# *STRENGTHENING SOCIAL PROTECTION TO PREVENT AND MITIGATE THE IMPACT OF HIV AND AIDS AND POVERTY IN SUB-SAHARAN AFRICA*
# MID-TERM EVALUATION

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## List of Abbreviations

| | |
|---|---|
| AIDS | Acquired Immune Deficiency Syndrome |
| APSP | Africa Platform for Social Protection |
| AU | African Union |
| CBO | Community Based Organization |
| CCABA | Coalition for Children Affected by HIV/AIDS |
| CHWs | Community Health Workers |
| CL | Community leaders |
| CSO | Civil Society Organization |
| EAC | East African Community |
| EWCARDC | East West and Central Regional Development Centre |
| FBO | Faith Based Organisations |
| HIV | Human Immunodeficiency Virus |
| IGA | Income Generating Activities |
| LGBT | Lesbian, gay, bisexual, and transgender |
| MDG | Millennium Development Goals |
| MEL | Monitoring, Evaluation and Learning |
| NDCs | Non Communicable Diseases |
| NGO | Nongovernmental Organization |
| NORAD | Norwegian Agency for Development Cooperation |
| OCMG | Older Citizens Monitoring Groups |
| OVCY | Orphans and Vulnerable Children Youth |
| PWD | Persons or people with disability |
| PWHA | People with HIV and AIDS |
| RIATT | Regional Interagency Technical Team |
| SADC | Southern Africa Development Community |
| SCAZ | Senior Citizens Association of Zambia |
| SP | Social Protection |
| THP | Traditional Health Practitioners |
| TPAZ | Traditional Health Practitioners Association of Zambia |
| UNAIDS | Joint United Nations Programme on HIV and AIDS |
| URAA | Uganda Reach the Aged Association |
| VCT | Voluntary Counselling and Testing |
| VSO-RAISA | Voluntary Services Organisations – Regional AIDS Initiative of Southern Africa |
| WHO | World Health Organization |
| ZANAPA | Zambia National Pensioners Association |

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# MID-TERM EVALUATION OF STRENGTHENING SOCIAL PROTECTION TO PREVENT AND MITIGATE THE IMPACT OF HIV AND AIDS AND POVERTY IN SUB-SAHARAN AFRICA ~ June 2013

## 1. EXECUTIVE SUMMARY

UNAIDS reports that since 2006 there has been a decline in HIV infections and AIDS related deaths in sub-Saharan Africa. This is a result of wider access to treatment, an increase in services to prevent new infections and an expanded coverage of HIV testing and treatment. Between 2009 – 2011 the number of newly infected children declined by 24%. Yet stigma and discrimination continue to impede effective HIV responses and the region is still the most heavily affected in the global HIV epidemic. In 2011 an estimated 23.5 million people residing in sub-Sahara represented 69% of the global burden, women are disproportionally impacted and account for 58% of all people living with HIV.[1]

The programme began in January 2011 and has an overall objective which is: '*Strengthening social protection to prevent and mitigate the impact of HIV and AIDS and poverty in sub-Saharan Africa'.*It is implemented by four organisations through a 'nesting' arrangement coordinated by HelpAge International East, West and Central Africa Regional Development Centre (EWCARDC) based in Nairobi. The others are the Africa Platform for Social Protection (APSP) that is also based in Nairobi. Another is a global lobbying organisation, the Coalition for Children Affected by HIV and AIDS (the Coalition) based in Toronto, Canada whose fiscal and legal agent is the Teresa group, and then the University College London, U.K. (UCL) that focuses on research. The programme targets Africa, where HelpAge focuses on Ethiopia, Tanzania, Kenya, Uganda, Mozambique and Zambia, APSP works in several African countries divided into regional disaggregation of AU (SADC, EAC, West Africa five countries in the East and Southern Africa Region) and UCL is currently working in Malawi and South Africa. The programme has four result areas:

i. *Universal access to HIV and AIDS services and Social Protection Mechanisms for vulnerable groups[2] is increased*

ii. *Regional and national level HIV and AIDS and social protection policies and related plans and budgets increasingly incorporate measures which addresses the needs of vulnerable groups*

iii. *Increased participation of civil society organisations (CSOs)[3] in the formulation, implementation and monitoring of national and regional HIV and AIDS and social protection policies and strategies*

iv. *Evidence on effective action (policy action with clearly earmarked resources) contributing to the achievement of universal HIV and AIDS and social protection*

[1] UNAIDS, sub-Saharan fact sheet, 2012.
[2] Vulnerable groups refer to older people, orphans, vulnerable children and youth, and people with disability.
[3] CSOs include national and regional NGOs, CBOs and FBOs.

The time-frame of the current programme is from January 2011 – December 2013. Now well into its implementation, the purpose of this mid-term evaluation is to assess the effects of the programme on the target population and policies and analyse its contribution towards the set objectives in relation to the changing political, economic, social scenarios. The midterm evaluation report will be used to guide the remaining implementation period as well as the development of future programming.[4]

The evaluation was conducted by two consultants. One whose task was to assess the effectiveness of the 'nesting' approach with regard to grants administration, building synergies and enhancing learning;and the other to assess progress against meeting programme objectives, how programme approaches have made impact and identify key challenges or gaps. Both consultants were asked to propose recommendations in going forward, and their respective recommendations correlated.

A framework of questions was agreed and a total of 29 people interviewed for the evaluation. In addition, one of the consultants attended a HelpAge, APSP and programme partner's workshop at the end of April 2013 that provided a valuable learning opportunity to hear first-hand experience of successes and challenges of programme implementation. In addition a literature review of programme documents, policy documents and research study reports informed the evaluation.

The evaluation found that the programme is doing well in achieving its overall objective and targets. A rigorous results framework has been developed supported by a data collection system that is updated on a quarterly basis.

The definition of 'vulnerable groups' is broad and includes older persons, people with disabilities (PWD) and orphans, vulnerable children and youth (OVC&Y),as a result there are some challenges of clearly demonstrating results and the impact of the programme on *all* target groups for Monitoring Evaluation and learning ( MEL) purposes. A possibility could be that one country be selected for this result area one, with reliable baseline indicators to focus on vulnerable group for example OVC&Y or older persons at national level disaggregated by age and gender, which would facilitate capturing impact results, planning and monitoring more effectively. Including vulnerable groups as a baseline for other result areas is considered to be manageable from an MEL perspective.

The evaluation found that the nesting arrangement is a good concept and is workable, as long as all of the organizations in the nest are clear about the nature of relationships, roles and responsibilities, lines of communication and there is agreement regarding how to leverage each other's expertise. For the nest to work there must be 'something' that all organisations have in common. And even then, because the nest is made up of human beings there will be challenges along the way. If there is an agreed process in place from the development of the programme proposal that has all key shareholders involved, ironing out the bumps can be done as they are managed in an atmosphere of trust, goodwill and team spirit.

Gender inequality was found to be a gap in the programme and needs to be mainstreamed more effectively as it is currently addressed in an ad hoc manner across the programme. There are significant links between internal organisational gender capacity and external

[4]Terms of Reference for mid-term evaluation can be found in the appendix.

development practice, so that a helpful starting point would be to conduct a gender analysis and skills audit across the programme, as well as to explore how and what gender disaggregated data is telling us for future planning purposes. It is expected that the UCL cohort study findings will make a significant contribution in this regard.

Now just entering its third year, there is strong evidence that the programme partners have now 'taken off' in terms of implementing global, regional and country level activities that are making a significant contribution to achieving all four results areas and the overall objective. This is evidenced through country level partner's activities, regional level engagement by the APSP and at global level lobbying and advocacy and research by the UCL and Coalition partners working to influence policy and programme design and implementation. A combination of approaches of lobbying and advocacy, capacity building and research have been adopted in this process with a broad range of activities at different levels, involving multiple partners working in different ways as follows.

*Lobbying and advocacy:* The collaborative approach to lobbying and advocacy between HelpAge EWCARDC, the APSP, and regional CSOs: Regional Interagency Technical Team (RIATT), and Voluntary Services Overseas (VSO), Regional AIDS Initiative of Southern Africa has provided opportunities to expand national coalition building activities in 21 African countries and regional bodies of Southern Africa Development Community (SADC), the East Africa Community and African Union. As a result social protection mechanisms and the needs of vulnerable groups have been incorporated into SADC regional and national HIV and AIDS and poverty reduction strategic plans, specifically Kenya, Uganda and Ethiopia.

As national governments seek to address the needs of vulnerable and poor populations through social protection mechanisms, the need to transform stand–alone programmes into national systems is becoming more urgent. So that continued lobbying with regional bodies and target countries will be required in the coming years.

At a global level the Coalition has made impact by leveraging high level donor and government players to include the needs of OVCY in policies and programmes. The strategy of positioning a champion of children's rights within the Global Fund to fight AIDS, TB and Malaria provided important lessons about the complexity of grant making and highlighted the role of UNICEF as being the most appropriate player to promote children's needs at global and country level mechanisms.

Access to social protection mechanisms for older persons that include income generation activities has been enabled and there is evidence of improved household security. In Ethiopia, promoting a collective approach to manage cash grants and small loans, together with providing training in small business management has resulted in a significant contribution to sustainable poverty reduction among beneficiaries. This model offers a good example for replication elsewhere.

*Capacity building*with a participatory approach to learning has happened jointly with the provision of technical support by HelpAge EWCARDC and APSP with the older persons associations, country level partners and national platforms in programme target and other countries. This is reported to have enabled them to develop and grow significantly in terms of organisational development. A solid base has now been set and partners indicate that

they are ready to consolidate and build on this learning, by scaling up and expanding their outreach.

The issue of realising rights and strengthening the 'voices' of women, vulnerable groups that include orphans, vulnerable children and youth and people with disability, will require continued support for years to come. Therefore it will be important to continue to build capacity of Older Citizens Monitoring Groups (OCMGs) for example as highly strategic role-players.

*Research* studies carried out by the APSP and HelpAge, together with the current cohort study being carried out by UCL and the promotion of research at a global level by the Coalition, are complementary to the lobbying and advocacy work of HelpAge and the APSP at regional level and that of country partners, but this area could be strengthened through improving mutual learning opportunities.

Additional information from the cohort study Baseline data from approximately 2,000 participants (1002 children and 1007 care-givers) in South Africa and Malawi has been gathered, allowing for preliminary cross sectional insights with national and International data being accepted at numerous conferences to date. Establishing a longitudinal cohort means that it will be possible to continue tracking the children as they enter adolescence, which is largely 'unmarked territory' and will have major significance in terms of social protection planning and programming in future.

The Coalition's 'core business' is to gather evidence on effective action and to transmit that to key policy-makers in civil society, government, multi-laterals and others at a global level.This is done by drawing onexperts and key role-players from international bodies, academia, funders, policy makers and community representatives at meetings, and then disseminating papers, presentations and peer-reviewed journals.

Thus the programme is well on target in meeting agreed deliverables for current completion date of December 2013. However, more time is needed to build on existing successes by expanding the reach of social protection and age appropriate HIV and AIDS programmes in the target countries.

***RECOMMENDATIONS:***

- It is recommendedthat a strategy be planned to improve the effectiveness of how evidence based research collected at community level informs lobbying and advocacy and policy development at national, regional and global levels. The Coalition and UCL could play a role in strategic planning and building this capacity.
- Opportunities for mutual learning should be strengthened by factoring in costs for the 'nesting partners' meeting to coincide with MEL meetings of country and regional partners. This would contribute to greater synergy between the work of the 'nesting partners' and country partners, as well as building stronger coherence across the programme.
- In addition, for the 'nesting partners' specifically, an end of programme/beginning of next phase a workshop should be held in which agreement is reached regarding how to implement the evaluation recommendations, shared organisational values, dealing with conflict resolution and how these are demonstrated in the programme culture

through different management styles (across organizations and within organizations) and how to complement each other better.

- They should also revisit the MEL framework result areas and their indicators to check whether they are still appropriate and measurable, and sufficiently reflect the extensive activities that *all* the partners are engaged in.
- For result area one, narrow the focus of a baseline indicator to *foe example 'number of older persons or OVCY reporting increased access to HIV and AIDS prevention, treatment, care and support services and social protection mechanisms'.*
- Because gender is a current gap in the programme, a gender analysis and capacity audit of all programme partners should be conducted, that should be followed by mainstreaming training. In addition, specific targeted interventions that aim to reduce gender based violence and inequality should be agreed and measured. Adult literacy is an example of this.
- The programme management, monitoring and oversight needs are extensive and large and are being conducted by highly committed staff of all partners. Before entering a further phase it is recommended that a *human resources review* be carried out to ascertain the gaps and need for additional staff.

In summary, a challenge for the consultants in writing this report has been keeping to required conciseness and ensuring that the approaches, broad activities and range of programme partners are captured fully, in order to do justice to all the programme partners and HelpAge EWCARDC, in its coordination and programme management role. Finally, it is highly recommended that Sweden and NORAD continue to support the significant achievements in its relatively short life and enable partners to build on the current strengths of this important and innovative programme.

## 2. Scope and objectives of mid-term evaluation

The programme time-frame is from January 2011 – December 2013. Now two years into implementation, the scope and objectives[5] of the mid-term evaluation are to:

i. Assess the extent to which the methods and approaches employed in the programme are effectively providing guidance to achieving the results and overall programme objective
ii. Assess the effectiveness of the 'nesting' approach in grants administration, building synergies and enhancing learning
iii. Establish how issues of human rights, older persons, gender, persons with disabilities and children are being addressed by the programme and effects of the programme on these populations
iv. Assess the extent to which the programme contributes to the Sweden Strategy for HIV in Africa
v. Identify emerging good practices or models in the programme that can be documented and showcased for possible scale up and replication
vi. Assess the value for money principle in ensuring that the grant is maximised to improve the quality of life of vulnerable groups.

[5]Terms of Reference for mid-term evaluation to be found in appendix

It is expected that recommendations arising from the evaluation findings may contribute to some adjustments in the programme in consultation with Sweden/NORAD and programme partners.

## 3. Background of the programme

3.1 As of 2010, 36 million older personsaged 65 years and over accounted for 3.6% of the total of Africa's population.In many countries in Africa, the proportion of older persons will be close to that of industrialized countries by 2030 and 2050 according to the Africa Development Bank.

A recent HelpAge policy audit[6] found that despite the global attention being paid to the epidemic of infection with the human immunodeficiency virus (HIV), the study of infection rates among older adults in sub-Saharan Africa has been a neglected area.For example, UNAIDS and other prominent sources of data, report prevalence rates for those aged 15–49 years, and the indicators used by the United Nations General Assembly Special Session (UNGASS) focus predominantly on the same age group. The burden of disease among those aged ≥ 50 years is almost always ignored and this represents a significant blind spot in the global response to the epidemic of HIV infection and AIDS.

The following table provides percentage of HIV infection amongst different age groups in six sub-Saharan countries.

**Table 1: Infection with the HIV among adults aged ≥ 50 years (older adults) and people aged 15–49 years insub-Saharan Africa 2007[7]**

| | Older adults who are HIV+ | | People aged 15–49 who are HIV+ | | People aged ≥ 15 who are HIV+ | HIV+ older adults as a percentage of all HIV+ people aged ≥ 15 |
|---|---|---|---|---|---|---|
| **Country** | **No** | **%** | **No** | **%** | **No** | **%** |
| **Ethiopia** | 157 700 | 2.1 | 732,300 | 2.1 | 890 000 | 17.7 |
| **Kenya** | 169 100 | 5.6 | 1,430,900 | 7.8 | 1 600 000 | 10.6 |
| **Mozambique** | 228 500 | 11.2 | 1,171,500 | 12.5 | 1 400 000 | 16.3 |
| **Uganda** | 150 100 | 6.8 | 659,900 | 5.4 | 810 000 | 18.5 |
| **Tanzania** | 199 200 | 5.4 | 1,100,800 | 6.2 | 1 300 000 | 15.3 |
| **Zambia** | 200 000 | 18.6 | 780,000 | 15.2 | 980 000 | 20.4 |

Gender inequality and poverty are particular drivers of HIV and AIDS and girls and women make up the highest prevalent group. Statistics of gender based violence (GBV) are alarmingly high in sub-Saharan Africa and girls are particularly at risk of sexual abuse and

[6] Ibid.
[7] Policy audit Social Protection and HIV and AIDS, to prevent and mitigate the impact of HIV and AIDS and poverty in Eastern and Southern Africa, October 2012.

HIV infection from transactional and intergenerational sex with older men, and there are increased reports of gang rapes of older women in the region.

Sustainable livelihoods and social protection have taken on a new urgency as HIV and AIDS interact with other drivers of poverty to simultaneously destabilize livelihoods systems, family and community safety mechanisms. A new focus on the vulnerability of families, and threats to the human capital of children with lifelong and intergenerational consequences, has accelerated international, regional, and national commitments to improved social protection programmes in heavily AIDS affected countries in sub-Saharan Africa.

Social protection is generally defined as a collection of measures aimed at reducing the economic and social vulnerability of all people, and strengthening the rights of the poor and marginalized. Whilst there are a number of different definitions of social protection, most actors agree that it "… is a set of transfers and services that help individuals and households confront risk and adversity (including emergencies) and ensure a minimum standard of dignity and well-being throughout the lifecycle" (joint statement of HelpAge and UNICEF, 'Hope and homes for children' IDS, 2008). There are a wide range of approaches for providing comprehensive social protection as identified in the policy audit carried out for this programme.

**Table 2: Overview of the different instruments used for social protection[8]**

| Component of Social Protection | Examples of instruments used |
|---|---|
| **Social insurance programmes- Financed by contributions and based on insurance principles** | Retirement pensions<br>Long-term disability pension |
| **Social Assistance and welfare programmes Non-contributory, tax-financed benefits in cash or kind.** | Child welfare grants<br>Old age pensions<br>Disability grants |
| **Social assistance to the vulnerable for protection and mitigation.** | • Cash transfers<br>• Food transfers<br>• Social services<br>• Old age grant: Targeted to persons with disability, older persons, children, orphans, persons affected by HIV/AIDS. |
| **Promotive and transformational aimed at building capabilities** | • Health assistance-reduced fees, provision of free health services.<br>• Free primary and secondary education<br>• School feeding schemes<br>• Scholarships and fee waivers<br>• Child support grant<br>• Water and sanitation<br>• Access to basic housing |
| **Labour market programs** | • Public works programs<br>• Small business/enterprise development<br>• Micro-finance<br>• Skills training |

[8] Ibid.

### *3.2 The role of social protection in supporting the vulnerable groups to universal access to HIV and AIDS services*

An individual's risk of HIV infection depends on many factors including poverty, which may push individuals and families to adopt negative coping strategies such as transactional sex, particularly for women and girls. Poverty can lead families to remove their children from school, particularly girls, which reduces their access to education, including HIV education and life skills, and heightens their risk of early marriage or sexual exploitation thus increasing their exposure to HIV. People with disability (PWD) are potentially at significant increased risk as there are a disproportionate number of people with disabilities living in poverty, and levels of stigma and lack of strong policy frameworks means they often have limited access to knowledge on how to prevent risk.

The gender dimensions of social protection are still poorly considered. Whilst policy makers and programmers alike have long recognised women's greater susceptibility to poverty and inequality, and the increased challenges faced by women in most vulnerable groups: older women, female OVC and disabled girls and women, there is still limited attention in how to improve women's access to social protection within these different target groups. However, there is evidence that micro-savings schemes and cash transfer programmes focusing on elderly women and female OVC has long term benefits on the whole family in terms of food security and access to education and healthcare.

Universal access is a global commitment to scale up access to HIV treatment, prevention, care and support. The movement, enshrined in the 2006 UN Political Declaration, is led by countries worldwide with support from UNAIDS and other development partners including civil society.While an ambitious and desirable goal that measures three dimensions of key health sector interventions: *availability, coverage and impact,* it is a concrete process driven by countries with organised national consultation meetings to identify critical obstacles to scaling up and to plan measures to address them.

The UNAIDS' Expanded Business Case: Enhancing Social Protection[9] clarifies the relationship between social protection and improving universal access to HIV and AIDS services. UNAIDS proposes that social protection measures are HIV-sensitive when they include people who are either at risk of HIV infection or susceptible to the consequences of HIV and AIDS. Most social protection interventions are understood to work at three levels: protection from destitution, prevention of drop in well-being and promotion of opportunities.

Effective social protection programmes can provide means to generate income and to build assets which help the vulnerable group to graduate from poverty. There is some debate as to whether *livelihoods promotion* should be considered a social protection measure, which its advocates argue fulfil the broad goal of social protection of transformative actions. The focus of livelihoods promotion related to social protection include income generating activities, micro-credit and some public work schemes (i.e. work for food initiatives). There are also income generation initiatives where livestock such as goats are introduced to the household for reproduction and selling purposes.

[9]UNAIDS Expanded Business Case: Enhancing social protection, May 2010.

The APSP annual programme progress report, April 2013 notes that '*As national governments seek to address the needs of the vulnerable and poor populations through Social Protection programmes, the need to transform stand–alone programmes into national systems is gaining momentum. Multiple single programmes have been characterized by a lack of harmony, poor coordination, and weak accountability mechanisms. A single system rather than multiple programmes offer great advantages in maximizing both financial and human resources for effective and efficient service delivery of Social Protection programmes'*[10]

### 3.3 HIV and older persons, people with disability (PWD) and orphaned, vulnerable children and youth (OVCY).

*Older persons:* The UN's definition of older persons is age 60 and above, yet HelpAge has takenthe context of HIV and AIDS in sub-Saharan African into account and uses the definition 50 years and above. 'The rationale is that the majority of African women and men are grandparents by age 50 and represent a major group of caregivers of children orphaned by AIDS and family members who are living with HIV and AIDS. These older care-givers and those under their care need to be prioritised in HIV-sensitive social protection programmes and home-based care services.'[11]As mentioned, HIV and AIDS prevalence and services data is focused on the 15 – 49 age group which has been a major obstacle in Knowing One's Epidemic (KOE) for the 50+ age group, and developing evidence-based programmes to address impact of HIV and AIDS on older persons, their needs and those under their care.

Many older persons who are HIV positive have lived to be older because of access to treatment but still bear the bulk of care and support services to OVCY. An inter-generational relationship study conducted by HelpAge and RIATT[12] in 2011 found that the main challenges facing older persons and children in their care are related to food insecurity, lack of income and poverty, as well as meeting the educational and psycho-social needs of children. In addition, distances to health services can prohibit their knowledge and uptake of HIV prevention and treatment initiatives and there is still poor household knowledge about health care for age related health and non-communicable diseases (NCDs) such as arthritis, cataracts, prostate cancer and high blood pressure, which means that inequalities are still significant for older persons.

It is estimated that 80% of older persons seek advice and treatment from traditional health practitioners (THPs) as a first point of call. However, THPs mostly work alone and their practices have largely gone unmonitored, thereby increasing the risk of infection if equipment is not sterilised, for example. By recognising the major role that THPs play, HelpAge has taken the strategic initiative to provide training for improved practice, as well as building capacity support to form associations in order to develop stronger links between traditional and conventional medicine. A referral system is being discussed by governments in Zambia and Uganda to aid quicker access to services and builds complementarities between the THP and Ministry of Health. In addition a code of ethics is being discussed to

[10] The Orphans and Vulnerable Children Cash Transfer (OVC –CT), Hunger Safety Net Programme (HSNP), Older Persons Cash Transfer (OPCT), Cash Transfer for People with Severe Disabilities and the Urban Food Subsidy Programme.
[11] HelpAge policy brief – Data disaggregation November 2012
[12] Intergenerational relationships research study, RIATT 2011

help THPs set some standards and guidelines of conducting their business and protect the public from 'quacks' who claim to have a cure for all diseases including HIV.

*PWD:* The area of disability is characterised by lack of harmony in agreeing definition and classification in national surveys, which has made it difficult to compare disability prevalence from one country to another. Data recording is often overlooked and missed especially for people with sensory and intellectual impairments, as well as those with mental health problems. Reasons for these groups being left out can be attributed to fear of stigma from household members, lack of knowledge and capacities of data collectors to differentiate between the different types of impairments and lack of prioritization. At the national level, national disability prevalence data greatly vary for these reasons and shortcomings.

Social protection programmes based on human rights principles can improve the 'visibility ' of PWD by ensuring they are included in targeting for cash and food transfers, disability grants, micro-lending and specialised interest to improve their access to health, education and social welfare services as well as opportunities for employment and income generation. Social protection mechanisms therefore need to respond to additional needs of people with a disability (PWD) as well as addressing poverty and livelihoods.

*OVCY:* The severity of poverty and impact of HIV and AIDS pandemic has seen a massive increase in the number of OVCY in the SADC region. According to estimates by UNICEF and UNAIDS, there were approximately 16, 808,000 orphans aged below 18 years.[13] HIV and AIDS have compounded the already existing acute vulnerabilities of children and youth, and reversed human development gains scored in the past few decades. The distribution of AIDS orphans varies from country to country as depicted below.

**Table 3: Estimated number of orphans in SADC by selected countries[14]**

| Country | Country Total # of orphans | % of children who are orphans | # of orphans due to AIDS | Children orphaned by AIDS as a % of all orphans |
|---|---|---|---|---|
| **Mozambique** | 1,500,000 | 15 | 510,000 | 34 |
| **Tanzania** | 2,400,000 | 12 | 1,100,000 | 44 |
| **Zambia** | 1,200,000 | 20 | 710,000 | 57 |
| **Swaziland** | 95,000 | 17 | 63,000 | 66 |
| **Zimbabwe** | 1,400,000 | 21 | 1,100,000 | 77 |
| **South Africa** | 2,500,000 | 13 | 1,200,000 | 49 |

The SADC strategic framework notes that these figures are a gross underestimate of the total number of all OVCYin the region, largely because these groups often go unnoticed making their numbers moredifficult to quantify. Weak and inadequate data collection systems as well as lack of consistentdefinitions of vulnerable children and youth between member states has resulted in theunavailability of reliable data and information about other vulnerable children and youth. In theabsence of quality care and treatment for HIV and AIDS for their care-givers only about 20% of affected children receivesome form of support beyond what is provided within the household.

[13]SADC Strategic framework and programme of action for OVCY 2009 – 2015.
[14]Ibid.

- *HIV-sensitivesocial protection* and not *HIV-specific programming*is needed. Improved understanding of vulnerability is essential to programming for children affected by HIV and, in particular, being an orphan is not consistently a useful predictor of vulnerability. Issues such as poverty, conflict, child protection violations must be taken into account and the response must fit the type(s) of social and economic vulnerability, recognise what makes households vulnerable and recognise that boys and girls of different age face different challenges. Therefore OVCY can benefit from social transfer programmes such as cash and food transfers, school feeding programmes, educational support programmes (to cover school fees and school uniforms), that have all been successfully used to ensure access to their right to an education.
- *Family-centred approaches* mean working not just with individual 'orphans' but the whole family and community, for example addressing household income poverty, or providing community-based support for parenting of vulnerable children.

There is a challenge of long-term sustainability of delivery of comprehensive social protection programmes in countriesthat are still largely dependent on multi-lateral support. So that reliance on external assistance as opposed to sustainable and adequate government funding may be a reality for some years to come. The APSP has engaged with the World Bank on this issue and been a significant role-player in lobbying for the inclusion and implementation of social protection in poverty reduction, health and social development policies of West, East and Southern African countries.

## 4. Approach and methodology of consultants

Two consultants were contracted to separately conduct the mid-term evaluation. Eloise Burke is an organisational development specialist who used an 'appreciative enquiry' approach for evaluating'*the nesting arrangement'.* The aim is to contribute to Sweden's understanding of how organizations work best in a nest, as well as providing an opportunity for participating organisations to reflect on their contribution to how the arrangement worked and lessons learned as to whether the model can be replicated for delivery of other international development programmes.

The other consultant, Sherry McLean, takes a participatory approach to social development.Her task was to ascertain how the combined programme approaches have worked to achieve overall objectives and their impact, as well as to identify gaps and propose recommendations for a possible future programme.

This report incorporates a summary of the findings of the 'nesting' arrangement study conducted and merged the findings of both consultants,which although conducted separately have very similar findings.

4.1 An initial literature review of relevant documents was conducted, (see list of documents in appendix A) of social protection policy documents, different country context reports, programme proposal and progress reports.

4.2 A framework of open ended questions was agreed in consultation with the reference group to ensure that the objectives and scope of the mid-term evaluation were covered. In addition a workplan was agreed between the programme coordinator and consultants.

4.3 A list of key informants was identified and a schedule of interviews drawn up. Face to face, telephonic, email correspondence and focus group discussions were held. In total 29 people were interviewed. (A list of names of people interviewed to be found in appendix B)

4.4 One of the consultants travelled to Nairobi and met with HelpAge and APSP programme staff and attended three days of the Mid Term Evaluation Monitoring, Evaluation and Learning (MEL), Annual review and planning Workshop on 28th,29thand 30thApril, 2013. This provided an opportunity to listen to presentations and discussions and meet with HelpAge country office staff and partners from Tanzania, Uganda, Ethiopia, Mozambique, Zambia, Zimbabwe and South Africa.

A constraint of the evaluation was not having sufficient time to conduct a field visit to meet beneficiaries in person. Therefore a weakness of the evaluation has been establishing the effects of the programme on vulnerable groups as stipulated in point iii) of the ToR.

Thechallenge for the consultant in writing this report has been keeping to required conciseness and ensuring that the approaches, broad activities and range of programme partners are captured fully, in order to do justice to all the programme partner's and HelpAge EWCARDC, in its coordination and programme management role.

The following section of the report describes the aims and expected results of the programme. This is followed by a description of how the nesting arrangement and combined programme approaches of lobbying and advocacy, capacity building and evidence based research have contributed to each of the four result areas incorporating 'value for money' indicators:*efficiency, relevance, effectiveness, sustainability and impact.*

In addition, the report will describe how the programme has incorporated gender, human rights, and the extent of its alignment with the Sweden HIV and AIDS strategy as well as to provide case study examples of good practice.

The final section will provide a summary of findings and suggested recommendations for adjustments for consideration for the future.

## 5. Role of the four organisations in the nesting approach.

5.1 Since 2006 HelpAge EWCARDC and Sweden have established a relationship which encourages mutual respect and cooperation in the implementation of developmental programmes in Africa.

In 2010 Sweden and HelpAge EWCARDC were in the final stages of completing negotiations for a new HIV and AIDS programme scheduled to begin in 2011. While this was underway, Sweden was experiencing changes which resulted in restructuring leading to a reduction and reallocation of staff and consequently how grants would be administered and managed. The restructuring did not allow for signing of grants with new organizations, which

in this case included APSP, the Coalition and UCL who were also in the process of applying or were in discussions with Sweden for HIV and AIDS related programme grants.

Sweden saw this as an opportunity to respond to all three organizations through one grant instead of three different grants which was no longer possible with the restructuring. As a result UCL, APSP and the Coalition were informed by Sweden that their programmes would be funded through sub-grants from HelpAgeEWCARDC, which meant that theynow assumeda donor role. This was the first nesting agreement of its kind that Sweden was entering into under its restructuring.

Sweden's Memorandum of Understanding described the arrangement as follows:"The nesting between EWCARDC and CCABA and APSP is set up as a mutual collaborative effort to enhance the synergies between the organisations. The common denominator is the *aim to reduce the vulnerability of disadvantaged groups including children, older persons, people with disabilities and other labour constrained groups to HIV and poverty and mitigate the effects of the epidemic.* It is also set up to enable CCABA, APSP and the University College of London to receive funding from the Team, since smaller new contributions cannot be initiated. EWCARDC will channel funds received from Sweden to APSP, CCABA and UCL and monitoring its effective utilization, receive regular monthly accounts, conduct spot checks and annual regular audits."

*'A nest should not be about convenience, there must be a willingness to be there and to learn from each other as equal partners'*

*'Nesting is a good idea. It is how we get there that is important'.*

*'There needs to be a feeling of inclusion as a shareholder through the sharing of each other's agenda and therefore how we*

## 5.2 Role of the four organisations.

**5.2.1 HelpAge International** (HelpAge) is a network of smaller and larger non-profit organisations working globally with disadvantaged older persons to achieve a lasting improvement in their lives. HelpAge lobbies and advocates for improved rights of older persons to economic and physical security, health care and social services and support in their care-giving role across generations. In Africa there are 33 partners and affiliates of the network.

HelpAge East West and Central Africa Regional Development Centre (EWCARDC) is based in Nairobi and has been building links between risks and vulnerabilities caused by HIV and AIDS and the impact on older persons and children in their care for orphans and other vulnerable children. The role of HelpAge is to coordinate and manage the programme through grant-making, monitoring, evaluation and learning (MEL) as well as engaging in lobbying and advocacy, capacity building and research.

**5.2.2 The Africa Platform for Social Protection (APSP)** is a network of organizations operating at grassroots, national and regional levels, with a commitment to promoting and strengthening the social contract between states and citizens. To date the APSP has

supported the establishment of National Platforms of civil society organization in 21 out of 30 countries that participate in the APSP activities in Africa.[15] Specifically the APSP:

- Organises advocacy campaigns; training in advocacy and policy engagement skills; social protection; peer exchange and learning events at the country and regional levels to create awareness and facilitate capacity building activities of National Platforms
- Builds national coalitions of civil society organizations with representation from the grassroots to the national levels to facilitate engagement with governments and demand for Social Protection services from the grassroots
- Facilitates advocacy approaches based on a common voice
- Facilitates coordination and information sharing among actors in the SP sector
- Promotes the development and implementation of Social Protection policies and programmes by African governments, the African Union, the Regional Economic Commissions through organizing lobbying activities, carrying out research, gathering and disseminating information on Social Protection.

The APSP also works with national platforms to effectively engage governments in the formulation and implementation of social protection policies, strategies and programmes in Africa. National platforms are made up of civil society organizations operating at the national and community levels, are independent and registered in their countries and come together to form groupings to'push' the social protection agenda forward. Members of the platforms include organizations working with children, older persons, PWD, PWHA, women, youth and other vulnerable groups to highlight barriers in accessing social protection, including gender.

**5.2.3The Coalition** (formerly known as Children's Coalition Affected by AIDS) is a lobbying and advocacy group based in Canada, and works at a global level to find the best evidence and communicate it to the most influential experts and policy makers in order to increase universal access to HIV and AIDS for children and their families affected by AIDS.

Established in 2005, the Coalition is an independent collaboration of well-connected experts and membership is a collective of funders, supported by technical experts. While membership is not open, each member maintains connections to a broad list of organizations whose goals converge with theirs.

The website informs us that the Coalition "*believes that children need to be made a higher priority in the international response to HIV and AIDS. The Coalition brings funders and technical experts together to advocate for the best policy, research, and programs for children because children are a vulnerable population that has too often been overlooked. We move innovative ideas into action in order to increase the visibility of children and enhance services to them. The result of our work is the creation of sustainable systems that nurture children, their families, and communities, enabling them to thrive."*[16]

5.2.3 The aim of the **University College London** (UCL) Research Department of Infection and Population Health is to reduce the population impacts of infection, and to promote

[15] Kenya, Uganda, Tanzania, South Sudan, Rwanda, Ethiopia, Zambia, Malawi, South Africa, Lesotho, Swaziland, Namibia, Mozambique, Ghana, Sierra Leone, Niger, Senegal, Burkina Faso, Gambia, Central African republic and Democratic Republic of Congo

[16] www.ccaba.org

individual health by means of the prevention and treatment of communicable disease. UCL works locally, nationally and internationally to realize this goal. The Department is made up of four research groups - the Centre for Infectious Disease Epidemiology, Health Psychology and Social Sciences group, HIV Clinical Epidemiology and Biostatistics Group and the Centre for Sexual Health & HIV Research.

The role of UCL in the programme is that it iscurrently conducting a cohort study with Stellenbosch University in South Africa, to measure the wellbeing of children and care-givers attending community based organisations. The study is a unique contribution to the endeavour to provide an evidence base and capture the psychosocial effects of HIV and AIDS on children and families and explore the effects of CBO's on these, through correlational data at baseline, comparisons between various groups according to factors such as child factors, CBO typologies or carer variables.

The psychosocial outcomes in children will be monitored and follow up data will provide insight into the effects of interventions by community-based organizations over time. Data is collected using innovative cell phone technology and the baseline is completed and follow up data is collection is under way. The study will also provide a potential platform for longer term follow up. Data from the first 1000 child/care-giver pairs has been presented at 5 conferences to date and will provide a rich source of on-going understanding.

Semi-annual meetings are held with the programme 'nesting partners' and Sweden and annual MEL meetings held with HelpAge country staff, APSP and other country implementing partners.

# 6. Key findings.

The following section of the report addresses the objectives as outlined in the Terms of Reference for the mid-term evaluation.

At the outset it is acknowledged that this is an extensive, ambitious programme with multiple components. It includes research, lobbying and advocacy, capacity development and policy development at global, country and regional levels. In addition to the West, East and Southern Africa where programme partners work, there are no less than 5 target countries, as well as South Africa and Zimbabwe. The programme has links with the East African Community (EAC) and Southern Africa Development Communities (SADC), as well as global high level policy formation structures.

## 6.1 Aims and objectives of the programme.

The programme has an overall objective which is: '*Strengthening social protection to prevent and mitigate the impact of HIV and AIDS and poverty in sub-Saharan Africa'*.

The goal of the programme is '*to contribute towards equitable and sustainable development of vulnerable groups in sub-Saharan Africa*'[17] and its aim is to demonstrate how social protection programmes can provide effective ways of realising the rights of vulnerable people to universal access HIV and AIDS prevention, care and support, and treatment.

The table below describes each result area with indicators.

[17]Logic model for the programme, revised November 2012.

**Table 4: MEL results framework**

| *Result area* | *Indicators* |
|---|---|
| **Increased access to HIV and AIDS services and Social Protection Mechanisms for Vulnerable groups** | • No. of vulnerable people reporting increased access to HIV and AIDS prevention, treatment, care and support services and social protection (SP) mechanisms<br>• No. of vulnerable people reporting increased access to SP mechanisms<br>• No. of SP mechanisms in targeted countries initiated and implemented |
| **Regional and National level HIV&AIDS and SP policies and related [policies] plans and budgets increasingly incorporate measures which address the needs of vulnerable groups** | • No. of regional and national bodies with SP policy frameworks and strategies with concrete resources allocation<br>• No. of countries and regional bodies that have HIV policy frameworks and strategies that recognise and address the needs of older persons and their dependents |
| **Increased participation of Civil Society organisations in the formulation, implementation and monitoring of National and Regional HIV and AIDS and Social Protection policies and strategies** | • No. of countries and regional bodies actively involving civil society organisations/groups in HIV andAIDS and SP policy formulation, implementation and monitoring<br>• No. of advocacy events/forums organised by CSOs to demand improved social protection, policy inclusion and implementation, resource/budgetary allocation and HIV&AIDS service delivery<br>• No. of CSOs actively involved in local, national, and regional activities to improve access to HIV and AIDS services and SP mechanisms<br>• No. of national platforms formed/strengthened and actively contributing to development of SP policies, design and implementation of social protection programmes<br>• No. of HIV and AIDS and SP national policies and strategies reviewed based on advocacy campaigns spearheaded by OCMG and advocacy groups |
| **Improved shared learning on effective action contributing to the achievement of universal HIV&AIDS and SP services and evidence/result based management** | • No. of innovative small research programmes undertaken that address SP and HIV and AIDS<br>• No. of countries with HIV data that is disaggregated by age and sex used to inform policy and programme development<br>• No. of HIV&AIDS and SP policy documents (briefs and statements) used to inform policy dialogue and change at national and regional level |

It is expected that these results will be achieved through a combination of approaches. Firstly, by linking grassroots service delivery to vulnerable groups with national and regional level policy processes, through *lobbying and advocacy.* Secondly, by *building capacity* of CSOs to engage in social protection policy dialogue and their engagement in the design and implementation of social protection programmes. Thirdly, to *strengthen evidence based research* to inform policy action, and networking and learning among civil society, government, research and academic institutions.

All four 'nesting' partners have different target groups and objectives that contribute to these results areas. The target group for HelpAge is older persons and their needs which constitute the organisation's 'core business'. The APSP has a broad focus that advocates for social protection of *all* those in need and includes the unemployed, older persons, PWD etc., whereas the UCL and the Coalition focus on the psycho-social and other needs of OVCY.

Sweden and Norwegian Agency for Development Cooperation (NORAD) have been valued programme partners of HelpAge and the nested institutions for some years and are the key partners for this programme.

## 6.2 Programme Management

A dedicated staff of HelpAge EWCARDC based in Nairobi provide coordination, grant-making, monitoring and evaluation, and overall management support and oversight of the programme both at country and regional levels.

HelpAge offices in Ethiopia, Tanzania and Mozambique coordinate with government and a range of partners at country level, while partners in Uganda, Zambia, and South Africa and Zimbabwe link directly with the HelpAge Programme team in Nairobi. These are: Senior Citizens Association of Zambia (SCAZ), Traditional health practitioners Association of Zambia (THAZ), Uganda Reach the Aged Association (URAA), Zimbabwe National Traditional Healers Association (ZENATHA), HelpAge Zimbabwe and Muthande Society for the Aged (MUSA) in South Africa.

On-going communication and regular monitoring visits are conducted by HelpAge programme staff with country level partners as well as coordinating annual Monitoring, Evaluation and Learning (MEL) regional meetings that have been attended by HelpAge and APSP staff and partners. In addition there is a rigorous MEL results framework and data collection system that is overseen by the HelpAge team and used for overall programme management purposes.HelpAge coordinate nesting partners reports and in this way provide comprehensive six monthly and annual progress reports to Sweden which describe progress against all four result areas in detail.

### 6.2.1 *Financial procedures, grant making– economy and efficiency*

The consultant did not carry out a financial analysis of budget versus expenditure in relation to programme results and management. Should Sweden require this aspect of value for money, it is recommended that another study be commissioned by a consultant with this expertise.

A reported challenge in the programme by partners was disbursement of funds during year two which had very seriously implications for implementation of programme outputs. This was an issue referred to by several implementing partners. In particular it badly affected progress in rolling out the UCL cohort study, when the contract date was changed from January to April 2012, and the first tranche was only received four months later in August 2012.

At the September 2012 MEL annual meeting held in Nairobi partners were asked to rate the organisation on the following:

| Funds disbursement by | Excellent | Very good | Good | Fair | Poor | Very poor |
|---|---|---|---|---|---|---|
| Nairobi to partners | 9% | 18% | 27% | 27% | 18% | 0% |
| Nairobi to HelpAge country offices and then to partners | 0% | 27% | 27% | 27% | 18% | 0% |
| Communication and feedback on reports | 18% | 9% | 45% | 0% | 18% | 9% |
| General Communication systems | 9% | 18% | 55% | 0% | 9% | 9% |

| | | | | | | |
|---|---|---|---|---|---|---|
| Technical visits | 36% | 9% | 27% | 18% | 0% | 9% |

HelpAge has taken this finding on board and there has been a marked improvement in terms of feedback on reports and better communication as a result.

Organisation capacity assessments involved competence in financial management and where weakness was found, they were provided with back up technical support.In addition, training presentations at the first (Naivasha, October 2011) and second (Nairobi, November 2012) MEL meetings addressed procurement, financial reporting requirements, budgets, contract management compliance and fraud issues.

It is noted in the semi-annual report of November 2012, that auditors presented unqualified reports for all the institutions in the nesting arrangement with some observations for UCL. These have since been addressed and will be confirmed by year two audit, about to commence. HelpAge also received comments for improvement from the auditors and the Sweden financial controller, which have been incorporated in the current year.

6.2.2 There is a high calibre of professionalism, relevant experience and commitment amongst team members in managing this extensive and broad programme. There has been a low turnover of HelpAge EWCARDC staff in their coordination and grant management role since the programme began, that is an indicator of stability and job satisfaction. Having said this, it is apparent that existing programme staff may be 'overstretched', working extremely hard with long hours in meeting the range of multiple management requirements of the programme. It is recommended that a review be carried out of whether additional human resources are currently required and if entering a further phase.

6.2.3 There is a strong ethos of internal and external accountability in the programme. Externally, the APSP, HelpAge and country partners work in partnership with governments at district, regional and national level through joint planning, mutual monitoring and mutual sharing and provision of progress reports.

External accountability to Sweden and NORAD happens with detailed 6 monthly and annually narrative reports of country and regional activities related to indicators against each results area (as developed in the MEL framework), as well as financial reports.

Internal accountability happens through various mechanisms that include: performance appraisals for human resource management, legally binding contracts, quarterly narrative and financial reporting by HelpAge partners and six monthly by 'nesting' partners, field visits to meet with beneficiaries and an annual external financial audit.

It is recommended that the programme remain focused rather than expanding its scope, which would have difficult management implications. In this respect while there is added value in terms of regional learning and collaboration, the programme needs to be clear about the inclusion of Zimbabwe and South Africa and whether they will be included as target countries for data collection purposes in future.

## 6.3 The 'nesting arrangement'

The opportunity of building collaboration between the 'nesting' partners takes place on an annual basis, but is not the only way this happens. For example, the APSP, the Coalition, and HelpAge have liaised regarding their participation in symposia. The UCL and the Coalition have had a strong partnership for some years, an example is that Coalition members offered their partners to be research sites for the UCL cohort study and the Coalition continues to act as an advisor for the study. In addition, HelpAge is represented on the Coalition selection committee and attends global level meetings where research findings are presented. Several abstracts have been submitted by UCL to the Coalition for wider distribution amongst stakeholders that is an indication of the strong links and regular communication between them.

An identified challenge for HelpAge EWCARDC is documenting a linked impact between the work of the Coalition and child outcomes, or between the work of the Coalition and improved universal access to HIV and AIDS services and social protection mechanisms. So that the challenge is to prove quantitatively that the 'nesting' arrangement connections are leading to the improved synergies cited in this report, because HelpAge can only describe the improvement through narrative descriptions. In going forward therefore, it will be important to build the links into the needs of older persons, social protection as well as children and PWD, for greater coherence in the programme.

The Coalition noted that the 'nesting partners' meetings offer an important opportunity to *'be sure to include the needs of older persons caregivers when discussing "the family". For instance, when we worked on "family-centred services" as a theme, we incorporated sessions and presentations on older persons into our bi-annual symposium'.*[18]

The nesting evaluation found that '*each of the organizations in the nesting arrangement brings its own expertise to the programme. By developing ways and means of sharing knowledge, the opportunity is presented to develop and demonstrate the true meaning of synergy. Lessons learned from UCL's research can inform both the programming initiatives of HelpAge and APSP and with UCL being a member of the Coalition, the bringing together of a rich mix of technical expertise and academically driven proficiency can only lead to a win-win programming approach'*.[19]

While there has been progress for greater collaboration amongst the 'nesting partner' meetings themselves, neither the UCL or the Coalition have attended regional MEL meetings where the APSP, HelpAge and country partners share experience, progress, challenges, results and impact of the programme first hand. In this regard there have been important missed mutual learning opportunities for the Coalition and UCL to share their research findings, as well as to have greater engagement with country partners.

It is acknowledged that this has been partly due to planning, budget and time constraints. In future it is recommended that consideration be given to costing and planning the 'nesting'

[18]Written response to evaluation questionnaire, from John Miller, the Coaltion.
[19]Mid-term evaluation of the Swedish Grant, Bourke, E., June 2013

partners and MEL meetings in tandem, which would provide an opportunity for greater synergy between research and advocacy at global and country levels.

A summary of the key findings of the nesting arrangement are that:

- Each organization has its own culture – ways of conducting business, management systems, different legal systems, financial years, definitions of small amounts of money to large amounts with each threshold managed differently.
- The NGO way of management is significantly different from an academic institution's way of managing and receiving funds and in particular research grants.
- Assumptions surrounding how these differences would impact on each other's systems were not clarified in a timely manner and this lead to suspicion regarding HelpAge-EWCARDC's fiscal competence; and perceived negative behaviour.
- Each organization in the nest needed to be understood differently by HelpAge-EWCARDC because of their differences administratively, financially and programmatically.

Because this was a new 'nesting' arrangement requiring collaboration and buy in from new partners, it required strong negotiation skills, patience, 'a cool head', commitment to participation and planning skills, from the start. These skills and style of leadership continues to be provided by the highly respected programme coordinator r which was found to be a key factor to the success of the programme and a view shared by Sweden and other programme partners.

In retrospect a workshop to bring all nesting participants together before implementation of the programme began, as a part of the contractual signing process, would have helped to clarify expectations, roles and responsibilities. This would have set the tone for team spirit, excitement at the synergistic possibilities, served to build trust, and supported understanding of personalities and how to complement each other. It would also have provided an opportunity for them to participate in developing the programme MEL results framework.

**Table 4: Key elements needed for lead organisation in a nesting arrangement.**

| Key elements | Observations from mid-term evaluation |
|---|---|
| Good track record in the delivery of international development programs | Yes. EWCARDC met these criteria. Sweden conducted an organizational assessment of EWCARDC prior to awarding this grant.<br>Their credibility is well established. E.g. Advocacy work which influences the AU and other regional organization policies on social protection. |
| Demonstrated understanding of the importance of a healthy organizational culture and its contribution to a healthy programme culture | To some extent. HelpAgeEWCARDC has documented organizational values which they attempted to bring into the management of the programme by inviting all to a start-up meeting to agree on how everyone would work together and in so doing built a team spirit. This would have set the tone of the programme culture. APSP agreed with the need for such a meeting and was ready to attend. |
| Strategic leadership which includes the ability to build synergy in all aspects of the programme | The current strategic leadership is strong in providing oversight; recognises gaps and strives to build staff capacity. Efforts are underway to build synergy. |
| Dedicated programme team | Yes. This programme has a programme manager, programme |

| Key elements | Observations from mid-term evaluation |
|---|---|
| | officer, programme assistant and a grants accountant. In addition, the relevant program staff as well as the finance and administration staff works with the team on a "need to basis". |

Significant progress has been made in overall programme management, the communications, and ways of working and general interaction amongst organizations in the 'nest'. In future it is recommended that nesting partners also receive the annual MEL workshop reports to enhance understanding and communication about overall programme progress.

Given the current level of organizational understanding, there is reason to believe that the key lessons regarding management nuances have been learned and inform how best to meet each other's internal requirements as well as Sida's. However, for the relationship to continue in a healthy frame, all future review meetings must have the programmatic as well as the managerial decision makers at the same meeting.

In going forward, a component of the programme planning should be the inclusion of 'nesting partners' together with others at MEL meetings with a clear scope and purpose that is costed into the budget. This would contribute to a more holistic programme approach and build the links between the needs of older persons, social protection as well as children and PWD.

## 6.4 'Value for money'

This concept is generally thought of in terms of *economy, efficiency and effectiveness.* Yet further questions for reflection are concerned with whether programme objectives are clear with defined aims and strategies, that there is compliance with statutes and regulations, there is evidence of good planning in order to implement and monitor progress, whether processes are transparent with a culture of learning and how internal and external accountability is understood and operational.[20]

The extent to which the programme has provided value for money was explored for the 'nesting arrangement' evaluation and found the following:

- Administrative costs are reduced, Sweden can interact with one organization yet receive the added value of the combined programming outcomes of four organizations that are working towards the same goal from different angles while complementing each other and have the opportunity to build joint capacities.
- Sweden can manage with a leaner team and achieve its programmatic goals.
- An opportunity is provided for all to learn about nesting and to cascade the nesting with other partners.
- The anticipated research findings from UCL will contribute to evidence based advocacy for children, aging and intergenerational policies related to the mitigation and management of issues related to HIV and AIDS.
- The nesting approach provides an opportunity for joint capacity building as each organization can learn from each other in an organized manner.

[20] University of Cambridge*www.admin.cam.ac.uk/offices/secretariat/vfm/guide.html*

- The combined voices are stronger and provide more weight to advocacy messages and consequently will have more impact on the global decision makers.

As is the case with other programmes that have involved collaboration between multiple partners, the first year required some time to negotiate, discuss, clarify, agree roles and responsibilities and action plans as to how HelpAge and APSP country level partners would contribute to the results areas. Prior to grant-making, earlier programme processes involved capacity assessments of country level partners that are both diverse in size and capacity. This involved, developing strategies to strengthen those who were weaker by providing technical support and this approach has yielded significant results as reported by partners and HelpAge alike.

Now just into its third year, there is strong evidence that all programme partners have 'taken off' in terms of implementing regional and country level activities that are now making significant contributions to achieving all four results areas and the overall programme objective.

## 6.5 Programme approaches, their contribution to achieving results and overall programme objective.

As outlined in the ToRs, the followingsection of the mid-term evaluation describeshow the three main approaches: *lobbying and advocacy, capacity building and research*have contributed to each programme result area in terms of value for money principles and goes on to describe how the programme is aligned to the Sweden HIV and AIDS strategy.

### 6.5.1 Lobbying and advocacy at national, regional and global levels

*Collaboration and joint working:*Established in 2010 the APSPis a strategic advocacy 'nesting' partner that has become established as a respected role-player in the region in a short space of time.While the APSP has built platforms to address the needs of *all* vulnerable groups, HelpAge focuses on the needs of *older persons* and country level advocacy groups.

Therefore, HelpAge and the APSP have jointly built on extensive experience and success of existing lobbying and advocacy strategies, networks and platforms have been expanded in the target countries and 21 other African countries and regional bodies of Southern Africa Development Community and East Africa Community. So that social protection is increasingly being promoted as a contribution to national poverty reduction strategies.

National platforms and coalitions have abeen strengthened and some are working in partnership with governments. For example, the Uganda Social Protection Platform has received funding from the government to conduct monitoring activities in the districts where the Social Assistance Grant Programme (SAGE) is being implemented. This Platform is in the process of producing a documentary that will be used for purposes of creating awareness and advocacy.

The programme has builtcollaboration with organisations such as the African Union, African Development Bank, World Bank, RIATT-ESA, VSO-RAISA, EANNASO, Handicap International and REPPSI to advocate for the inclusion of needs of children, PWD and older persons in government policies. The relationship between these organisations is strong and

HelpAge is represented on the governing body of VSO –RAISA and the RIATT-ESA steering committee.

*Lobbying and advocacy at global level:* The main thrust of the Coalition's work and role is to gather evidence on effective action and to influence key policy-makers in civil society, government, multi-laterals and others at a global level.This is done by drawing well-connected membersthat includes the Global Fund, UNAIDS, UNICEF and World Vision among others as well as significant philanthropic organisations into meetings, and then disseminating papers, presentations and peer-reviewed journals.

The programme strategy of the Coalition and HelpAge to position a champion of children's rights within the Global Fund to fight AIDS, TB and Malaria (GFATM) for a two year secondment provided important lessons about the complexity of grant making. The exercise highlighted the role of UNICEF as being a most significant player to promote children's needs at global and with country level mechanisms.

The Coalition has coordinated three strategic meeting series in preparation for global HIV and AIDS conferences, entitled "The Road to…" (Vienna, Washington),and recently,"The Road to Melbourne",in order to promote and ensure that the needs of OVCY and their families are kept on 'the agenda'.The Teresa Group and the Coalition also co-organised an international symposium *Children and HIV: Closing the Gap - Ending vertical transmission through community* action in advance of the International AIDS conference in Washington DC in July 2012. The symposium, which focused primarily on the prevention of mother to child transmission (PMCT) was attended by some 450 people and some 90 scholarships were awarded.

*Working with parliaments, governments and regional bodies to influence policy:*As a result of a series of regional consultative meetings from 2008 onwards that have included UNAIDS, UNICEF, government representatives and NGOs, there has been an increasein universalaccess to HIV services for older persons. HIV sensitive social protectionpolicy and action plans have now been included in several countries National Aids Council's Strategic Action Plans and MEL frameworks as indicators in Kenya, Uganda and Mozambique. SCAZ and URAA have adopted a strategy to target older parliamentarians for lobbying and advocacy support which has also yielded positive results in building alliances.

The approach of the APSP has been to build on its comparative advantage as an African organisation. Its strategy has been to build trust by consulting and engaging with decision-makers at high levels of government using a collaborative rather than confrontation approach, while taking account different country contexts, cultures and *'modus operandi'.* In this way the APSP has successfully leveraged influence at national and regional levels across Africa, for example, the organisation has been invited by the African Union and governments in West (Gambia and Ghana) and Southern Africa (Swaziland) to participate in conferences and social protection policy debates and implementation planning.In Zimbabwe where there is active distrust of national and international NGOs, the work of the APSP has resulted in the Zimbabwe Platform on Social Protection recently being invited to register as a CSO and has been engaged with government at media meetings.

It is proposed that when there is 'Africa wide' pressure, other countries are keen to take the lead and have taken social protection on board. For example the needs and rights of older

persons and social protection are now part of African Union policy frameworks and the APSP has contributed to the inclusion of social protection into the World Bank strategy for Africa.

Political buy in at a high level is crucial to successful advocacy as well as seizing opportunities at election time, for example. This recently occurred in Kenya where both main political parties promoted implementation of social protection programmes as a campaign issue. It was reported that Mozambique has political 'buy in'where national programmesare committed to social protection. Whereas in Zambia wherethere is active civil society engagement, government is resistant to introducing social protection on a large scale at present, because of concerns about long term economic sustainability. Tanzania has a Social Protection Bill and has gone further to have a universal pension bill which is currently at cabinet level.

Other critical success factors that contribute to effective advocacy and lobbying are good leadership, commitment, sound evidence based research and focus. In addition participation of key government staff at regional HIV and AIDS and social protection consultative meetings has resulted in some of these key officers becoming champions of older person's issues in national AIDS commissions.

*Human rights approach*: The human rights based principle is mainstreamed and underpins the Sweden Strategy for Africa, HelpAge and the APSP approaches to lobbying and advocacy globally. It has been implemented in this programme as well in awareness rising at community and higher level engagement where the term human rights and advocacy are understood to be intertwined, rather than separate concepts.

*Information education and communication and messaging:* A team of communication consultants have been working with HelpAge EWCARDC to review current messaging, IEC materials and their effectiveness. Findings indicate that there is a need to promote gender equity and human rights more strongly and to avoid reinforcement of negative stereo-typing of women. It is reported that women are the highest consumers of cell phones for social media and communication purposes, and are therefore a strategic target audience. The consultants also found that there are value for money implications for costly printing of calendars, T-Shirts, posters and pamphlets that may not be the most efficient use of funds or sufficiently effective in their impact and recommend a review of current IEC materials, communication approaches and their impact.

There is therefore a need for the programme to engage in other forms of communication and use of media that is appropriate and cost effective to target older persons and their families. Consideration could be given to introducing theatre for development, folklore, story-telling and music which could also play a role in strengthening inter-generational relationships. The consultants are currently working with HelpAge on a communication strategy by providing guidance about more effective messaging.

*Broader health needs:* A question for policy makers and implementers is whether there is a risk in narrowing terminology to HIV-sensitive social protection that could result in exclusion of access to broader health care of age related NCDs that include arthritis, cataracts, breast and prostate cancer. Further work may be required to explore this issue in more depth.

The HelpAge baseline study and policy audit[21]reports were particularly concerned with advocacy about the broader health needs of older persons and recommended that in order to scale up social protection mechanisms, governments and civil society should work together to:

- Develop and review health budgets to ensure that adequate (government) funding is devoted to the provision of services for vulnerable people, taking into account the higher per capita health requirements of older persons, including aspects of mental health.
- Involve older persons in the design, provision and monitoring of health services targeting older women and men. This is happening with some OCMGs who monitor at district and community level.
- Ensure national coverage of health promotion, prevention, curative and rehabilitative health services, including HIV and AIDS services, designed to meet the needs of older persons and particularly those in the rural areas. Establish or strengthen knowledge of NCDs and geriatric medicine and integrate age friendly services and training at all levels of the health care system.
- Provide access to free health services for older persons, and especially those with disability, who are unable to meet the costs.

In summary, the APSP country platforms in numerous African countries together with the advocacy group concept developed by HelpAge EWCARDC are innovative approaches. They have enhanced collaboration between CSOs, government and the media to promote HIV sensitive social protection to mitigate impact on vulnerable people as well as to increase the awareness of the general public on the adverse effect of HIV and AIDS on older persons and what needs to be done about it.

### 6.5.2 Capacity building for increased participation of Civil Society Organizations

The programme has aimed to build the capacity of civil society organizations (CSOs) to effectively engage in social protection and HIV and AIDS policy dialogue as well as to implement programmes at community, provincial and national levels. It has achieved this in the following ways.

*Community capacity building for improved livelihoods:* Increasing access to social protection mechanisms that include income generation activities has been enabled as a result of lobbying and advocacy. There is reported evidence of improved household security in targeted countries that is highlighted in the following Ethiopian case study which offers a model for replication.

The case study provided by HelpAge Ethiopia, demonstrates how a collective model of 'pooling' small loans together with training in small business skills has resulted in improved livelihoods for a group of older women in Ethiopia.

*Case study1: Group Income Generating Activities:*

Eneredada Elder People's Association enabled a group of older persons in the urban setting of the country's capital, Addis Ababa, to establish and run small business ventures.

[21]SwedenNORAD policy audit, November 2012.

According to the manager of one of the small businesses, TilahunMekruia, 60, "Prior to receiving the loan and commencing our business, Eneredada brought in experts on small business management who gave us training covering such topics as planning, leadership, budget, hygiene and so on. Following this, a group of the training participants got together and decided to run a small business providing food catering and bakery services to the local community. A total of 34 women and myself, received a loan of ETB 148,000 ≈USD$ 8000 from the association as start-up capital for our endeavour. With support from the neighbourhood level administration office, we secured space for running the business at minimum cost."

"Initially, we wanted to buy a heavy duty oven to bake wheat bread and sell it. However due to high cost, we turned to baking traditional flatbread or *injera* via a more affordable oven. Since starting the business, we have been distributing our contact details and advertising our services in the neighbourhood. In the near future, we also have plans to give additional services such as selling hot beverages and spices."BizuneshMelesse, 65

*"Before, many of us ran petty trade, like selling charcoal or incense during holiday seasons. We were like scattered books of expert traditional cookery and brewing methods The loan from Eneredada enabled us come together as a library.As a group, we bake quality injera, prepare flavorsome traditional stews and provide spicy hot beverages; satisfying our customers and all the while making a profit. I never would have believed this is possible for me and my peers."*
***BizuneshMelesse, 65***

*Organisation capacity building:* An initial organisation capacity assessment was carried out of all HelpAgecountry level partners (for example URAA, SCAZ and THAP) prior to engaging in a grant-making partnership. The assessment included areas of governance, financial management and systems, human resources, strategic planning and MEL. Where areas of weakness were identified, capacity of partners has been strengthened as a result of hands on technical support provided by HelpAgeEWCARDC teams.The APSP was also supported during the first two years of the programme to develop organisation capacity, whereas the other 'nesting partners' UCL and the Coalition were not part of this process.

A culture of internal and external learning has been inherent throughout the short life of the programme and this is demonstrated by the planned structure of the MEL meetings where the APSP and partners make presentations of their progress, successes and challengesfor peer review. These are participatory processes with active engagement and feedback from

all participants. An example of programme reflection is a critical organisation self-assessment exercise guided by four questions:

- Do we understand the complexities of what we are trying to achieve?
- Are we learning along the way?
- Are we communicating it well?
- Are we being effective?

The annual MEL meetings are planned in such a way that presentations are followed by a peer review. In addition, specific training sessions on procurement, fraud, and tracking systems have been included at the workshops. The regional partners interviewed for the evaluation stressed the importance and impact of this approach and said, *'we are only starting to implement changes as a result of capacity building ~ now we need the time to implement and grow from strength to strength'.*

In these ways South ~ South capacity has been strengthened and contributed to HelpAge EWCARDC's ability to share and learn from its partners and affiliates across Africa. Programmatic discourse with their counterparts in Southern Africa has increased as a result of the programme through peer programme reviews, and exposures to new ways of supporting each other, for example, Uganda conducted peer reviews of a proposal from Zambia.

In addition, the APSP's reach is wider than HelpAge EWCARDC and based on experience from this programme is now nesting some of the organizations with whom they work. This is a good example of an organization in the South enhancing capacity of another organization in the South and the cascading effect of the programme.

*Traditional Health Practitioners:* Sweden funded HelpAge in 2009/2010 to conduct a study on the role of THPs, traditional leaders and community leaders in provision of health care and HIV and AIDS services. The findings and recommendations of the study were shared and disseminated to government officers, CSOs and regional bodies at meetings and through electronic communication.

There has been insufficient scientific research on the efficacy of traditional health practice and the study found that there has been disparity between key role-players. It recommended that: collaboration between community leaders, THPs and district health services should be improved, the work of the THPs should be strengthened to improve access to HIV health services, and support be given to document good practice.

It is planned that greater evidence based research will be able to demonstrate the efficacy of traditional health and will strengthen the advocacy component of the programme as well.

The last year has seen THPs and community leaders being increasingly incorporated as a component of this programme, especially in relation to increasing access and quality of HIV services for older persons and vulnerable groups. This has been achieved by building collaboration between conventional and traditional health practitioners and lobbying for inclusion of THPs at national level policy processes by HelpAge and the APSP. Zimbabwe provides a good example as traditional medicine is now recognised at University degree level and is incorporated into conventional health service delivery at clinics and hospitals

As a result gaps have been bridged by the programme in access to services in HIV and AIDS services by creating synergies across approaches and maximising the role and support of THPs, community leaders and district health services. Advocacy and capacity strengthening have yielded good progress in Ethiopia, Uganda, Zambia and South Africa that have resulted in joint work plans between these role-players. In addition the membership of THP Associations has swelled as a result of capacity building support.

**Case study 2: Traditional Health Practitioners and community leaders**

*An example has been building capacity of traditional health practitioners (THPs) as a significant health service provider for older and vulnerable people that has contributed to improvement in quality of meeting their health care needs. For example, THPs have been trained by Senior Citizens Association of Zambia (SCAZ) and Traditional Healers Practitioners' Association of Zambia (THPAZ), and in Uganda by Uganda Herbalist and Cultural Association and Uganda Reach the Aged (URAA). Training covers HIV prevention, observation of basic primary health care practice in service delivery (like use of gloves when observing a patient, use of sterilised piercing instruments, safe storage of drugs, labelling of drugs and right dosage prescriptions), and supporting patients to use both traditional and conventional health care systems. In addition, THP associations have been provided with organisation development technical support as described above, which has resulted more effective strategies direction and sustainability.*

*Training in lobbying and advocacy:* Since 2008 HelpAge EWCARDC has been involved in building capacity of advocacy groups with coordinating a series of three-day training workshops attended by CSOs, government agencies and the media to participate in the processes. CSOs have been represented by those working with OVCY, associations of people living with HIV and AIDS, HIV and AIDS service providers, broad-based development CSOs and older persons associations , while government has been represented by national AIDS control programmes, national AIDS commissions, ministries of health and social affairs.

This model has resulted in the expansion of advocacy groups in the region who are now thriving, with strengthened facilitation skills, writing and evidence gathering and communication skills .For example, 4 new advocacy groups comprising 25 CSO members were established in Kenya in 2010 and in Zambia, 2 groups established with 15 CSO members in 2011. Currently there are over 90 CSOs represented in the five advocacy groups operating in Ethiopia, Uganda, Kenya, Zambia and South Africa. HelpAge has applied this model in also establishing eye health advocacy groups in Malawi, Mozambique and Zimbabwe as part of an EC-funded regional eye health programme.

In June 2012 a Train the Trainers regional advocacy and Older Persons Citizen Monitoring Group (OCMG) workshop was held for six days with for 34 participants from six countries: Ethiopia, Uganda, Tanzania, South Africa, Zambia and Kenya. This approach has resulted in a regional spread of trained grassroots and national NGOs to maintain momentum for older persons to demand rights and fairness in state allocation of resources and services.

### 6.5.3 Evidence based research

The 'nesting' partners UCL and the Coalition work collaboratively to promote the results of research to inform global policy development to improve access to HIV services with a focus on OVCY and their families.

The Coalition's very '*raison d'etre'* is to gather evidence on effective action and to transmit that evidence to key policy-makers in civil society, government, multi-laterals and others. A critical success factor has been the Coalition's independence and its connections, as well as their ability '*to be bold in the positions we take. The success of the partnership is the commitment shown by the funders to the different ways each of us does our work, and allowing us the flexibility to do the work in the way that makes the most sense given a) who we are and b) our objectives'.*[22]

A study based at UCL and conducted in collaboration with Stellenbosch University in South Africa, is currently tracking the psycho-social impacts of HIV and AIDS on 1000 children and 1000 care-givers from 28 CBOs in South Africa and Malawi.It is possible that links maybe found about the impact on older persons as care-givers in the UCL cohort study, but this would be incidental and in hindsight, as its focus is primarily about tracking the needs of children, as follows.

The cohort study is being conducted in communities located in South Africa and Malawi, chosen based on high prevalence rates of HIV. Thesample is made up of 476 boys (48.62%) and 503 girls (51.38%) girls, with a mean age of 8.97 years. The initial findings are that the majority of children attended school regularly (95.65%) yet 28.8% of children were not in the correct class for their age.

From the total sample 12.97% went to bed hungry the previous night. Unemployment was high with 82% of care-givers unemployed and only 53.73% reporting that someone in the household was employed. The majority of care-givers were female (95%) and the mean carer age was 43.59 years, and ranged from 17 to 87 years. Parental bereavement was high, with 34.1% children not having their natural mother alive, and 32.48% not having their natural father alive.

Overall the cohort study data showed the need for good developmental evaluation and tracking of children, forewarned of the potential special needs of children with HIV infection and noted the policy implications for special educational needs and the resources that CBO's may have to ensure will be available for these children.

It is hoped that it will be possible to continue tracking the children as they enter adolescence. This is largely unmarked territory and will have major significance in terms of planning and programming in future, drawing on valuable learning and evidence for mitigating the impact of HIV and social protection advocacy purposes in future when the study is complete.

**Case Study 3: Implementation of Child Protection Policies in Rwanda and Uganda**

*In 2011 /2012, the APSP in collaboration with the National Platforms in Uganda and Rwanda undertook a study on child protection with a view to establish and document the status and implementation of the rights of marginalized children[1]. The study looked at the existing child protection systems and services and highlighted the gaps in the implementation of the policies. The study found that existing policies were weak and not enforced fully. The platforms in the two countries in collaboration with the APSP are using the findings of the study to engage governments which have since recognised the weakness in their child protection policies to ensure protection of all children. The APSP is using the lessons from Uganda and Rwanda to sensitise other platforms in Africa on the status of marginalised children and importance of ensuring protection of the rights of the marginalised and the vulnerable children.*

The programme baseline study report[23] and the policy audit recommended that governments and other organisations involved in the provision of care and support must have statistical evidence on the nature, scale and response to HIV and AIDS at community level so that they can develop appropriate interventions. The audit found that data is rarely collected on who is providing care, or the support care-givers need and receive. All data should be disaggregated by age and sex.

In response to research gaps in capturing disaggregated data, HelpAge and Handicap International organised a conference on data disaggregation by age, sex and disability in Nairobi, Kenya in April 2012. Participants from seven Eastern and Southern Africa countries included monitoring and evaluation specialists and programme representatives from national AIDS commissions and Ministry of Health/AIDS control programmes, national bureaus of statistics, UNAIDS, development partners and civil society organisations. The meeting made recommendations on the way forward to ensure that HIV and AIDS data is being collected, analysed, produced and used for planning and programming purposes for the 50+age group and persons with disabilities.

This model could be replicated as there is a need to strengthen and advocate for better MEL systems at government level for better planning and monitoring purposes that is disaggregated.

Four other studies have been planned for the remaining period of the programme cycle:

- The extent that awareness raising translates into access to basic services by vulnerable populations in Eastern and Southern Africa.
- Effects of regional and national (public) policies on vulnerable populations in Eastern and Southern Africa.
- Efficiency of CSOs in advocating for essential service provision for vulnerable populations in Eastern and Southern Africa. An assessment of HelpAge Advocacy model.
- LGBT, HIV and AIDS and older persons in Eastern and Southern Africa: Perceptions and next steps. This study has currently been put on hold by partners.

In summary evidence based research is being conducted that can inform lobbying and advocacy for policy development at national, regional and global levels. These programme approaches that have been implemented in conjunction with capacity building have made a significant contribution to achieving the programme's overall goal and objective.

## 6.6 Programme alignment with Sweden HIV and AIDS strategy2012-2013

Sweden's strategy incorporates initiatives aimed at responding to the HIV and AIDS epidemic and promoting sexual and reproductive health and rights (SRHR), as well as efforts to enable LGBT persons to enjoy their human rights. The strategy's long-term objectives are:

[23] Sweden /NORAD Baseline study Report, October 2012.

- *Reduced number of new HIV infections.*
- *Improved living conditions for women and girls affected by HIV and AIDS.*
- *Increased respect for and enjoyment of the human rights of lesbian, gay, bisexual and transsexual persons.*

Women make up 80% of older care-givers of OVCY in sub-Saharan Africa and if widowed face particular constraints due to low income earning capacity, often low literacy levels and deteriorating physical health. Effective responses to the AIDS epidemic need to acknowledge this burden of care, which is often carried out with the greatest of love and dedication.

The main objective of the programme is to promote social protection as a measure of reducing poverty and to mitigate the impact of HIV and AIDS on vulnerable groups that includes older women and girls. The APSP is a key role-player in this regard and HelpAge EWCARDC works with community groups largely comprised of women by providing training and support on income generating activities as well as cash grants and how they can be used collectively to increase economic independence..

Through its partnerships at country level and others such as Global Coalition on Women and AIDS (GCWA), UNIFEM, YWCA, RIATT-ESA and VSO-RAISA, EANNASO and Africa CSO Coalition on HIV and AIDS, the programme advocates for the recognition and rewarding women in their role in preventing and mitigating the impact of HIV and AIDS.A programme strategy is building lobbying and advocacy skills amongst CSOs whose membership and leadership comprises of women thereby contributing to: *Increased participation from civil society in national and regional fora where issues and areas covered by this strategy are addressed.*

While the Sweden HIV and AIDS strategy does not specifically target older persons, it was found that the programme is contributing to achieving two of its objectives in the following ways.

| Objective/Result area | Programme contribution |
|---|---|
| ***Reduced number of new HIV infections*** | • APSP and HelpAge advocates for universal access for vulnerable groups at national and regional level<br>• Prevention and awareness campaigns with focus on older persons<br>• HelpAge EWCARDC contributed to paper on the incidence amongst older men having sex with younger women at a SADC conference in 2012<br>• UCL and Coalition contribute to policy development |
| ***Improved living conditions for women and girls affected by HIV and AIDS*** | • Lobbying and advocacy for social protection mechanisms that target women and OVCY<br>• Civil society capacity strengthened to lobby and advocate for social protection<br>• Collective income generation activities and cash grants |

In summary, the programme is aligned and contributing to the Sweden strategy particularly with regard to women and girls. In going forward, it is recommended that the programme strengthen the gender component through building capacity of gender mainstreaming of programme partners in conjunction with targeted activities (e.g. adult literacy) that aim to reduce GBV and promote greater participation of women in development and decision making processes.

# 7. Gaps and challenges identified in the implementation

## 7.1 Monitoring evaluation and learning (MEL).

At a global level, there has been increasing emphasis on donor, bi-lateral and NGO partner accountability and requirements to demonstrate results of development interventions. An outcome is that results based management systems and performance indicators are more 'weighted' towards statistics and quantitative data.

This presents a challenge on reporting and documenting processes of *how* improvement has happened in the *quality* of people's lives related to their well-being and development. As a result important information can be lost that describes significant change and impact as a result of sometimes complex development processes happening at community, personal and political levels. This has posed a dilemma for many organisations that are able to describe change in anecdotal ways, but there is a need to strengthen capacity to effectively demonstrate evidence based results in qualitative terms. This is an area where the capacity and expertise of research specialists such as UCL and the Coalition have potential to play a strategic role in building this component of the programme.

7.1.2 Nairobi Staff It is acknowledged that MEL frameworks require iterative processes to check their continued relevance and measurability. Sweden has been instrumental in providing technical support to HelpAge in developing the current MEL results framework for the programme which was finalised in November 2012 (see appendix for logic model). This is a comprehensive framework with baseline indicators for each result area. A gap is that the MEL framework was developed after the programme proposal was approved and the process of its development did not involve participation of the 'nesting partners', the APSP, the Coalition or the UCL.

Detailed data is currently being captured into a rigorous information system managed by the MEL team, whereby partner's activities and progress is updated on a quarterly basis. In this way for example, the number of workshops, with gender disaggregated data, when and where they happened can be accessed at the push of a button.

7.1.3 The evaluation found that the four result areas are quite 'high level' and ambitious considering the broad geographical spread and different country contexts where country, regional and global programme partners work. (See page 19 for a reminder if necessary). This is especially in the case of results one and four. It is therefore recommended that the wording of each result area be revisited to check whether they are SMART[24] and sufficiently reflect the comprehensive activities and approaches that HelpAge and the 'nesting' partners

[24]Specific, Measurable, Appropriate, Relevant and Timebound

are engaged in because currently there is little mention of either THP, the Coalition or UCL related activities.

A theory of change diagram or logic model would also help to provide a visual picture of what the programme is setting out to achieve and how it is 'getting there'.

7.1.4Result one indicator: Because the definition of 'vulnerable groups' is broad and includes older persons, PWD and OVCY, there are challenges of demonstrating programme results and impact for *all* target groups. For example, the MEL results framework baseline indicator for result one, relates to 'numbers of *vulnerable people* who report increased access to universal HIV services.' The baseline currently draws on a combination of statistics from five targeted countries and different Ministries, some with limited capacity. The statistics are therefore very mixed in quality and standard, some are disaggregated and some not.

It is therefore recommended that consideration be given to narrowing this specific baseline indicator and changing it to, 'the number of *older persons* who report increased access to universal HIV services*'* for MEL purposes*.* It is suggested that this would facilitate more straight forward data collection with which to measure tangible results in terms of efficiency and effectiveness. A possibility could be that one country be selected for result area one, with reliable baseline indicators at national level that are disaggregated by age and gender which would facilitate planning and monitoring more effectively.

7.1.5 From the outset, there has been a strong emphasis on building MEL capacity in the programme:. As a result programme partners report greater understanding and competence in reporting against results areas, the relevance of capturing data and links between evidence based research to inform lobbying and advocacy for policy development. However, there is a challenge in the complexity of measuring impact of advocacy, awareness raising, IEC and BCC. Pre- and post- testing tools are therefore administered to ascertain levels of knowledge and can involve surveys, focus group discussions and/ or both.

7.1.6 Collecting data that is disaggregated is a regional and national weakness and requires strengthening collaboration between national bureaux of statistics by building capacity of governments and CSOs in data design, collection and analysis. While collection of gender disaggregated data is being captured in the programme, further analysis is needed. There is a greater need to ask the 'so what?' question ~ for example an indicator of how many women attended an awareness raising meeting needs to go further to explore levels of their participation and decision making powers.

In summary it is recommended that MEL continues to be embedded in the programme to inform lesson learning and adjustments in programme planning when needed. While quantitative information gathering is rigorous and thorough, strengthening the effective use of qualitative data is needed. It was found that the current MEL results framework is comprehensive but wording of result areas requires revisiting as they are currently quite 'high level' and need to include indicators that reflect all programme activities. Consideration should be given to narrowing the definition to '*number of older persons reporting increased access to services'* as an indicator but only for Result One

## *7.2 Gender equality*

Women make up 80% of care-givers, are among the poorest, make up the highest number of people who are illiterate, yet because of gender inequality tend not to be involved in development or decision making processes.

There have been increased reports of rape, physical abuse and killings of older women accused of 'witchcraft' in Mozambique, Zambia and South Africa an issue that needs to be addressed as a matter of urgency. Gender based violence (GBV) targeting older women; discrimination and access to inheritance rights are all issues that require attention. It is recommended that in going forward GBV and literacy become advocacy issues that should also be considered urgently.

7.2.1 The evaluation found that *gender* is an area of weakness in the programme that requires greater attention in going forward. This is because there are significant links between internal organisational gender capacity and external development practice. Currently, there appears to be a somewhat ad hoc approach to promoting gender equality and where there are such initiatives, these largely depend on the commitment, personality and passion of individual development practitioners.

The APSP has a gender mainstreaming policy, yet there is a lack of a HelpAgeEWCARDC regional gender policy that integrates a mainstreamed approach. HelpAge International is currently working on a global gender policy faced with a challenge to address the widely diverse and different cultural and global contexts of the countries in which the organisation works.

7.2.2 As mentioned gender disaggregated data is currently being collected for MEL purposes, but in the absence of further analysis is not sufficiently effective in informing future programming and addressing major gaps. For example, in Tanzania the paralegal training programme has been an effective strategy to improve awareness of rights and access to HIV and other services. However it is reported that the majority of trained paralegals have been men because of low literacy levels amongst women. It is unclear how this gender imbalance will be addressed and whether adult basic education training is planned for the future.

7.2.3 It is recommended that gender needs be mainstreamed in the programme more effectively in conjunction with programme activities that *specifically focus* on addressing gender based violence and gender equality. In going forward, it would be helpful to take a step by step approach:

- Firstly, conduct an overall *gender analysis*[25] across the programme and explore the meaning and implications of gender disaggregated data (composition of OCMGs, attendance at meetings, seeking testing etc.) and what it is telling us for future planning purposes.
- Secondly, conduct a gender skills and knowledge audit among all programme partner staff in target countries and among nesting partners
- Thirdly, build gender mainstreaming capacity of programme implementers through training and provision of specialist technical support

[25] It is noted that gender analysis was also a recommendation arising from the first MEL workshop in November 2011.

- Fourthly, identify and plan specific interventions to address gender inequality that could include GBV as an advocacy issue and incorporating adult education literacy in the programme.

### 7.3 Evidence based research

The current cohort study being carried out by the UCL and the promotion of other research at global level by the Coalition are complementary to the programme's objective. Because their focus is specifically on the needs of OVCY there is a 'disconnect' between their and other research that focuses on HIV sensitive social protection that affects the whole family including older persons and the needs of PWD.

There are missed opportunities for more effective mutual learning and knowledge exchange for global level research to inform the programme's lobbying and advocacy work at national and regional levels. Likewise, studies carried out by APSP and HelpAge have potential to inform global advocacy activities of the Coalition more effectively.

It is recommended that a strategy be planned to improve the effectiveness of how evidence based research collected at community level (by OCMGs for example) informs lobbying and advocacy and policy development at national, regional and global levels. The Coalition and UCL could play a role in strategic planning and building this capacity.

## 8. Summary and recommendations

The findings of the mid-term evaluation indicate that the programme has achieved very positive results in its contribution to achieving its overall objective .Significant progress has been made in a relatively short period of two and a half years. There have been a broad range of activities at different levels, involving multiple partners working in different ways, but all contributing to its overall aim. This is evidenced through all programme partner lobbying, advocacy and research activities, at global, regional and national levels.

The evaluation found that the nesting arrangement is a good concept and is workable, as long as all of the organizations in the nest are clear about the nature of relationships, roles and responsibilities, lines of communication and agreement regarding how to leverage each other's expertise. For the nest to work there must be 'something' that all organisations have in common. And even then, because the nest is made up of human beings there will be challenges along the way. If there is an agreed process in place from the development of the programme proposal that has all key shareholders involved, ironing out the bumps can be done as they are managed in an atmosphere of trust, goodwill and team spirit.

Like other programmes or programmes that involve multiple partners, the first year required time to negotiate, discuss, clarify, agree roles and responsibilities and action plans as to how HelpAge country level partners (SCAZ, THAP and URAA for example) would contribute to the overall objective. The MEL results framework was developed without the participation of all 'nesting partners' and in hindsight this was a weakness of programme planning.

Now just entering its third year, there is strong evidence that the programme partners have now 'taken off' in terms of implementing global, regional and country level activities that are making a significant contribution to achieving all four results areas and the overall objective. Thus the programme is on target in meeting agreed deliverables for current completion date

of December 2013. However, more time is needed to consolidate and build on existing successes by expanding the reach of social protection in the target countries.

### Key issues arising from the programme approaches

*Advocacy and Lobbying*: A collaborative approach of the programme between HelpAge, the APSP, as well as with RIATT-ESA, VSO-RAISA and EANNASO has provided opportunities to expand lobbying activities to 21 African countries and regional bodies of Southern Africa Development Community and East Africa Community and the African Union, where social protection and the needs of the older persons are being incorporated into regional and national HIV and AIDS strategic plans.

The approach of the APSP has been to build on its comparative advantage as an African organisation. The strategy of 'going slowly' in order to build trust by consulting and engaging with decision-makers at high levels of government, using a collaborative rather than confrontation approach while taking account different country contexts and cultures has paid off. Social protection policy and the needs of vulnerable groups are now being incorporated into national poverty reduction strategies.

At a global level the Coalition has made impact by leveraging high level donor and government players to include the needs of OVCY in policies and programmes. The strategy of positioning a champion of children's rights on a two year secondment at the Global fund level also yielded some important learning results.

Is there added value for 'HIV-sensitive social protection'? A gap in this evaluation is that an analysis of this question was not conducted. In going forward, a question for the programme is whether narrowing the definition to HIV-sensitive social protection could result in giving less importance to access to health care of wider age related NCDs such as arthritis, cataracts, breast and prostate cancer, as cautioned and recommended in the policy audit and baseline study.

As national governments seek to address the needs of the vulnerable and poor populations through social protection programmes, the need to transform stand–alone programmes into national systems is gaining momentum. Continued lobbying with regional bodies and target countries will be required in the coming years to continue the implementation of programmes. That is : i) empower citizens to understand and demand their social protection rights and promote accountability, ii) strengthen the links between social protection and HIV and AIDS, iii) carry out research/studies on the status of the development and implementation of social protection and HIV and AIDS policies at the country level and document lessons learnt, and iv) mainstream social protection and HIV and AIDS in continental and regional strategies and policies, working with the African Union and the Regional Economic Countries.[26]

*Capacity building* has happened with a participatory approach to learning jointly with provision of technical support from HelpAge EWCARDC in terms of organisation capacity building, management, strategic planning, monitoring and reporting. In addition to training this is reported by country partners to have enabled them to develop and grow significantly.

[26] APSP Annual progress report April 2013.

A solid base with ground work has now been set and they need to consolidate and build on this learning in going forward and expanding their outreach.

Organisational capacity assessments were carried out of the different older person's associations, who are diverse in size and capacity; strategies were developed to strengthen those who were weaker in this regard together with provision of technical support that has yielded significant results as reported by partners and HelpAge alike.

Access to social protection mechanisms for older persons that include income generation activities has been enabled and there is evidence of improved household security as highlighted in the Ethiopian case study. Promoting a collective approach to manage cash grants and small loans together with providing training in small business management has resulted in a significant contribution to sustainable poverty reduction and household security among beneficiaries. This model offers a good example for replication elsewhere.

There have been several workshops to build capacity of advocacy groups resulting in the formation of many new ones in the target countries. The issue of realising rights and strengthening the 'voice' of older persons, particularly women, will require continued support for years to come. Therefore it will be important to continue to build capacity of OCMGs as highly strategic role-players.

*Research* - The current cohort study being carried out by the UCL and the promotion of other research at global level by the Coalition are complementary to the programme's objective .Preliminary results from the UCL cohort study were just coming in at the time of writing and it is hoped that it will be possible to continue tracking the children as they enter adolescence, which is largely 'unmarked territory' and will have major significance in terms of social protection planning and programming in future. Likewise, studies carried out by APSP and HelpAge have the potential to inform global advocacy activities more effectively.

The Coalition's 'core business' is to gather evidence on effective action and to transmit that to key policy-makers in civil society, government, multi-laterals and others. This is done by drawing together high level role-players including the Global Fund, UNAIDS, UNICEF and World Vision among others as well as significant philanthropic organisations into meetings, and then disseminating papers, presentations and peer-reviewed journals.

**RECOMMENDATIONS:**

- ✓ It is recommended that a strategy be planned to improve the effectiveness of how evidence based research collected at community level (by OCMGs for example) informs lobbying and advocacy and policy development at national, regional and global levels. The Coalition and UCL could play a role in strategic planning and building this capacity.

- ✓ Opportunities for mutual learning should be strengthened by factoring in costs for the 'nesting' partners meeting to coincide with MEL meetings of country and regional partners. This would contribute to greater synergy between the work of the 'nesting partners' and country partners, as well as building stronger coherence across the programme.

- ✓ For the 'nesting partners' specifically, an end of programme/beginning of next phase workshop should be held in which agreement is reached regarding how to implement the evaluation recommendations, shared organisational values, dealing with conflict resolution and how these are demonstrated in the programme culture through different management styles (across organizations and within organizations) and how to complement each other. All four programme partners should revisit the result areas and their indicators to check whether they are SMART and sufficiently reflect the extensive activities that all the programme partners are engaged in.

- ✓ The programme MEL results framework is rigorous and is backed up by a data collection system that is updated on a quarterly basis. It is acknowledged that the development of MEL frameworks requires an iterative and on-going process to check their relevance and measurability. The evaluation found that the result areas are quite 'high level' and ambitious, taking into the broad geographical spread and different country contexts of the programme. MEL needs to continue to be embedded to inform programme monitoring and planning to make adjustments when necessary while keeping the programme focused and manageable.

- ✓ Because the definition of 'vulnerable groups' is very broad and includes older persons, PWD and OVCY, there are challenges of clearly demonstrating results and the impact of the programme on *all* target groups. Consideration should be given to narrowing the target group for measurement purposes, specifically for *result area one* of the programme to focus on older persons as an indicator .A possibility could be that one country be selected for result area one, with reliable baseline indicators at national level that are disaggregated by age and gender which would facilitate planning and monitoring more effectively. Baseline indicators that include 'vulnerable groups' are workable for other the result areas, from an MEL perspective.

- ✓ Gender inequality needs to be addressed and mainstreamed in the programme more effectively. This is because there are significant links between internal organisational gender capacity and external development practice. As a starting point, it may be helpful to conduct a gender analysis and skills audit of partners across the programme to explore gender disaggregated data (composition of OCMGs, attendance at meetings, seeking testing etc.) and what it is telling us for future planning purposes. This could be followed with capacity building of HelpAge programme staff and country partners in conjunction with targeting specific programme activities, like adult literacy and GBV that focus on addressing gender inequality.

- ✓ The programme management, monitoring and oversight needs are extensive and large and are being conducted by highly committed staff. Before entering a further phase it is recommended that a review be carried out to ascertain the need for additional human resources.

Finally, it is highly recommended that Sweden and NORAD continue to support the significant achievements and enable partners to build on the current strengthsof this important and innovative programme.

## APPENDIX A:

List of documents reviewed:

- HelpAge ADRC proposal to Sweden2011
- Sweden- NORAD Annual Report July 2012
- Sweden– NORAD Semi-annual report November 2012
- Sweden HIV and AIDS Strategy, March 2012.
- APSP Annual Progress Report, April 2013

HelpAge briefing and policy documents:

- Advocacy and policy briefing for East Africa Community
- Advocacy Groups: CSO collaboration in addressing the impact of HIV and AIDS on older persons in sub-Saharan Africa
- Disaggregated data policy

Other references:

- Policy audit report for social protection to prevent and mitigate the impact of HIV and AIDS and poverty in Eastern and Southern Africa, October 2012, Sweden and HelpAge.
- HelpAge Baseline Study Strengthening Social Protection to Prevent and Mitigate the Impact of HIV&AIDS and Poverty in Sub-Saharan Africa Report, October 2012.
- Sweden/NORAD HIV and AIDS Strategy March 2012
- Draft Protocol to the African Charter of Human and People's Rights on the Rights of Older persons in Africa (no date recorded)
- Policy Audit Report for Social Protection to Prevent and Mitigate the impact of HIV & AIDS and Poverty in Eastern and Southern Africa – October 2012
- Secondment to Global Fund Report, April 2013.
- UNAIDS expanded business case: Enhancing social protection, May 2010
- HIV – Sensitive Social Protection. What does the evidence say? UNAIDS, October 2010
- RIATT Regional brief. Children and older care-givers affected by HIV and AIDS, July 2012
- Building resilience and opportunity: Social protection and labour strategy 2012 – 2022, World Bank.
- Intergenerational relationships research study, RIATT 2011.
- Social Policy Framework for Africa, AU Submission October 2008.
- OVCY Strategic plan and programme of action 2008 – 2015.

**APPENDIX B: NAMES OF PEOPLE INTERVIEWED:**

*HelpAge East West Central Africa Development Centre*

Samuel Obara (Programme Manager r), Martin Mubisi(Programme Officer), Nelly Munge(Programme Assistant), Donnelly Mwachi (MEL Advisor) and Dr. Douglas Lackey (Regional Advocacy and Communications Manager)

*Sweden/Norad Office***:** Katja Isaksen, Programme Officer

*Africa Social Protection Programme:* Dr. Tavengwa Nhongo Executive Director, Edmond Odaba, Programme Manager, Robert Mwanyumba (Advocacy and Communications), Marion Ouma (Programme Coordinator).

*University College London***:** Professor Lorraine Sherr

*The Coalition***:** John Miller (electronic questionnaire)

*HelpAge Tanzania: Flavian* Bifandimu (Programme Manager), Nicolause Mshahala

Partners: Mussa Charles Mcharo, Peter Alexander Mwita (Morogoro Older Persons Association) Livingstone Bartholomew Byekwaso, SAWAKA

*HelpAge Ethiopia:* Imam Sofia Mohammed, Jimjimo Aman Wabe HelpAge,

Partner: AmareHiwot Taye, MEDHIN

*HelpAge Mozambique:* Charles Champion.

*Uganda Reach out to the Aged Association*: MonjaMinsi and ProscoviaKibuukaNtabadde

*Senior Citizens Association of Zambia (SCAZ):* Rosemary Sishimba, (Executive Director),

Michael Chileshe Lenga, Andrew SK Nyirongo.

*Traditional health practitioners Association of Zambia***:** Dr.Rodwell S Mwandila

*Zimbabwe National Traditional Healers Association (ZENATHA):* Elizabeth Chakarisa

*Muthande Society for the Aged (MUSA) South Africa:*PhindileVilakazi

**Terms of Reference, Mid Term Evaluation for the programme: 'Strengthening Social Protection to prevent and mitigate the impact of HIV and AIDS and poverty in sub-Saharan Africa'**

**Start and end date of programme (January 2011- December 2013)**

**Geographical coverage: Mainly Southern and Eastern Africa**

## 1 Background

The programme is delivered through 'a nesting' arrangement where HelpAge is the lead organization.

HelpAge International East, West and Central Africa regional office based in Nairobi Kenya, The Africa Platform for Social Protection (APSP) based in Nairobi, Kenya and The Coalition for Children Affected by HIV/AIDS (The Coalition) based in Toronto, Canada are jointly implementing this programme.

HelpAge International (HelpAge) is a network of not-for-profit organization with a mission to work with and for disadvantaged older persons worldwide to achieve a lasting improvement in the quality of their lives. HelpAge International strives for the rights of disadvantaged older persons to economic and physical security; healthcare and social services; and support in their care-giving role across the generations. In Africa, HelpAge has a network of 33 Partner organizations and affiliates.

*The Africa Platform for Social Protection (APSP) was established in 2008 consisting of a* group of national and regional organizations from across the African continent responding to the growing demand for "voice" and more active engagement of African civil society in shaping social protection policies, programmes, and practices. The mission is to create partnerships with Civil Society and other organizations to engage with Governments, Regional and Continental Bodies and International Development Agencies (IDAs) to develop and implement innovative Social Protection policies, strategies and programmes in order to make a difference in people's lives in Africa, the vision is an African continent free from poverty and vulnerability.

The Coalition on Children Affected by HIV/AIDS (The Coalition) is an independent collaborative entity composed of private or public funders and re-granting organizations, from both the North and the South, that provide grants to improve the lives of young children living in the context of HIV/AIDS. The Coalition is supported by a wider network of technical experts and civil society groups who work on children's issues.

## 4. Building Linkages: Social Protection, Poverty and HIV&AIDS

This programme seeks to build links between risks and vulnerabilities caused by HIV and AIDS and to demonstrate the effectiveness of social protection measures in realizing the rights of vulnerable people to achieving universal access in HIV and AIDS prevention, care and support, and treatment. These measures include livelihoods support, cash transfer programmes and universal pensions and other grants. Social protection provides access to resources to meet basic needs and HIV and AIDS and health services and prevents the

transmission of intergenerational poverty often affecting older persons and children. This contributes to countries' efforts towards achieving the Millennium Development Goals (MDGs) and their own national development targets.

The expected results will be achieved through combined approaches linking grassroots service delivery to vulnerable groups with national and regional policy influencing processes. It will build the capacity of civil society organizations (CSOs) to effectively engage in social protection policy dialogue and in the design and implementation of social protection programmes. In addition the programme will focus on building evidence for effective policy action, promoting networking and learning among civil society, government, and research and academic institutions. A seminal research study is being undertaken by the University of London in collaboration with Stellenbosch University to research the effects of community based programming on the situation of children affected by AIDS.

The programme has four result areas:

- Universal access to HIV and AIDS services and Social Protection Mechanisms for Vulnerable groups is increased

- Regional and National level HIV&AIDS[1] and SP policies and related [policies] plans and budgets increasingly incorporate measures which address the needs of vulnerable groups.

- Increased participation of Civil Society organisations in the formulation, implementation and monitoring of National and Regional HIV and AIDS and Social Protection policies and strategies

- Evidence on effective[2] action contributing to the achievement of universal HIV&AIDS and SP services gathered, documented and shared and acted on among CSOs, Governments and other stake holders

The programme has reached two thirds of its implementation period and an agreed Mid-term review will therefore take place between January to March 2013.

## 5. The purpose of the Midterm evaluation

The purpose of the midterm evaluation is to assess the effects of the programme on the target population and policies and analyse the programme's contribution towards the set objectives in relation to the changing political, economic, social scenarios. The midterm evaluation report will be used in guiding the remaining implementation period as well as the development of future programming.

The main objectives and scope of the midterm evaluation are to:
a) Assess the extent to which the methods and approaches employed in the programme are effectively guiding us to achieving the results and overall objective and make recommendations accordingly (including recommendations for what a possible two-year extension would benefit from, in terms of achievement of results and impact)

b) Assess effectiveness of the 'nesting approach' in grants administration, building synergies and enhancing learning (Including how the nesting approach has benefited or added value to the overall programme and its goals. Any suggestions for possible improvements)

c) Establish how issues of human rights, older persons, gender, persons with disabilities and children are being addressed by the programme and effects of the programme on these populations.

d) Assess the extent to which the programme contributes to Sweden Strategy for HIV in Africa(including any ways in which this could be enhanced/increased in future)

e) Identify emerging good practices or models in the programme that can be documented and showcased for possible scale up and replication.

f) Assess the value for money principle in ensuring that grant is maximised to improve the quality of life of vulnerable populations (Children, People with disability, older persons and their households).

## 5 Consultant's Profile

### 5.1 Core competencies

- Ability to research, collate and synthesize a range of information and data (qualitative and quantative) into useful, strategic and practical analysis and recommendations.
- Ability to communicate effectively with a wide range of people within Government, development agencies at various levels and UN/international agencies
- Demonstrates sensitivity, tact and diplomacy, and programmes a positive image
- Able to handle confidential and politically sensitive issues in a responsible and mature manner and protocol appropriately
- Managerial experience in organizational development including granting making through consortia
- Ability in using online data collection tools across the globe
- Ability to write high quality and concise technical reports with high proficiency in written and spoken English, within agreed terms of reference and deadlines.

### 5.2 Education and Experience:

- At least 10 years of relevant and diversified professional experience in international development (social protection, poverty reduction programmes, HIV&AIDS, psycho social support, social research, organizational development)
- Proven experience in conducting, evaluations of complex development programmes in HIV and AIDS, social protection, policy analysis and research

- Excellent knowledge and skills on issues of international development in relation to Africa
- Strong knowledge on rights based approaches to programming
- Proven experience in participatory reviews and research, and capacity assessments.

**6.0 Expression of interest**

All interested consultants/firms are requested to write an expression of interest by:
a) Explaining their competences to meet the requirements of the assignment
b) Explain in details the methodology to be used in carrying out the assignment
c) Provide a detailed professional budget in USD (Indicate daily professional rates)
d) Provide duration of the assignment and when ready to undertake the assignment.
e) Provide evidence of similar work undertaken in the recent past (Not more than 3 years)

**Framework of questions for mid-term evaluation.**

**Name:**

**Role in programme**

Q. 1 How do you think the programme is progressing in achieving the result areas:

Q.2 In what ways is this happening?

Q. 3 What have been the critical success factors?

Q.2 What have been the challenges in achieving the results so far that are in the control of HelpAge and partners?

Q.3 How have these been addressed?

Q.4 What are the challenges *beyond the control* of HelpAge ARDC in co-ordinating the programme and working towards achieving its results?

Q.5 What changes if any, would you recommend should be made to improve programme delivery?

Q.6. Any other comments?

THANK YOU!

**Logic Model for Strengthening Social Protection to prevent and mitigate the impact of HIV and AIDS and poverty in sub-Saharan Africa (AFR605)**
**Revised Version November 2012)**

| | | | | |
|---|---|---|---|---|
| **GOAL** | **To contribute towards equitable and sustainable development of vulnerable groups[27] in Sub- Saharan Africa[28]** | | | |
| **Results** | R 1<br>**Increased access to HIV and AIDS services and Social Protection Mechanisms for Vulnerable groups** | R 2<br>**Regional and National level HIV&AIDS[29] and SP policies and related [policies] plans and budgets increasingly incorporate measures which address the needs of vulnerable groups** | R 3<br>**Increased participation of Civil Society organisations in the formulation, implementation and monitoring of National and Regional HIV and AIDS and Social Protection policies and strategies** | R 4<br>**Improved shared learning on effective[30] action contributing to the achievement of universal HIV&AIDS and SP services and evidence/result based management** |
| **Indicators** | ▪ # vulnerable people (including PWD) reporting increased access to HIV&AIDS prevention, treatment, care and support services and SP mechanisms (linking older persons with age-friendly services)<br>▪ # Vulnerable people (including PWD) reporting increased access to SP mechanisms<br>▪ # of SP mechanisms in targeted countries initiated and implemented | ▪ # regional and national bodies with Social protection policy frameworks and strategies with concrete resource allocation<br>▪ # of countries and regional bodies that have HIV policy frameworks and strategies that recognize and address the needs of older persons and their dependants | ▪ # countries and regional bodies actively involving civil society[31] organisations/groups in HIV/AIDS and Social Protection policy formulation, implementation and monitoring<br>▪ # of advocacy events/forums used/organised by CSOs to demand improved social protection, policy inclusion and implementation, resource/budgetary allocation and HIV and AIDS service delivery<br>▪ # of CSOs actively involved in local, National and regional activities to improve access to HIV&AIDS services and SP mechanisms<br>▪ # of national SP platforms formed/strengthened and actively contributing to development of SP policies, design and implementation of social protection programmes<br>▪ # of HIV and AIDS and Social Protection national polices and strategies reviewed based on advocacy campaigns spearheaded by OCMG and advocacy groups | ▪ # of Innovative small research programmes (on specific technical areas to contribute to learning on HIV and AIDS and Social Protection issues) undertaken<br>▪ # of countries with HIV/AIDS related data disaggregated by age (>50 years) and sex and used to influence policy and programme development<br>▪ # of Policy documents (briefs & statements) on HIV and AIDS and Social Protection developed at regional and national level to influence policy dialogue and change |

[27] Vulnerable groups refer to older people, OVC, PWDs, and other marginalized people.
[28] HelpAge's programmes will target Ethiopia, Tanzania, Uganda, Mozambique, Zambia, Kenya and Ghana while APSP will work in these plus additional countries through its network of SP organisations and CCABA works in Southern Africa
[29] Addressing the needs of older people and their dependants
[30] Effectiveness in this case is defined as policy action with clearly earmarked resources
[31] CSOs include National and regional NGOs, CBOs and FBOs

**Logic Model for Strengthening Social Protection to prevent and mitigate the impact of HIV and AIDS and poverty in sub-Saharan Africa (AFR605)**
**Revised Version November 2012)**

| | | | | |
|---|---|---|---|---|
| **Activities** | 1.1 Community rights awareness on HIV and AIDS and social protection entitlements[32]<br>1.2 Promote and facilitate access of vulnerable groups to state subsidies[33]<br>1.3 Mobilise and train paralegals to support vulnerable groups access to HIV and AIDS and social protection rights and entitlements<br>1.4 Establish Social assistance/transfer fund, revolving fund, IGA grants, community health fund for older persons and OVC support[34]<br>1.5 Train volunteer HBCs and activists to provide HIV prevention, counselling, basic care and psycho-social support<br>1.6 Train and form OCMG/activists to track and monitor access to HIV and social protection rights and entitlements<br>1.7 Train communities on food security/nutrition, management of IGAs and social assistance fund for improved livelihoods<br>1.8 Train Activists on use of 'tool kit' to combat stigma and discrimination (prevention, care and treatment)<br>1.9 Provide direct technical assistance to partner organizations in the design and implementation of age-friendly HIV and AIDS prevention, care and support, and social protection programmes<br>1.10 Develop age-appropriate messages<br>1.11 Provide Technical Assistance to African governments in the implementation of the social pension/CT programmes for national scale up<br>1.12 Raise awareness and seek public opinion support through print and electronic media to promote universal access to HIV/AIDS services and social protection measures for underserved vulnerable groups[35]<br>1.13 . Initiate policy and programme interventions to enhance the role of traditional practitioners and traditional leaders in combating HIV and AIDS based on findings and recommendations from the THP/TL current research study | 2.1 .Training on budget tracking and expenditure monitoring at local government level ( No budget)<br>2.2 Support country advocacy groups to develop and implement advocacy strategies and programmes to influence inclusion of older persons in HIV & AIDS and social protection and other related policies) and resource allocation and operationalisation of policies and frameworks<br>2.3 . Engage in advocacy and lobbying activities with partner organizations, older persons's groups and advocacy groups during review and development processes of National HIV and AIDS and Social Protection policies and strategies to ensure that OP are included<br>2.4 . Continuous engagement with RIATT, VSO Regional AIDS Initiative for Southern Africa (RAISA), EANNASO, AFRICASO, Africa CSO Coalition on HIV and AIDS to mainstream older persons's issues and promote the linkage between social protection and HIV/IDS in policies and strategies<br>2.5 . Continuous support to the secondment of a senior-level consultant on orphans and other children vulnerable to HIV/AIDS to the Global Fund to Fight AIDS, Tuberculosis and Malaria | 3.1. Organizing annual campaigns at local, national and regional level including ADA, WADs, IWD etc<br>3.2 Train CSOs working with APSP and HelpAge affiliates and partners on Social Protection<br>3.4. Hold regional consultative meetings on key HIV and AIDS and social protection thematic issues related to age-friendly HIV and AIDS services, social protection mechanisms such as social transfers, pensions and linkage between HIV and AIDS and social protection National Consultative meetings<br>3.5 Institutional strengthening support to HelpAge partners<br>3.6. Institutional and capacity building of APSP | 4.1 Conduct baseline. Midterm and end-term surveys<br>4.2 Hold annual high level regional donor forum to garner support for vulnerable groups where good practices documented from model integrated HIV&AIDS and social protection programmes are shared<br>4.3 Conduct operational and action Research on emerging issues [36]<br>4.4 Documentation and dissemination on the various thematic areas including social protection, HIV & AIDS (Stigma & Discrimination, Prevention, age friendly services etc)<br>4.5 . Conduct policy monitoring analysis on inclusion of older persons in HIV and AIDS, social protection and livelihood and related national policies to identify gaps and opportunities to promote linkages between HIV and AIDS and social protection measures<br>4.6 . Learning, documenting and dissemination on all aspects of the programme processes for HelpAge staff and partners across Africa<br>4.7 Promote learning and sharing among CSOs and Governments through exchange visits, study tours, learning forums and participation in EPRI courses and bi-annual HelpAge meetings and other HIV/AIDS and SP forums<br>4.8 Regional training on older Citizen monitoring processes for HelpAge staff and partners across Africa to improve the effectiveness of OCM approach in advocacy and evidence gathering process<br>4.9 . Holding global symposiums on ageing during key global events e.g. ICASA and World AIDS conference in collaboration with CCABA<br>4.10 Support the continuance of grant to CCABA<br>4.11 . Support cohort study conducted by UCL |

[32]Focuses attention to grassroots (community level), with localized instruments such as local community gatherings/Meetings, provincial administration etc

[33] We are going to use the following groups (OCM, advocacy groups & National Platforms) to access health care services, food/ agricultural inputs, OVC education bursaries and state cash transfers.

[34] These activities will be later on redefined as they consist of a broad range of options that will be relevant to different context and country situation. For example Moz plans to work with 30 Community Development Committees & 8 PLHIV associations to design & implement IGAs and social assistance fund. CCABA will develop catalytic fund to provide support

[35]Is national, looking at broader universal issues, utilizing the instruments mentioned and with much focus on awareness creation

[36]Topics to be identified (HIV&AIDS and SP issues) APSP – documentation of SP mechanisms

## Logic Model for Strengthening Social Protection to prevent and mitigate the impact of HIV and AIDS and poverty in sub-Saharan Africa (AFR605) Revised Version November 2012)

**Logical Framework Matrix**[37]

| **PROGRAMME NAME** | **Strengthening Social Protection to prevent and mitigate the impact of HIV and AIDS and poverty in sub-Saharan Africa** | | | | | | |
|---|---|---|---|---|---|---|---|
| **GOAL** | **Indicator** | **Baseline (year)** | **Milestone 1** | **Milestone 2** | **Milestone 3** | **Target (2013)** | **Assumptions** |
| To contribute towards equitable and sustainable development of vulnerable groups in Sub- Saharan Africa | | | | | | | |
| | **Source:** Government monitoring reports and demographic surveys, evaluation reports by external evaluation consultants | | | | | | |

| **PURPOSE** | **Indicator** | **Baseline (year)** | **Milestone 1** | **Milestone 2** | **Milestone 3** | **Target** | **Assumptions** |
|---|---|---|---|---|---|---|---|
| Improved universal[38] access to HIV&AIDS services[39] and SP mechanisms for Vulnerable groups in Sub-Saharan Africa by 2013 | # of countries with National HIV & AIDS strategic frameworks and policies that recognize vulnerable groups and include specific commitments and targets with budgets to address this impact | 6 | 2 | 2 | 1 | 6 countries with National HIV&AIDS strategic frameworks and policies | Governments have commitment to allocate their own or donor resources to provide universal access to HIV services and social transfers |
| | **Source:** National HIV&AIDS Strategic Plans, National Development Plans, Reports on access to HIV&AIDS services | | | | | | |
| | # of countries with National Social Protection frameworks and policies that recognize and address the needs of vulnerable groups with specific budget commitments | 6 | 2 | 2 | 1 | 6 countries with National Social Protection frameworks and policies | |
| | **Source:** Social Protection Policies, Reports on people accessing SP mechanisms | | | | | | |
| | # of regional HIV&AIDS policies and strategies that recognize the impact of HIV&AIDS on vulnerable people and include specific commitments and targets to address this impact | 0 | 2 | 2 | 1 | 7 regional social protection policy frameworks and strategies | |
| | **Source:** Regional Social Protection Policies, Reports on SP mechanisms and their accessibility | | | | | | |
| | # of regional social protection policy frameworks and strategies that recognize the needs of vulnerable groups and make specific commitments and targets to address their vulnerability and poverty | 1 | 2 | 2 | 1 | 7 regional HIV&AIDS policies and strategies | |
| | **Source:** Regional HIV&AIDS Strategic Plans, National Development Plans, Reports on access to HIV&AIDS services | | | | | | |

[37] Adapted from the DFID's revised logframe matrix
[38] Types of services as defined by UNAIDS which include prevention, care and support (physical, psychosocial and economic support)
[39] Focus will be promoting access to universal HIV and AIDS services for vulnerable older people and their dependents

## Logic Model for Strengthening Social Protection to prevent and mitigate the impact of HIV and AIDS and poverty in sub-Saharan Africa (AFR605) Revised Version November 2012)

| RESULT 1 | Indicator | Baseline (year) | Milestone 1 | Milestone 2 | Milestone 3 | Target | Assumptions |
|---|---|---|---|---|---|---|---|
| **Increased access to HIV and AIDS services and Social Protection Mechanisms for Vulnerable groups** | 1.1 # vulnerable people (including PWD, Ops ) and their dependants reporting increased access to HIV&AIDS prevention, treatment, care and support services and SP mechanisms (linking older persons with age-friendly services) | 46,978 | 37,945 | 40,115 | 42,345 | 120, 405 vulnerable people reporting increased access to HIV&AIDS prevention, treatment, care and support services | Existence of HIV&AIDS services and SP mechanisms that address the different vulnerabilities of the target groups<br>Sustainability of ARV provision in countries might jeopardize progress<br>Favourable weather conditions for community-based interventions (mostly agriculture) |
| | **Source:** Country HIV&AIDS progress reports, UNGASS report, programme reports, Service Delivery and Access Form, research reports on HIV&AIDS specific issues, Country Vulnerability mapping report, Country progress reports on HIV&AIDS response and SP mechanisms, programme reports | | | | | | |
| | 1.2 # Vulnerable people (including PWD) reporting increased access to SP mechanisms | 12,090 | 8,285 | 8,455 | 8,685 | 25,425[40] vulnerable people reporting increased access to SP mechanisms | |
| | **Source:** Country Progress/sector report on social protection mechanisms, programme reports, Service Delivery and Access Form, research reports on SP specific issues | | | | | | |
| | 1.3 # of SP mechanisms in targeted countries initiated and implemented | 7 | 2 | 2 | 1 | At least 5, SP mechanisms in targeted countries initiated and implemented by governments and other civil society organisations | |
| | **Source:** Country Progress report on social protection mechanisms, mapping reports by Regional Economic Communities on existing social protection instruments | | | | | | |

| RESULT 2 | Indicator | Baseline (year) | Milestone 1 | Milestone 2 | Milestone 3 | Target | Assumptions |
|---|---|---|---|---|---|---|---|
| **Regional and National level HIV&AIDS[41] and SP policies and related [policies] plans and budgets increasingly incorporate measures which address the needs of vulnerable groups** | 2.1 # regional and national bodies with Social protection policy frameworks and strategies with concrete resource allocation commitments | 3 regional, 6 national | 1 regional, 1 national | 1 regional, 1 national | 1 national | At least 2 regional and 3 national bodies have Social protection policy frameworks and strategies with concrete resource allocation | There is commitment by national governments and regional bodies to formulate policies and translate into practice with adequate budgetary allocation |
| | **Source:** Policy documents, Implementation plans, Resource/budgetary allocation, Country/sector progress reports and CSO reports with evidence demonstrating increased integration of vulnerable groups in SP mechanisms | | | | | | |
| | 2.2 # of countries and regional bodies that have HIV policy frameworks and strategies that recognize and address the needs of older persons and their dependants | 1regional, 7 national | 2 national | 1 regional, 3 national | 2 national | At least 7 countries and 2 regional bodies have HIV policy frameworks and strategies that recognize and address the needs of older persons and their dependants | |
| | **Source:** Policy documents, Implementation plans, Resource/budgetary allocation, Country progress/sector reports and CSO reports, budget monitoring reports | | | | | | |

[40] Total of countries' targets for indicator 1.2 of M&E Framework

[41] Addressing the needs of older people and their dependants

**Logic Model for Strengthening Social Protection to prevent and mitigate the impact of HIV and AIDS and poverty in sub-Saharan Africa (AFR605)**
**Revised Version November 2012)**

| RESULT 3 | Indicator | Baseline (year) | Milestone 1 | Milestone 2 | Milestone 3 | Target | Assumptions |
|---|---|---|---|---|---|---|---|
| **Increased participation of Civil Society organisations in the formulation, implementation and monitoring of National and Regional HIV and AIDS and Social Protection policies and strategies** | 3.1 # countries and regional bodies actively involving civil society organisations/groups in HIV/AIDS and Social Protection policy formulation, implementation and monitoring | 4 countries; 15 APSP; 2 regional | 1 countries; 4 new (APSP); 1 regional | 2 countries; 6 new (APSP); 3 regional | 1 countries; 4 new (APSP); | 4 countries; 13 new (APSP); 4 regional | CSOs will be well coordinated to speak with one voice with clear advocacy strategies |
| | **Source:** Civil society activity reports, Policy documents | | | | | | |
| | 3.2 # of advocacy events/forums used/organised by CSOs to demand improved social protection, policy inclusion and implementation, resource/budgetary allocation and HIV and AIDS service delivery | 16 | 20 | 20 | 19 | 59 advocacy events/forums used by CSOs to demand improved social protection and HIV and AIDS service delivery | |
| | **Source:** Meeting reports, attendance forms, policy influence/advocacy forms, SP monitoring reports (APSP), APSP Annual review reports, budget monitoring/analysis report | | | | | | |
| | 3.3 # of CSOs actively involved in local, National and regional activities to improve access to HIV&AIDS services and SP mechanisms | 98 | 65 | 76 | 75 | 216 CSOs actively involved in local, National and regional activities to improve access to HIV&AIDS services and SP mechanisms | |
| | **Source:** Reports of advocacy campaigns Civil society activity reports, policy documents, implementation plans, resource allocation, copies of petition (e.g ADA) documents, events reports, newspaper supplements (some specific designated campaigns), e.g. MIPAA +10 report, AU +10 report | | | | | | |
| | 3.4 # of national SP platforms formed/strengthened and actively contributing to development of SP policies, design and implementation of social protection programmes | 15 | 4 | 6 | 3 | 13 new/additional | |
| | **Source:** Reports of national civil society SP platforms, programme reports, APSP Annual review reports | | | | | | |
| | 3.5 # of HIV and AIDS and Social Protection national polices and strategies reviewed based on advocacy campaigns spearheaded by OCMG and advocacy groups | 21 | 1 | 1 | 1 | 3 national SP platforms formed/strengthened and actively contribute to the development of SP policies, design and implementation of various social protection programmes | |
| | **Source:** Civil society activity reports, National Platform Implementation Plans, policy documents, CSOs monitoring reports on SP, APSP Annual report, country profiles in APSP website indicating status of CSO activities on SP | | | | | | |

| RESULT 4 | Indicator | Baseline (year) | Milestone 1 | Milestone 2 | Milestone 3 | Target | Assumptions |
|---|---|---|---|---|---|---|---|
| **Improved shared learning on effective[42]action contributing to the achievement of universal HIV&AIDS and SP services and evidence/result based management** | 4.1 # of Innovative small research programmes (on specific technical areas to contribute to learning on HIV and AIDS and Social Protection issues) undertaken | 3 | 1 | 1 | 1 | 3 operational/action research undertaken[43] | Stakeholders' buy-in<br>Availability of credible universities willing to partner with us |
| | **Source:** Lessons learned and best practices documents, manuals reference to ageing and issues of vulnerable groups in curriculums of higher learning institutions. Joint research protocols and research reports | | | | | | |
| | 4.2 # of countries with HIV/AIDS related data disaggregated by age (>50 years) and sex and used to influence policy and programme development | 2 | 1 | 3 | 1 | In at least 5 countries HIV/AIDS related data is disaggregated by age (>50 years) and sex and used to influence policy and programme development | |
| | **Source:** Disaggregated data from VCT, HBC and ART Services, Policy briefs on the need for data disaggregation, AIDS Indicator Surveys, Demographic and Health Survey | | | | | | |
| | 4.3 # of Policy documents (briefs & statements) on HIV and AIDS and Social Protection developed at regional and national level to influence policy dialogue and change | 0 | 1 | 1 | 1 | At least 3 Policy briefs & statements on HIV and AIDS and Social Protection developed at regional and national level | |
| | **Source:** Policy documents | | | | | | |

[42]Effectiveness in this case is defined as policy action with clearly earmarked resources

[43]The following are some indicative research questions we may want investigated in the lifetime of the project:

1. To what extent can we attribute access to HIV and AIDS and social protection services by the Ops, OVCs PWD to awareness efforts of the project? What has been the effect of these on household livelihoods (if any)
2. Effect of (implementation) regional and national policies on vulnerable populations (PWD, Ops OVCs) i.e. Does implementation of policies (including resource allocation) translate into better services for vulnerable populations?
3. How effective are CSOs & OCMGs as organs of advocacy on HIV and AIDS and social protection and improved service delivery?
4. Making the case for data desegregation for 50+ and PWD in HIV and AIDS and NCDs in Eastern and Southern Africa

**Logic Model for Strengthening Social Protection to prevent and mitigate the impact of HIV and AIDS and poverty in sub-Saharan Africa (AFR605)**
**Revised Version November 2012)**

**Indicator Reference Sheet**

| RESULT | Performance Indicator | Definition | Means of Verification/ Instrument | Frequency of Data Collection | Person(s) Responsible |
|---|---|---|---|---|---|
| **1.Increased access to HIV and AIDS services and Social Protection Mechanisms for Vulnerable groups** | 1.1 # vulnerable people (including PWD, Ops ) and their dependants reporting increased access to HIV&AIDS prevention, treatment, care and support services and SP mechanisms (linking older persons with age-friendly services)<br>**Disaggregation**: Country, Age and sex | Vulnerable people in this case are people highly at risk of HIV/AIDS infection or have been affected (including PWD, OP>50 yrs and their dependants) who have accessed HIV&AIDS prevention, treatment, care and support services and SP mechanisms in the proposed programme sites as a direct result of the community rights awareness on HIV and AIDS initiatives implemented by HelpAge. **[Unit of analysis- #]** | Analysis of access to HIV&AIDS services by age and sex | Quarterly | Programme Manager (ARDC/Sida), country teams, Regional M&E Coordinator |
| | 1.2 # Vulnerable people (including PWD) reporting increased access to SP mechanisms<br>**Disaggregation**: Country, Age and sex | These are people highly at risk of poverty, HIV/AIDS infection or have been affected including PWD (including OP)people accessing SP instruments in the programme sites<br>**[Unit of analysis- #]** | Analysis of those accessing various SP mechanisms | Quarterly | Regional M&E Coordinator supported by country teams, SP/CSO officer at ARDC and APSP Programme Manager |
| | 1.3. # of SP mechanisms in targeted countries initiated and implemented<br>**Disaggregation**: Country, Age and sex | These are new SP mechanisms initiated during the programme period influenced by this programme's interventions<br>**[Unit of analysis- #]** | Analysis of SP mechanisms at country level by SP mechanism | Annually | Regional M&E Coordinator supported by country teams, SP/CSO officer at ARDC and APSP Programme Manager |
| **2.Regional and National level HIV&AIDS[44] and SP policies and related [policies] plans and budgets increasingly incorporate measures which address the needs of vulnerable groups** | 2.1.# regional and national bodies with Social protection policy frameworks and strategies with concrete resource allocation commitments | These are regional bodies (RIATT, VSO Regional AIDS Initiative for Southern Africa (RAISA), EANNASO, AFRICASO, Africa CSO Coalition on HIV and AIDS, EAC, ECOWAS, SADAC) with SP policy frameworks and strategies with commitments on resource allocation. . **[Unit of analysis- #]** | Review of SP reports/ documents | Annually | Regional M&E Coordinator supported by country teams and APSP |
| | 2.2.# of countries and regional bodies that have HIV policy frameworks and strategies that recognize and address the needs of older persons and their dependants<br>**Disaggregation**: Regional and country bodies | These are countries regional bodies RIATT, VSO Regional AIDS Initiative for Southern Africa (RAISA), EANNASO, AFRICASO, Africa CSO Coalition on HIV and AIDS, EAC, ECOWAS, SADAC)with HIV/AIDS policy frameworks and strategies with commitments on resource allocation<br>**[Unit of analysis- #]** | Review of programme reports/ documents and country HIV&AIDS progress reports | Annual | Regional M&E Coordinator supported by country teams and APSP |
| **3.Increased participation of Civil Society organisations in the formulation, implementation and monitoring of National and** | 3.1 # countries and regional bodies actively involving civil society[45] organisations/groups in HIV/AIDS and Social Protection policy formulation, implementation and monitoring<br>**Disaggregation**: Regional and country bodies | These are countries working actively with CSOs in HIV&AIDS and SP policy formulation and implementation<br>**[Unit of analysis- #]** | Review of areas of involvement between governments and CSOs | Quarterly | Regional M&E Coordinator supported by country teams, APSP and HIV&AIDS bodies |

[44] Addressing the needs of older people and their dependants
[45] CSOs include National and regional NGOs, CBOs and FBOs

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| **Regional HIV and AIDS and Social Protection policies and strategies** | 3.2. # of advocacy events/forums used/organised by CSOs to demand improved social protection, policy inclusion and implementation, resource/budgetary allocation and HIV and AIDS service delivery<br>**Disaggregation:** Type of forum/events and country | These are one-on-one, workshops, campaigns, etc organized by CSOs for advocacy on SP and HIV&AIDS issues (to demand improved social protection, policy inclusion and implementation, resource/budgetary allocation and HIV and AIDS service delivery) **[Unit of analysis- #]** | Analysis of the agenda items and issues raised | Quarterly | Regional M&E Coordinator supported by country teams, APSP and HIV&AIDS bodies |
| | 3.3# of CSOs actively involved in local, National and regional activities to improve access to HIV&AIDS services and SP mechanisms<br>**Disaggregation:** CSO and country | These CSOs that are actively involved at national and regional level on issues of HIV&AIDS and SP and work within the programme focus.<br>**[Unit of analysis- #]** | Review of key HIV&AIDS and SP issues raised and documented | Quarterly | APSP Programme Manager, National SP Platforms, Country Team, ARDC M&E Coordinator |
| | 3.4.# of national SP platforms formed/strengthened and actively contributing to development of SP policies, design and implementation of social protection programmes<br>**Disaggregation: Platforms** | These are national platforms formed specifically and are involved in advocacy on SP issues<br>**[Unit of analysis- #]** | Review of key SP issues raised and documented | Quarterly | APSP Programme Manager, National SP Platforms, Country Team, ARDC M&E Coordinator |
| | 3.5. # of HIV and AIDS and Social Protection national polices and strategies reviewed based on advocacy campaigns spearheaded by OCMG and advocacy groups. **Disaggregation**: Regional and country | These are policies and strategies reviewed through the influence of OPMGs and Advocacy groups at local and national level.<br>**Unit of analysis- #]** | Analysis of the contents of policies and plans | Annually | APSP Programme Manager, Regional M&E Coordinator |
| **4.Improved shared learning on effective[46]action contributing to the achievement of universal HIV&AIDS and SP services and evidence/result based management** | 4.1 #of Innovative small research programmes (on specific technical areas to contribute to learning on HIV and AIDS and Social Protection issues) undertaken.<br>**Disaggregation.** Topic | These are policy tracking studies (carried out to generate evidence based information on the efficacy of policy implementation in order to inform the direction of policy dialogue) to bring government officials and other relevant stakeholders together to discuss HIV and AIDS and Social Protection policy related issues**. [Unit of analysis- #]** | Surveys, policy review studies | Annually | Programme Manager, M&E Coordinator, country teams |
| | 4.2. # of countries with HIV & AIDS related data disaggregated by age (>50 years) and sex and used to influence policy and programme development<br>**Disaggregation**: Country | These are the target countries with HIV&AIDS related disaggregated data, that includes OP (age >50) beneficiaries accessing HIV&AIDS services as a result of the programme's advocacy initiatives<br>**[Unit of analysis- #]** | Analysis of specific issues on data disaggregation such as age cohorts, etc | Quarterly | Regional M&E Coordinator supported by country teams |
| | 4.3. # # of Policy documents (briefs & statements) on HIV and AIDS and Social Protection developed at regional and national level to influence policy dialogue and change<br>**Disaggregation.** Topic | These are policy briefs/statements written and disseminated as a consequence of indicator # 4.1 above<br>**[Unit of analysis- #]** | | | |

[46]Effectiveness in this case is defined as policy action with clearly earmarked resources