acts upon SADD, and addresses the needs of older people and other vulnerable groups. At the field level, it has engaged actively with HAI’s policy and practice activities, including training and needs assessment, under this project in diverse countries. ECHO funding enabled this innovative project to formalize activities that will bring about change and has produced valuable outcomes in a short time. However, ECHO has missed the opportunity to engage with this project in relation to its policy development, as DFID and other donors have; so far neglected to include age in its own funding criteria and guidelines; and shown less interest in sustaining this important work, partly, it seems, due to staffing changes at headquarters.

ECHO should fund the continuation of the work undertaken in this project. Otherwise, ECHO should find other ways to build upon the value achieved in this project. Like-minded donors, such as DFID, who share an interest in building a more inclusive response, should consider how they might engage to support this work.

# Annex 1: Persons Consulted

The following is a list of persons consulted during February and March 2013.

HAI Staff

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **Marcus Skinner** | Humanitarian Policy Coordinator | | HAI Emergencies |
| **2** | **Frances Stevenson** | Head of Emergencies | | HAI Emergencies |
| **3** | **Jo Wells** | Policy Manager (former) | | HAI Emergencies |
| **4** | **Richard Blewitt** | Executive Director | | HAI |
| **5** | **Piero Calvi-Parisetti** | Humanitarian Advisor | | HAI Emergencies (GVA) |
| **6** | **Samantha Chattaraj** | Secondee | | HAI/GFSC |
| **7** | **Pascale Fritsch** | Emergency Health Adviser | | HAI |
| **8** | **Andrew Collodel** | Emergency Livelihoods Coordinator | | HAI |
| **9** | **Boris Aristín González** | Needs Assessment Adviser (former) | | HAI |
| **10** | **Sonja van Osch** | Country Director, oPt | | HAI |
| **11** | **Rhea Bhardwaj** | Humanitarian Training Coordinator | | HAI |
| **12** | **Fiona Clark** | HAI Regional Manager | | HAI Nairobi |
| **13** | **Luciana Caffarelli** | Advocacy Manager DRC | | HAI DRC |
|  | Partners |  | |  |
| **14** | **Iesha Singh** | Humanitarian Advisor | | DFID/CHASE |
| **15** | **Henrike Trautmann** | Head of Unit in ECHO A4 | | ECHO |
| **16** | **Linda Doull** | Head of Policy | | Merlin |
| **17** | **Beverley Collin** | Health Adviser MSF-UK | | MSF |
| **18** | **Peter Walker** | Director, Feinstein International Center | | Tufts |
| **19** | **Patrice Chataigner** | Information Analyst | | ACAPS |
| **20** | **Loretta Hieber-Girardet** | Chair of the IASC Needs Assessment Task Force | | OCHA NATF |
| **21** | **Delphine Brun** | GenCap Inter-Agency Advisor to Global Clusters | | GenCap/UNICEF |
| **22** | **Cecile Mazzacurati** | Humanitarian Programme Specialist | | UNFPA |
| **23** | **Siobhán Foran** | Gender & Humanitarian Action Adviser | | UN Women |
| **24** | **Greg Garras** |  | | UNHCR/GPC |
| **25** | **Sarah Khan** | Protection Officer, GPC Support Cell /UNHCR | | GPC |
| **26** | **George Aelion** | WFP Global Food Security Cluster | | GFSC/WFP |
| **27** | **Pascal Hundt** | ICRC Protection Division | | IFRC |
| **28** | **Nina Birkeland** | Head Policy and Research Department | | Internal Displacement Monitoring Centre (IDMC) |
| **29** | **Aleema Shivji** | ED, UK | | HI (ED) |
| **30** | **Barbara Agneray** | Responsable de Projet RRMP. RDC Direction de l'Action d'Urgence | | HI (Goma, DRC) |
| **31** | **Jennifer Leger** | Specific Needs Technical Advisor Emergency Response Division | | HI (Lyon) |
| **32** | **Nathalie Herlemont** | Responsable Service Analyses et Positionnement | | HI (GVA) |
|  | Pakistan Case Study |  |  | |
| **33** | **Ajeeba Aslam** |  | HAI | |
| **34** | **Mahmood?** |  | HAI | |
| **35** | **Anwar** |  | HAI | |
|  | **Boris Aristín González** |  | HAI | |
|  |  |  |  | |
| **36** | **Nauman Ahmad** |  | PHKN | |
| **37** | **Tallal bin Aftab** |  | HRDS | |
| **38** | **Tasleem Akhtar** |  | Green Development Org. | |
| **39** | **Iftikhar Ahsan** |  | MOJAZ Foundation | |
| **40** | **Dr Jandeed** |  | HRDS | |
|  |  |  |  | |
| **41** | **Abdul Latif** |  | RDP | |
| **42** | **Ali Hassan** |  | SPO | |
| **43** | **Mohamed Ishbal** |  | SPO | |
| **44** | **Zainab** |  | NRC | |
| **45** | **Zubar Shahazad** |  | HAI | |
| **46** | **Mohammed Imran** |  | HAI | |

# Annex 2: Documents Reviewed

|  |
| --- |
| CAP 2012, (?) Humanitarian Program Cycle Reference Module: Coordinated Assessments (Version: 13 November 2012) |
| Earl, S; Carden, F; and Smutylo T; Outcome Mapping: Building Learning and Reflection into Development Programs (International Development Research Centre, 2001) |
| Food Security and Agriculture Cluster, Gender Equality Policies and Programmes; (Draft 1, 27 Jan) |
| Gray, B; Review of a secondment programme between the Division for International Protection of UNHCR and HelpAge International, 2008-2011 January 2012 |
| Groupe URD; and GPPI, Cluster Approach Evaluation 2, Synthesis Report, IASC Cluster Approach Evaluation, 2nd Phase, April 2010 |
| HAI 2011, ECHO Single Form for Humanitarian Aid and Actions, Grant Agreement |
| HAI 2012, Interim Report |
| HAI 2011, ECHO Informal Interim Report July–October 2011 |
| HAI 2012, ECHO Informal Report, November to January 2012 |
| HAI 2012, ECHO Informal Report, March to June 2012 |
| HAI, Letter to Ian Clark, Head of Unit (ECHO), from Beverley Storer, Programme Funding Officer - Emergencies HAI, 8 June 2012 |
| HAI, Our Theory of Change |
| HAI/WWE Strategic Plan 2010-2015, July 2010 |
| HAI, Review Of Annual Plans on Emergencies, 2013-14 |
| HAI (2012), Older people in emergencies – identifying and reducing risks (HAI, May 20212) |
| HAI/HOPE Training; Age responsive project cycle\_edited |
| HAI/HOPE Training; Personal Action Plan |
| HAI (2012), Helping Older people in Emergencies (HOPE): HelpAge International training programme (Nov 2012) |
| HAI/HOPE Training; HOPE Nairobi, HAI Training Programme Report (19 June, 2012) |
| HAI (2012), Ensuring inclusion of older people in initial emergency needs assessments, (HAI 2012); Written by Boris Aristín González |
| HAI and HI (2012), A study of humanitarian financing for older people and people with disabilities, 2010–2011, (Published by HelpAge International, London and Handicap International, Lyon, February 2012) |
| HAI and IDMC, The Neglected Generation: The Impact of Displacement on Older People, (Jointly published by HelpAge International and the Internal Displacement Monitoring Centre, 2012) |
| Humanitarian Emergency Response Review, (Published by the Humanitarian Emergency Response Review March 2011) |
| IASC, Humanitarian Action and Older Persons: An essential brief for humanitarian actors; (Inter-Agency Standing Committee, 2008) |
| IASC, Multi-Cluster/Sector Initial Rapid Assessment (MIRA); (Inter-Agency Standing Committee 2012) |
| IASC, 78th IASC Working Group Meeting, Older Persons and Humanitarian Action; Prepared by: HelpAge in cooperation with WHO, October 2010 |
| IASC, 78th IASC Working Group Meeting, Final Action Points and Conclusions (10-12 November 2010) |
| IASC (OMS/HAI) document de plaidoyer, Action humanitaire et personnes âgées: Informations indispensables à l’attention des acteurs humanitaires (Dernière version éditée, 28 juillet 2008) |
| Mazurana, D; Benelli, P; Gupta, H; and Walker, P; Sex and Age Matter: Improving Humanitarian Response in Emergencies. (Feinstein International Center, Tufts University, August 2011) |

# Annex 3: Evaluation Questions

The evaluator was guided by the following questions, in line with the purpose of the evaluation and established evaluation criteria.

Q1. Theory of Change

* Goals: What are the ultimate goals of this Project? (AL)
* Outcomes: What are its expected outcomes along the path to the intended goal? (AL)
* Agreement: Is there alignment and agreement among partners on this course? (AL)

Q2 Relevance

* Consistency: To what extent is activity consistent with the Project’s overall goals/intended impacts? (AL)
* Validity: To what extent are the objectives of the Project still valid? (AL)
* Target: To what extent is the Project and its implementation appropriate for the target group? (AL)
* ECHO: To what extent is Project suited to ECHO's priorities and policies? (AL)

Q3 Effectiveness

* Achievement: To what extent were the objectives achieved, or likely to be achieved? (AL)
* Factors: What are the major factors influencing the achievement or non-achievement of the objectives? (AL)

Q3a Capacity building

* Improved Understanding: To what extent has the training activity initiated and implemented by HelpAge enhanced participants’ understanding of the needs of older people (and other vulnerable groups) in emergencies? (HAI)

Q3b Guidance development

* Strengthened Inclusion: To what extent do the three Humanitarian Guidance documents provide effective tools for strengthening the inclusion of older persons and other vulnerable groups in humanitarian action at both the global policy and the field level? (HAI)

Q4 Efficiency

* Cost-efficiency: Were objectives cost-efficient (i.e. implemented in the most efficient way compared to alternatives)? (AL)

Q5 Sustainability

* Scale: How many people have been affected by the Project? (AL)
* Continued Benefits: To what extent will the benefits of the Project continue after donor funding is ceased? (AL)
* Factors: What are the major factors that influence the sustainability of the programme? (AL)

Q6 Contributions to outcomes

* Appropriate measures/external: Which external changes are appropriate to measure the Project’s success: e.g. building support/allies; reading/reacting to the climate (e.g. ability to seize opportunities); progress with decision-makers; or other? (AL)
* Appropriate measures/external: Which internal changes are appropriate to measure the Project’s success: e.g. Increased staff capacity; lower staff turnover; strengthened internal communications and knowledge-sharing; or other? (AL)

Q6a Capacity building

* Inclusion in programme planning: To what extent has the Project led to changes in practice to ensure the inclusion of older people and other vulnerable groups in programme planning and design? (HAI)
* CAP response: In what ways have CAP staff responded to training materials provided by HelpAge staff? (HAI)

Q6b Guidance development

* Utilization: To what extent have such tools been used or are currently being integrated into the policy and practice of major humanitarian agencies? (HAI)
* Needs Assessment/Utility: To what extent does the needs assessment methodology produced by HelpAge provide effective tools to identify and include older men and women in the first phase of an emergency? (HAI)
* Methodology/Utility: Does HelpAge’s data disaggregation methodology utilised in the needs assessment guidance represent a qualitative step forward in identifying the needs of older men and women and other vulnerable groups in emergencies? (HAI)

Q6c Advocacy

* Visibility: Is ageing more visible today in the humanitarian policy environment as a product of the influencing activity? (HAI)
* Changes: What are the main global policy changes produced by the influencing activity? (HAI)
* Conversion/Guidelines: Was policy concerning ageing converted into cluster/sector-specific technical guidelines? (HAI)
* Training: Did this inform cluster/sector-specific training? (HAI)
* Tools/Mechanisms: Did this inform specific tools or mechanisms? (HAI)

Q7 Impact

* Impact: What has happened as a result of the Project? (AL)
* Difference: What real difference has the activity made to the beneficiaries? (AL)

Q7a Capacity building

* Evidence/Change in Programmes: Does evidence show that programme changes were introduced as a result of people being trained? (HAI)

Q7b Guidance development

* Evidence/Change in Policy/Practice: In the four field sites where needs assessment and needs assessment training took place, what evidence is available of changes in policy and practice among humanitarian agencies as a result of the action? (HAI)
* Evidence/Change in Financing: What is the discernible impact and influence of the two HelpAge Policy reports on ageing and displacement and humanitarian financing for older men and women and men and women with disabilities on current humanitarian policy and practice? (HAI)

Q7c Advocacy

* Evidence/Change in Practice: Is there any evidence that the influencing activity produced changes in practices? (HAI)

Q8 Lessons learned

* Strengths/Weaknesses: What key strengths or weaknesses in preparation, design, and implementation affected performance, outcomes, and impact? (AL)

Lessons: What generalizations can be abstracted from the specific circumstances to broader situations/activities in this sector? (AL)

# Annex 4: Terms of Reference

**HelpAge International**

**Project Title: Strengthening the quality and effectiveness of humanitarian response to ensure it meets the needs of older men and women and other vulnerable groups.**

**Donor Reference: ECHO/ERC/BUD/2011/01008**

**Project Duration: 01/07/11 - 31/12/12**

1. **Background**

Approximately 11% of the world's population is over 60. Despite the high numbers affected, older men and women's needs are not adequately addressed in international humanitarian action. These needs include:

* Healthcare, e.g. treatment for age-related chronic diseases, mental health conditions and visual impairment
* Nutritional support that takes into account specific age-related requirements
* Accessible relief distributions and appropriate livelihoods’ support for those with reduced strength and mobility
* Protection requirements (e.g. tracing and family reunification for older people separated by displacement).

This gap is currently reflected in humanitarian action at different levels. At the operational level, the Cluster system does not currently ensure a coordinated response to older persons' needs. Underpinning this uncoordinated response is an apparent lack of humanitarian staff with competency in responding to the needs of older men and women and other vulnerable groups, and needs assessments which do not recognise older people’s vulnerabilities. Finally, donors do not allocate resources based on assessment of need to ensure responses are inclusive of older men and women.

**2.0) PROJECT RATIONALE AND PROPOSED AREAS OF INTERVENTION**

HelpAge International carried out a global review of progress on humanitarian action and older people since 2007, on behalf of the IASC Working Group (WG) resulting in the reporton *"Mainstreaming Ageing in Inter-*Agency *Humanitarian Processes and Products"* IASC Working Group (November 2010).

The review identified three major policy areas for potential interventions.

2.1) **Capacity and resources**

HelpAge identified a lack of humanitarian field-based personnel with adequate experience of working with older men and women and a sense that this was seen as the work of specialists. There was a need to sensitise practitioners, policy makers and donors (e.g. the UN Consolidated Appeals Process) on ageing issues and the responsibility of humanitarian agencies to support all vulnerable groups, whilst providing practical tools to field personnel.

**2.2) Needs Assessment**

A review of current assessment methodologies identified an inadequate focus on assessing the needs of older men and women and other vulnerable groups which prevented more inclusive programme planning, design and implementation.

**2.3) Coordination of clusters on integration of cross-cutting issues**

The IASC Cluster Evaluation, 2nd Phase, confirmed that the integration of cross-cutting issues in the activities of clusters and their members remained minimal in all case-study countries, with only some minor exceptions *(*April 2010, p 56).

The perception was reinforced by HelpAge’s review which recognised the need for advocacy and technical engagement with clusters to ensure their work included recognition of the needs of older men and women and other vulnerable groups.

1. **PROPOSED RESULTS**

As a result of the rationale outlined above, HelpAge designed a project intervention, (see Appendices 1 and 2) funded by ECHO for 18 months to address the above policy areas through the following activities.

* 1. Sensitising 200 field staff and 80 senior HQ staff on ageing and disability through the development of its training programme Helping Older people in Emergencies (HOPE), and supporting the sensitisation of CAP staff on the specific needs of older people and other vulnerable groups.
  2. Producing three sets of Humanitarian Guidance on inclusion of older men and women in emergency health and livelihoods programming, and initial first-phase needs assessment.
  3. Development of detailed policy and research publications on the effects of displacement on older men and women and the levels of humanitarian financing available to meet the needs of older people and people with disabilities.
  4. Implementation of four field-based needs assessments which included the involvement of partners in the collection and analysis of data
  5. Influencing work with two UN global clusters and other Geneva stakeholders to increase awareness and capacity around ageing concerns in emergencies.

1. **SCOPE AND FOCUS:**

***To what degree has the policy and practice of assisting older persons more effectively in the international humanitarian system and its interventions, been advanced as a result of the action.***

Because the result areas fall into three distinct areas of capacity building, guidance development and advocacy, the consultant will examine the following key questions in the context of the three result areas listed in the project proposal.

The following results, activities and outcomes should be assessed from the perspective of the OECD Development Assistance Committee (DAC) criteria for their relevance, effectiveness, efficiency, impact and sustainability as well as additional criteria listed below.

4.1) **RESULT AREA ONE**

Over 200 field staff and 80 senior HQ staff trained on ageing and disability through the development of the “Helping Older people in Emergencies (HOPE)” training course held in nine international locations. Training materials developed for, and delivered to, CAP staff

*Q To what degree has the training activity initiated and implemented by HelpAge enhanced participants’ understanding of the needs of older men and women and other vulnerable groups in emergencies?*

*QTo what extent has it led to changes in practice to ensure the inclusion of older people and other vulnerable groups in programme planning and design?*

*Q Does evidence show that programme changes were introduced as a result of people being trained?*

*Q In what ways have CAP staff responded to training materials provided by HelpAge staff?*

* 1. **RESULT AREA TWO**

Three sets of Humanitarian Guidance on Ageing and Health, Livelihoods and Needs Assessment produced. Detailed policy publications on older people and displacement and humanitarian financing and vulnerable groups published.

*Q To what extent do the three Humanitarian Guidance documents provide effective tools for strengthening the inclusion of older persons and other vulnerable groups in humanitarian action at both the global policy and the field level.*

*Q To what extent have such tools been used or are currently being integrated into the policy and practice of major humanitarian agencies?*

*Q To what extent does the needs assessment methodology produced by HelpAge provide effective tools to identify and include older men and women in the first phase of an emergency?*

*Q In the four field sites where needs assessment and needs assessment training took place, what evidence is available of changes in policy and practice among humanitarian agencies as a result of the action?*

*Q Does HelpAge’s data disaggregation methodology utilised in the needs assessment guidance represent a qualitative step forward in identifying the needs of older men and women and other vulnerable groups in emergencies?*

*Q What is the discernible impact and influence of the two HelpAge Policy reports on ageing and displacement and humanitarian financing for older men and women and men and women with disabilities on current humanitarian policy and practice?*

* 1. **RESULT AREA THREE**

Global policy and advocacy work developed with two UN global clusters to support their capacity to mainstream age-related issues.

*Q Is ageing more visible today in the humanitarian policy environment as a product of the influencing activity?*

*Q What are the main global policy changes produced by the influencing activity?*

*Q Was policy concerning ageing converted into cluster/sector-specific technical guidelines?*

*Q Did this inform cluster/sector-specific training?*

*Q Did this inform specific tools or mechanisms?*

*Q Is there any evidence that the influencing activity produced changes in practices?*

* 1. **STAKEHOLDERS**

Each area of work includes a range of unique and sometimes overlapping stakeholders. Working with HelpAge the consultant will need to establish a list of stakeholders for each area. However as a guide, the following groups have been closely involved with the project implementation.

UNHCR, IASC Secretariat, Sub-Working Group on Gender, GBV AoR, OCHA, Consolidated Appeals Section, GENCAP, PROCAP, WFP Global Food Security Cluster, International Displacement Monitoring Centre, WHO Global Health Cluster, IASC Needs Assessment Task Force, HelpAge programmes and partners who have taken part in HOPE training and training of trainers.

1. **ADDITIONAL CRITERIA**

The evaluation should also provide an assessment of HelpAge’s role and influence in advocating for the inclusion of older people within the policy and practice of external partners, drawing on the responses of the major stakeholders and other relevant actors.

5.1) The evaluator should also identify any lessons and good practices and opportunities created by the project activities that could be further pursued by HelpAge to contribute to the inclusion of older persons in humanitarian assessment and action.

1. **EVALUATION PROCESS AND METHODOLOGY**

6.1) **Documentation review:**

* Proposal ECHO/ERC/BUD/2011/01008
* HelpAge International internal reports and project reports as required and available
* HelpAge International Guidance documents on Health, Livelihoods and Needs Assessment.
* HelpAge International Policy Report, *The neglected generation: the impact of displacement on older people*
* HelpAge International Policy Report, Humanitarian Financing report February 2011.
* Helping Older people in Emergencies (HOPE) Training Programme materials and training evaluation summaries.

* 1. **Field visits**;

The consultant will need to undertake detailed interviews with key staff involved in the implementation of the project and with key stakeholders whom the project seeks to influence. Many of these interviews can be held face-to-face in London, Geneva and one field location while others will need to be conducted by Skype. With support of the HelpAge team the consultant will draw up a full list of relevant interviewees.

London: HelpAge international and Handicap International staff,

Geneva/New York: HelpAge international staff, Handicap International staff, IASC Needs Assessment Task Force, ACAPS, IASC sWG on Gender (New York and Geneva); IASC Secretariat; OCHA Humanitarian Reform Support Section; GENcap and PROcap Secretariat; Global Protection Cluster; UNHCR; Global Food Security Cluster; Consolidated Appeals Section; Global Health Cluster; IDMC.

One Field Visit to assess responses to HelpAge implemented needs assessments and HOPE training and Skype contact and written reports to assess three other field sites.

1. **TIME FRAME**

**The evaluation to be undertaken in January or February 2013.**

* Initial planning, and inception report three days
* Data collection and research interviews, 10 days.
* Field visit seven days
* To draft evaluation report seven days
* Presentation of the draft evaluation report, one day
* Finalisation of the report two days.
* TOTAL 30 days

1. **EXPECTED OUTPUTS AND DELIVERY**

The evaluator will provide a written report of approximately 30/40 pages including an executive summary to be delivered to HelpAge International by 1 March 2013.

HelpAge International will provide oral and written responses to the report within seven days of receiving the document for proposed inclusion in the final draft.

The final document will be delivered to HelpAge International not later than 15 March 2013.

**Appendix 1: Logistical framework ECHO/ERC/BUD/2011/01008**

**Appendix 2: Project proposal ECHO/ERC/BUD/2011/01008**

1. The IASC was created by United Nations General Assembly resolution 46/182 (1991). It is composed of relevant operational United Nations agencies, the Red Cross and the Red Crescent Movement, IOM and three NGO consortia. The IASC is the primary mechanism for inter-agency coordination of humanitarian assistance. [↑](#footnote-ref-1)
2. IASC (2008), Humanitarian Action and Older Persons: An essential brief for humanitarian actors; (Inter-Agency Standing Committee, 2008) [↑](#footnote-ref-2)
3. As explained in IASC (2010), 78th IASC Working Group Meeting, Older Persons and Humanitarian Action; Prepared by: HelpAge in cooperation with WHO, October 2010 [↑](#footnote-ref-3)
4. IASC, 78th IASC Working Group Meeting, Older Persons and Humanitarian Action; Prepared by: HelpAge in cooperation with WHO, October 2010 [↑](#footnote-ref-4)
5. *"Mainstreaming Ageing in Inter-*Agency *Humanitarian Processes and Products"* IASC Working Group (November 2010). [↑](#footnote-ref-5)
6. IASC, 78th IASC Working Group Meeting, Final Action Points and Conclusions (10-12 November 2010) [↑](#footnote-ref-6)
7. HAI 2011, ECHO Single Form for Humanitarian Aid and Actions, Grant Agreement [↑](#footnote-ref-7)
8. HAI 2011, ECHO Single Form for Humanitarian Aid and Actions, Grant Agreement [↑](#footnote-ref-8)
9. HelpAge International (2012), Evaluation: Terms of Reference [↑](#footnote-ref-9)
10. HelpAge International (2012), Evaluation: Terms of Reference [↑](#footnote-ref-10)
11. The evaluation will adopt a ‘learning-focused’ approach aimed at helping advocates understand their progress long before a visible, public success, and to generate information that advocates can use to strengthen decision making, supplementing traditional conceptions of evaluation. Innovation Network, The Practical Guide to Advocacy Evaluation, available at http://www.innonet.org/client\_docs/File/advocacy/pathfinder\_evaluator\_web.pdf [↑](#footnote-ref-11)
12. OECD/DAC, DAC Criteria for Evaluating Development Assistance, available at

    http://www.oecd.org/document/22/0,2340,en\_2649\_34435\_2086550\_1\_1\_1\_1,00.html [↑](#footnote-ref-12)
13. T. Beck, Evaluating Humanitarian Action using the OECD-DAC Criteria, (ODI, March 2008) Available at

    http://www.alnap.org/publications/eha\_dac/pdfs/eha\_2006.pdf [↑](#footnote-ref-13)
14. ‘A basic theory of change explains how a group of early and intermediate accomplishments sets the stage for producing long-range results. A more complete TOC articulates the assumptions about the process through which change will occur and specifies the ways in which all of the required early and intermediate outcomes related to achieving the desired long-term change will be brought about and documented as they occur.’ Adapted from Anderson, A. (2005). [↑](#footnote-ref-14)
15. Outcomes are defined as changes in the behaviour, relationships, activities, or actions of the people, groups and organizations with which a programme works directly. These can be logically linked to a programme’s activities, although they are not necessarily directly caused by them. ODI/RAPID, Strategy Development: Outcome Mapping, (January 2009) http://www.odi.org.uk/sites/odi.org.uk/files/odi-assets/publications-opinion-files/6385.pdf [↑](#footnote-ref-15)
16. As advised by Innovation Network, proving attribution can be costly and difficult. Instead, in the field of advocacy, understanding *contribution* yields useful information without alienating partners or unnecessarily depleting resources. Innovation Network, The Practical Guide to Advocacy Evaluation, available at http://www.innonet.org/client\_docs/File/advocacy/pathfinder\_evaluator\_web.pdf. This approach is also central to outcome mapping, which holds that a programme is not claiming the achievement of development impacts; rather, the focus is on the contributions to outcomes. These outcomes, in turn, enhance the possibility of development impacts – but the relationship is not necessarily a direct one of cause and effect. ODI/RAPID, Strategy Development: Outcome Mapping, (January 2009) http://www.odi.org.uk/sites/odi.org.uk/files/odi-assets/publications-opinion-files/6385.pdf [↑](#footnote-ref-16)
17. Those individuals, groups and organizations with which the programme interacts directly and with which the programme anticipates opportunities for influence. ODI/RAPID, Strategy Development: Outcome Mapping, (January 2009) http://www.odi.org.uk/sites/odi.org.uk/files/odi-assets/publications-opinion-files/6385.pdf [↑](#footnote-ref-17)
18. In November 2010, the IASC WG requested that Cluster Lead Agencies, HelpAge and interested partners to develop training materials, best practice guidelines, awareness raising and sensitization material, to support the operationalisation of the IASC Guidance on Older Persons. IASC, 78th IASC Working Group Meeting, Final Action Points and Conclusions (10-12 November 2010) [↑](#footnote-ref-18)
19. HAI/WWE Strategic Plan 2010-2015, July 2010 [↑](#footnote-ref-19)
20. Figure provided by HAI in final report to ECHO [↑](#footnote-ref-20)
21. HAI and IDMC, The Neglected Generation: The Impact of Displacement on Older People, (Jointly published by HelpAge International and the Internal Displacement Monitoring Centre, 2012) [↑](#footnote-ref-21)
22. HAI and HI (2012), A study of humanitarian financing for older people and people with disabilities, 2010–2011, (Published by HelpAge International, London and Handicap International, Lyon, February 2012) [↑](#footnote-ref-22)
23. Inter-cluster coordination is ‘ineffective in most cases and there is little integration of cross-cutting issues. (…) Multidimensional and cross-cutting issues are neglected in most assessments and are not sufficiently taken into account in the humanitarian response in the case study countries.’ Recommendations for improvement all focus on needs analysis as a critical step in the humanitarian programming cycle. Groupe URD and GPPI, Cluster Approach Evaluation 2: Synthesis Report (IASC Cluster Approach Evaluation, 2nd Phase April 2010) N.B. [↑](#footnote-ref-23)
24. IASC, 78th IASC Working Group Meeting, Final Action Points and Conclusions (10-12 November 2010) [↑](#footnote-ref-24)