**Accountability and Fulfilment for Older people in order to Raise their Dignity (AFFORD) Programme**

**2014 MID-TERM REVIEW**

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# Introduction

This report presents the summary findings of a mid-term review of a programme entitled ‘Accountability and Fulfilment for Older people in order to Raise their Dignity (AFFORD)’. The AFFORD Programme was developed as a four-year multi-country initiative (1st January 2012 until 31st December 2015), and is being implemented by HelpAge International with partners in *South Africa*, *Mozambique*, *Tanzania*, *Uganda* and *Ireland*. The programme is funded by Irish Aid, with co-funding from HelpAge International.

AFFORD works to enable older men and women to benefit from the delivery of improved social protection/cash transfer and health and HIV/AIDS programmes in *Mozambique*, *Tanzania*, *Uganda* and *South Africa*. It aims to bring tangible benefits to vulnerable older men and women and their families/dependents, and to generate practical examples and evidence to support a broader programme of policy and advocacy activities at local, national and international levels. The programme also includes public awareness and development education in *Ireland* to increase understanding and support of Ageing and development issues.

HelpAge undertook this review of the AFFORD programme in April and May 2014 to assess progress at the mid-point of implementation for AFFORD activities in each country and to propose amendments where necessary to support effective and sustainable implementation for the remaining period of the programme.

The review assessed the AFFORD programme in each participating country according to the following criteria:

1. **Effectiveness**; whether the programme is on track towards realizing its objectives
2. **Efficiency**; the extent to which ways of working are supporting or hindering the delivery of the programme in terms of resources and time.
3. **Inclusion**; the extent to which the programme takes into account gender and equity issues
4. **Monitoring and Evaluation**: the utility of the results framework for programme management.
5. **Internal Co-ordination and Communication**; the extent to which communication between offices and partners supports effective and efficient programme delivery.
6. **External Co-ordination and Linkages**; the extent to which the programme has formed synergies with national and regional structures
7. **Sustainability**; whether there are any indications of the results to be sustainable beyond programme’s lifetime; and whether exit strategies have been developed.

Programmes in *Mozambique*, *Tanzania*, *Uganda*, *South Africa* contributing to AFFORD were each visited by a team consisting of a HelpAge Programme Manager from a neighbouring country and a HelpAge M&E officer/adviser. Each review consisted of field visits and interviews using a core set of assessment tools (annex 2). The development awareness programme in *Ireland* was reviewed by the HelpAge Monitoring and Evaluation Adviser based in London and involved a series of telephone interviews with key ‘boundary partners’. The mid-term review was conducted by people internal to HelpAge (but external to the country programme evaluated). The findings may therefore be subject to organisational bias but it is hoped this is outweighed by the opportunity to draw on the expertise of staff, the benefits for cross-programme learning, and the potential for greater take-up of findings. Individual reports provide details on the team and methodology applied in each country review.

The findings of the review were presented in individual country-level reports (attached as annexes to this summary), with a draft synthesis presented at a teleconference of AFFORD programme managers in July 2014, and at the AFFORD annual learning workshop in *Mozambique* in September 2014 which identified management responses to the findings.

# Effectiveness

The mid-term review found evidence of generally good progress against the results framework, although the extent of this progress varies according to result area. The table below presents summary ratings provided by the visits to each country programme. The ratings were based on data from reports, with verification and further analysis from interviews and visits to the field by the review teams.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Progress on indicators by country** | | **MOZ** | **TAN** | **UGA** | **SA** |
| **Outcome 1:** ***Older men and women benefit from more accessible social protection programmes*** | | | | | |
| 1A | [#] of countries with an accountability mechanism of pensions / cash transfer programmes where civil society has an accountability monitoring role (relevant to older persons). |  |  |  | N/A |
| 1B | [#] of Older Person receiving cash transfer/universal pension schemes (new or existing) |  |  |  | N/A |
| 1C | Value of new or existing social protection/cash transfer/universal pension schemes benefitting OP |  |  |  | N/A |
| **Output 1.1:** Older people holding their governments to account at local and national level for the delivery of social protection programmes | | | | | |
| 1.1A | [#] of Older People and their associations demanding Social Protection services from their government (new/expanded/reformed services) |  |  |  | N/A |
| 1.1B | [#] of older people and their associations monitoring delivery of or cash transfer/Social Protection programmes |  |  |  | N/A |
| **Output 1.2:** Capacity of governments to deliver accessible social protection programmes for older people increased | | | | | |
| 1.2A | [#] of requests honoured to HelpAge International to provide technical advice on Social Protection and cash transfers by govt. and donors |  |  |  | N/A |
| 1.2B | [#] of Member of Parliaments / Party Groups/Parliamentary groups supporting Social Protection policies for Older People |  |  |  | N/A |

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| --- | --- | --- | --- | --- | --- |
| **Outcome 2*: Older men and women access age-friendly health and HIV programmes*** | | | | | |
| 2A | [#] of primary healthcare centre delivering age-friendly services |  |  |  |  |
| 2B | [#] of healthcare centres that make use of disaggregated data by age and sex |  |  |  |  |
| 2C | [#] of older persons self-reporting to have accessed age-friendly healthcare services |  |  |  |  |
| **Output 2.1:** Capacity of governments and other service providers to deliver age-friendly HIV and Health programmes for older people increased | | | | | |
| 2.1A | [#] of health staff using training materials in providing age-inclusive services |  |  |  |  |
| 2.1B | [#] of older people and their associations monitoring delivery of health services and reporting barriers and discrimination |  |  |  |  |
| **Output 2.2:** Older people and their dependants have increased access to ARTs and necessary health services to support treatment & prevention | | | | | |
| 2.2A | [#] of HIV-positive older people accessing ART and VCT services |  |  |  |  |
| 2.2B | [#] of Older People accessing ART treatment who are in continued treatment after 12 months. |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **Outcome 3: *Older people’s rights, their access to social protection and quality health-care is reflected in public policy…*** | | | | | |
| 3A | [#] of mentions of Older People’s issues on income security, rights and health in national policy documents and official statements |  |  |  |  |
| 3B | [#] of concerns elevated by Older People (including their associations) during national/regional/provincial consultation/participation re Older People legislation |  |  |  |  |
| **Output 3.1:** A programme of national and international advocacy and engagement to effect policy changes that recognize rights and needs of older people | | | | | |
| 3.1A | [#] of media entries about Older People issues quoting HelpAge International or partner as a source |  |  |  |  |
| 3.1B | [#] of OP and OPAs/OCM groups taking part in annual Age Demands Action (ADA) campaigns and engaging with policy makers |  |  |  |  |
| 3.1C | [#] of Protocols (SADC, AU & EAC ) around SP and health/HIV/AIDS publicized to national policy makers by HelpAge International and partners and feeding into international level policy engagement. |  |  |  |  |
| 3.1D | [#] of reports with relevant evidence on pensions/cash transfers to older people led by or utilized in govt policy or key documents by or utilized/quoted in govt policy or key documents. |  |  |  |  |

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| --- | --- | --- |
| ***Ireland* Component: *Ageing and Development Awareness*** | | IRE |
| Outcome 1 | Age Action *Ireland* staff, members and supporters have increased awareness on ageing and development issues |  |
| Outcome 2 | Irish INGOs have increased awareness of older people and their rights in development |  |
| Outcome 3 | Increased awareness of ageing & development and the rights of older people among politicians and different political parties |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | On track / ahead of schedule | N/A | Not applicable to this country |
|  | Not on track / behind schedule |  | Further verification required |
| **MOZ** = *Mozambique*; **TAN** = *Tanzania*; **UGA** = *Uganda*; **SA** = *South Africa* | | | |

The programme shows greatest progress against targets for in social protection. In contrast, results on health are generally lagging behind – *Tanzania* being the exception.

The review found that evidence relating to policy influencing work is more difficult to assess. The country reviews provide some evidence that work in this area is generally on track, except for international/regional policy engagement (output indicator 3.1C)

As might be expected, evidence for progress is stronger in countries where HelpAge has a comparatively large programme and longer history of intervention. This suggests that some results may accrue from efforts pre-dating the AFFORD programme, or that evidence gathering is stronger in these locations. Accordingly, the programme in*Tanzania* shows the furthest progress against the results framework, while activities in *South Africa* are still in early stages.

For the development education element in *Ireland*, progress to date has been strongest in building awareness among Age Action *Ireland* members and supporters. The review found that much had been done to lay the foundations for developing awareness among NGOs – and the potential to build on this is high. Work to raise awareness of ageing and development issues among politicians and political parties in *Ireland* was still in early stages.

The boxes below outline key observations on progress from the country-level reviews.[[7]](#footnote-7)

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| ***MOZAMBIQUE***  **Social Protection (result area 1)**   * the increase in coverage and value of cash transfers is on track * there is good evidence of increased mobilisation of OPAs and community monitors, improved visibility of the *Mozambique* Civil Society Platform, and evidence of HelpAge providing technical support to govt (e.g. by reviewing govt strategies)   **Health and HIV services (result area 2)**   * the programme is unlikely to meet targets on age-friendly health clinics * more efforts will be required to increase the number of health staff trained and using training * the level of progress on OP monitoring and accessing HIV services requires further verification * the current level of knowledge held by OPAs on ageing and HIV issues is poor * the programme requires a clearer strategy to mainstream age-friendly health services in provincial plans and budgets   **Public policy (result area 3)**   * there is good coverage of older people’s concerns in national policy - targets could be exceeded * the progress on media coverage and participation in ‘Age Demands Action’ campaigns is on track * there is evidence of a contribution to regional (SADC) policies through APOSEMO |

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| ***TANZANIA***  **Social Protection (result area 1)**   * the programme is ahead of schedule in responding to requests to government for technical advice on social protection; the efforts to improve govt. capacity to deliver is on track; the study tours arranged by HelpAge to visit social protection schemes is an example of this * there is increased evidence of support of political parties on social protection; with pension issues enjoying a high profile in political debates * growth in the coverage of cash-transfers is behind schedule, but targets are likely to be significantly exceeded when the TASAF programme extends. There is a need to improve linkages with TASAF at national level (e.g. with the M&E dept on a study of the value of cash transfers to older people) * there is evidence of good engagement of older people in demanding social protection - from the community level up to the national level * the growth in the number of OPAs and OCMGs (older citizen’s monitoring groups) is on track: OPAs/OPMGs in *Tanzania* appear well organised, and show strong engagement of local leaders   **Health and HIV services (result area 2)**   * the growth in the number of age-friendly health centres is on track; with some good practice e.g. inclusion of older persons’ drugs in the district health budget * the number of clinics using disaggregated data is lagging behind * the number of OP accessing health services (and drawing people from adjacent districts). This has led to a workload pressure for clinic staff. * the level of health service monitoring by OCMGs is on track * the number of staff using new training materials is lagging behind * the number of OP accessing HIV and ART is on track, *but* there is a shortage of drugs   **Public policy (result area 3)**   * there is evidence of a high awareness and knowledge of MPs on ageing * good number of mentions of OP in policy docs and in media, and good level of ADA participation |

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| ***UGANDA***  **Social Protection (result area 1)**   * the coverage and value of the SAGE cash transfer programme has increased and is on track * there is a good level of engagement by OCMGs with the SAGE complaints and grievance mechanism at community level * regular dialogue between HelpAge and government on social protection and health at district level * There is a need to engage more with the SAGE secretariat and team at national level to raise awareness and profile of OCMG role * Need to modify the OCMG data collection tool in order to capture more useful information   **Health and HIV services (result area 2)**   * evidence of good support to the development and dissemination of a gerontology training manual * the training of health staff and use of knowledge is behind schedule (only 14 trained) * there is some evidence of health centres improving services for OP (e.g. one day per week for geriatric) * efforts to mobilise older people to monitor ‘age-friendliness’ of health clinics is on track * some clinics are disaggregating data but it is not reaching higher levels and is not used for decision-making * OCMGs have very little knowledge (and action) on ageing and HIV * there is a need to increase linkage at community level with Govt ‘Village Health Teams’ * increased demand is leading to a higher workload for health staff and limited by poor access to medicines * more effort is required *at the national level* to push for the expansion of age-friendly health and HIV services   **Public policy (result area 3)**   * there is a need to identify more advocacy opportunities at national level e.g. on SAGE * HelpAge needs to lobby for sufficient budget allocation in district development plans following the recent bill to establish ‘National Council for Older Persons in *Uganda*’ (passed in 2013). |

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| ***SOUTH AFRICA*[[8]](#footnote-8)**  **Health and HIV services (result area 2)**   * progress has been lagging behind due to delays in baseline surveys and partnerships following the development of a network approach, and changes in staff. * the baseline survey on age-friendliness and on the use of sex disaggregated data at health facilities has been completed * a protocol for collecting disaggregated HIV data has been established for Nkangala District Health System * there is some evidence of increased awareness of issues affecting older people among district health staff as a result of participation in the baseline survey * at the time of the review, the programme had yet to develop a clear strategy for delivering training on age-friendliness for health staff of on OPA mobilization to monitor facilities. * good relationships have been established at district level with the Mpumalanga Health Dept. This provides opportunities to establish regular meetings with civil society. * There is a need to further develop links at national/ministerial level: e.g. there are opportunities to work with the department of Chronic Diseases and Geriatrics on disaggregation of data by age.   **Public policy (result area 3)**   * efforts to date have been focused on developing national and regional networks, few outputs to date * the national level model to develop a multi-stakeholder coalition (SAAN) of govt, CSOs, media etc to work on ageing issues is innovative – potentially offering greater reach, sustainability and access to a range of partners, but could potentially slow progress during initial stages. * the Mpumalanga Health Dept has acknowledged the marginalisation of OP in PHCs * The studies on international/regional protocols in region, and on accountability and HIV are potentially useful documents, but there is limited evidence of follow-up / use to date. |

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| ***IRELAND* (Ageing and Development Awareness)**  **Outcome 1: Age Action *Ireland* staff, members and supporters have increased awareness of ageing and development issues**   * collaborations with other Age Action *Ireland* teams are showing some results * more could be done to raise the profile of ageing and development work across Age Action *Ireland* through internal communications and input into organisational strategy * workshops with AAI supporters to raise awareness have been effective but numbers are small * the number of people reached by workshops has been small; it may be more efficient to explore use of social media, or traditional print media and radio to reach a wider audience with key messages.   **Outcome 2: Irish NGOs have increased awareness of older people and their rights in development**   * There is a good potential to influence Irish INGOs on their programming in the long term, given opportunities provided by debates on inclusion, and the demand for technical support * Strong relationships have been built with Dóchas and CBM *Ireland* providing a good foundation * work need to be supplemented by bilateral relationships with INGOs, clarifying what AAI can offer (e.g. in terms of technical support), taking advantages of inclusion and resilience tags.   **Outcome 3: Politicians and political parties engage in ageing and development issues and rights of older people.**   * an advocacy strategy has helped to provide direction for activities * key messages and alliances are yet to be worked out. * there are opportunities to work with the AAI Policy and Advocacy on the Convention and to take advantage of AAI’s strong contacts with political parties. * due to the political timetable (Irish elections) opportunities for change are likely to occur towards the end of the programme, but there is much groundwork to do to build to this point. |

The relatively slow progress on health and HIV has been accompanied by a reported low level of knowledge and engagement on HIV issues among OPAs. Although the programme introduced an ‘age-friendliness tool’ to assess clinics, this is yet to be harmonized or rolled out effectively.

Policy engagement with duty bearers at community level (e.g. via OCMGs) was found to be good across the programme, but some gaps were observed in connecting local advocacy to influencing efforts at other levels – district, provincial and national. Influencing strategies need to be better identified and aligned to governance structures, especially given the evolving decentralization process in some contexts.

The largest gap in evidence towards the public policy results area is in terms of regional advocacy (3.1C). Although networks are well developed at national level, there is little evidence as yet of linking these to regional advocacy. The programme has completed a number of potentially useful studies e.g. of health policy and of social accountability as a reference for regional policy work, but at the time of the review, a joined-up strategy on how to take these forward had yet to be worked out.

Overall AFFORD shows good progress against the milestones in the results framework, but it is often not clear how the programme activities have contributed to these results. This is a concern also picked up by the draft report of the Irish Aid monitoring visit to *Mozambique*.[[9]](#footnote-9) It occurs because both outcome and output indicators in the results frame are set at a very high level. To a large extent the indicators relate to actions taken by other actors, especially government, which are key targets of AFFORD influencing activities. It is therefore difficult to assess the extent to which changes recorded have been influenced by the programme, and what occurred as a result of other external factors.

# Efficiency

To investigate efficiency, the review identified costs and results associated with significant areas of budget allocation to evaluate if returns were reasonable, and whether the results could be delivered in a more cost-effective way. The review also looked to some extent at management arrangements in delivering the outputs. This was a difficult area to research given the lack of benchmarks on key activities. In retrospect, it might have been possible to compare unit costs for similar activities across country programmes, but this was not done due to limited data and time to establish ‘fair’ comparisons.

*In Tanzania,* EUR 27,838 was spent on training and support to the work of 1,040 community monitors. At EUR 136 per activist this could seem high, but given estimates that these monitors reached 285,942 beneficiaries, the unit cost falls to around EUR 0.1 per person.

*In Mozambique*, the review identified a budget allocation of EUR 67,674 to OPA monitoring of the government cash transfer programme in six provinces (including 30% running costs). At the output level, the use of the budget mobilized over 5,000 community monitors, government staff and older citizens in data analysis and awareness workshops at a unit cost of around EUR 12 per person.

Following the *Mozambique* intervention, an additional 35,488 older people registered for the cash transfer programme representing a total additional cash transfer (per month) to older people of approximately EUR 227,123. At the outcome level, the return on the investment of EUR 67,674 can be calculated as 236%. This seems a good return, especially given that this calculation represents the initial cash transfer alone, and that this should continue on a monthly basis. What is not clear however, is the extent to which the additional registrations were due to the intervention of the AFFORD programme.

On a more general level, it is likely that the partnership way of working pursued in each country adds value in terms of its reach (ability to mobilize older people), and influence (linking with government structures). By working with established partnerships, AFFORD also builds on the foundation established by previous similar work and from additional funding leveraged from other donors (e.g. CORDAID in *Uganda* and DG Murray Trust in *South Africa* respectively).

There were examples of delays in implementation of some activities which involved government officials or were caused by heavy workloads of programme managers. For example, in *Tanzania*, the dissemination of SADC/EAC/AU protocols were postponed because government officials were involved in other activities. The review found suggestions that the network model used in *South Africa* allows less control for HelpAge in terms of the direction and timing of work, compared to a regular implementation model based partnership contracts alone, even though this provides a potential for greater sustainability and reach due to the strong engagement with government and civil society. In *Uganda*, there were severe delays in implementation during the first year of the programme, due in part to changes in staff and partners.

# Inclusion: gender and equity

AFFORD places focus on activities to support a group which at aggregate level can be identified as vulnerable or marginalized. However, there is little evidence of the programme addressing gender or other equity issues systematically, either in analysis or reporting. The results framework used at the time of the review includes a column headed: ‘*Equity value of indicator (how it should be disaggregated)*’ which requires disaggregation by sex and age (and rural vs urban for some indicators), but this has not always been complied with – and it is not clear how the learning from these is being used.

*In Uganda and Mozambique,* womenwere found to be under-represented in older people’s groups. Although membership in *Tanzania* is 50%, OPMGs[[10]](#footnote-10) reported that it is difficult to recruit female members due to some membership conditions (being able to read and write) and cultural barriers. No specific strategies were identified by the programme to support the *quality* of women’s representation and participation.

*In South Africa,* a baseline study of attendees at health clinics did disaggregate data from male and female respondents. Older men’s self-reported health status was found to be lower, perhaps as a result of poorer health-seeking behaviour and the failure of clinics to reach this group with promotion and prevention activities. The programme intends to follow up with work to target this group.

Some country programmes were found to be targeting their work in some of the poorest geographical areas – e.g. Karamoja in *Uganda*. However, at community level, the reviews reported a difficulty to engage some groups in OPA activity – due to illness or poverty. This is a difficult issue. In *Tanzania*, some members of OPAs reported that they use part of the profits from group income generating activities to support vulnerable members, and make an effort to visit those who are ill especially in case of emergency. No hard data is available for the extent of exclusion of poor or infirm people from the benefits of OPA activity, or their efforts to overcome these.

# Monitoring and evaluation

At the programme level, monitoring and reporting is guided by a results framework which includes methods of data collection and performance data (at baseline and milestones) for each of the four intervention countries in Africa. The development education component is detailed in a separate document.

The review focused attention on the use of the Africa-focused results framework and the extent that it supports a results-based approach to programme management[[11]](#footnote-11). The results framework is in the form of an excel workbook – the structure of which has undergone several iterations since the start of programme. At the time of the review, the framework was in the form of a single spreadsheet which includes details of interpretation and measurement for each indicator, and records of performance data from each country, structured around the vertical logic of the programme (output to goal). This version presents a high level of granularity (i.e. data visible for each country for each of the 21 indicators), and a detailed description of indicator measurement (units of measurement, nominator, denominator, source etc).

The results framework is comprehensive and logically structured. It links to objectives in HelpAge’s corporate framework. Most of the results (even ‘outputs’) are a high level – i.e. they correspond to actions by government or civil society which are not in the immediate control of the programme.

The results framework has the potential to perform 3 functions – to communicate the underlying logic of the programme, to define indicators of progress, and to communicate performance by recording results, all three functions being important for accountability, management and learning.

Interviews with programme staff suggest that to date, the framework has used primarily to record results.

*‘You get a sense of what’s happening on milestones, but less of a sense of learning’* HelpAge staff member

While the completeness of the results framework has helped to demonstrate overall accountability of the programme, there is little evidence that it has been used for learning at country and regional level. Much of the reason for this is due to the way the information is presented – the framework in use at the time of the review consisted of a framework of some 650 cells (26 x 25). The level of detail means that it is challenging to maintain a sense of the vertical logic (outputs to outcomes) or to review results for a particular country. This issue is made more challenging by the high level of results recorded in the framework which make it difficult to assess the role and contribution of HelpAge activities.

*‘[The Results Framework] is not a document for quick reference. The presentation is on a huge scale and it’s very difficult to scroll through with not a very clear link between levels.’*

An important consequence of this is that key narratives concerning strategy and performance are not fully developed or shared within or across country programmes. This is evidenced by a weak link between the results framework and individual country reports which have tended to focus on activities with limited reflections on how these contribute to outcomes.

There has, however, been a high level of exchange between the donor (Irish Aid) and HelpAge on the underlying logic of the framework[[12]](#footnote-12). This dialogue has contributed to the design of the framework. However, evidence of ownership of the framework at country level is less strong.

The overall impression is that much of the effort to support formal results-based management of the programme has been on the development and refinement of the results framework at global level. At the country level, the emphasis has been on collecting data to be entered into the results framework for upward reporting (with a focus on the donor as the primary user). There is little evidence of ‘managing for results’ in the form of using the information entered into the results framework for learning and improvement at programme or country level.

Further challenges to the use of the results framework include limits in the capacity of partners to collect data, the difficulty of predicting policy outcomes (e.g. timing of legislation), and the need at country level for flexibility to respond to national priorities. This suggests a need to continually revise the framework in order to remain effective. This task is complex and certainly not cost-neutral in terms of input of time by programme staff and M&E technical support.

In short, the complexity of the framework has obscured underlying theories of change, and there is weak evidence of learning from the results recorded at country level. To date, the framework has been used largely to record results for external needs.

Subsequent to the review, the results framework has been reformatted. The version at the time of writing includes two worksheets – the first of which outlines methods for data collection and analysis[[13]](#footnote-13), while the second shows baseline values and progress actually recorded against each of the milestones, together with explanations for variance. This should assist in providing an overall picture. However, it does not yet address the challenges faced in making optimum use of the results framework to support learning and management at country level.

# Internal co-ordination and communication

The HelpAge Pretoria office holds responsibility for the overall management of the AFFORD programme, while communication with Irish Aid at the operational level is led by the Global Programme Manager based in London.

During the first phase of the programme, the *South Africa* office took the lead in co-ordinating cross-regional events, while reporting processes were led in practice by London. The appointment of a new programme manager in *South Africa* provided an opportunity to strengthen the role of the *South Africa* office in providing overall management and quality assurance. The job title was changed accordingly from ‘Regional Programme Coordinator – Southern Africa Regional Office’ to Regional Programme Manager – AFFORD (RPMA)’

The size and complexity of AFFORD suggests the need for clear procedures and effective communication across the region.

At the time of the review, the programme lacked a clear overall organogram, or summary description of the roles of staff members involved. Implementing offices generally comprise similar positions (programme manager, finance office etc.), so the roles of these staff at national level can generally be inferred. However, AFFORD’s multi-country structure adds a layer of complexity to budgeting and reporting. The review team was unable to find a document outlining reporting and budgeting processes at the AFFORD programme level, and some difficulties were expressed concerning timeliness and confusion over formats.

At the time of the review, and in recognition of this issue, the new AFFORD programme manager (based in *South Africa*) and regional finance manager (in *Mozambique*) were developing a protocol for quarterly review of budgets across the programme. This process had previously been handled only at country level, with central review across the programme taking place only an annual basis.

A further area of ambiguity has concerned the mechanism for co-ordination with Age Action *Ireland*. Communication to date has been primarily between the Global Programmes Manager in London and the Ageing and Development Programme Officer in AAI. With the appointment of the new RPMA in *South Africa* the intention was to re-orient the co-ordination/management link between Dublin and Pretoria, but at the time of the review this had yet to be fully established.

Annual meetings are held each year which provide an opportunity to clarify administrative procedures, to share learning and to collaborate on joint-initiatives between different offices in the AFFORD programme. Representatives from all country programmes attend, including Age Action *Ireland*, plus technical support (regional M&E Adviser, and members of the HelpAge Policy and Learning team), and the Global Programmes Manager. The programme had lacked substantial linkage on technical issues outside the annual meeting, except via technical advisers in London, suggesting that the potential for drawing out learning according to theme or sector has yet to be fully realized.

The review found communication and co-ordination with partners to be variable across the programme. The need for co-ordination is especially strong in contexts where partner capacity is weak, and the review suggests that the required level of support was not always forthcoming. *In Mozambique* annual programme and planning meetings with partners were found to be a very effective mechanism for co-ordination, but the frequency of visits to partners throughout the year was reported to have declined. There is a special challenge in *Mozambique* of the transition of some of the programme to a local partner (APITE). In *Tanzania* programme partners are experienced, and have benefitted from capacity building provided by HelpAge (including supporting staff in university training).

At the time of the review, funded partnerships for the AFFORD programme in *South Africa* had yet to be established. In *Uganda*, a high level of staff and partner changes had left capacities and systems for co-ordination weak, with a need to re-enforce planning, reporting and admin procedures. As a result, feedback to partners from visits, signing of contracts and fund disbursement were reported to be slow.

# External co-ordination and linkage

The extent of linkage and co-ordination with other actors, in particular government, is important given that the programme generally has a rights-based orientation – to build capacity of duty bearers (i.e. govt) to deliver, and of rights holders (i.e. older people) to access services. The country reviews did not explore the extent of linkage in depth, but the impression is of a generally high level of knowledge of and co-ordination with government programmes and offices.

Theprogramme in *South Africa* has adapted its work on access to healthcare to co-ordinate with the roll out of a government ‘health re-engineering’ policy which attempts to place more emphasis on preventative health care at community level. The *South Africa* Ageing Network (SAAN) has been specifically developed to increase co-ordination between government and civil society, and to build a cross-sectoral platform on ageing.

In *Tanzania,* the Chairman of the Parliamentary Commission on Social Issues and Community Development remarked: *‘HelpAge has raised our awareness of universal pension and is supporting us to develop a programme on universal pension for older people in the country’*. *Mozambique* in particular shows evidence of aligning the older people structures with the government chain of implementation. Nevertheless, the country reviews give an impression of a number of gaps in linking work at different levels of governance i.e. community, district, province and national., and highlights some opportunities to strengthen some of these relationships e.g. with the TASAF M&E department in *Tanzania* and with Chronic Diseases at the National Department of Health in *South Africa*.

# Sustainability

The individual country reviews showed some positive signs that results would be sustained beyond the lifetime of the current programme. As highlighted above, there has been some efforts to invest in the capacity building and gradual increase of responsibilities of partners – as with ACIDECO and APITE in *Mozambique* (although this requires further investment), and to strengthen their relationship with government e.g. for KADP in *Uganda*. The programme has also placed some emphasis on the formalisation of structures – for example, the engagement of *Mozambique* civil society in the National Social Protection Commission and the linkage between OPAs at community level and District and Provincial Poverty Observatories; and the development of the *South Africa* Ageing Network.

Discussions with older people during the review in *Tanzania* and *Uganda* showed a high level of determination among OPAs to continue their work after the programme – helped in part by recognition and acceptance of their role by government and community. However, it is likely that these groups under-estimate the level of resources needed to maintain their activities. For this reason, the programme has made efforts to register the groups with local authorities – for example, the OPAs in *Uganda* have been registered to become eligible for IGA funding through the Community-Driven Development Fund (CDDF). However, the programme has not, as yet documented any exit strategy. This is an important task for the remaining period, as future priorities and funding opportunities become clearer.

# Key recommendations[[14]](#footnote-14)

1. In the remaining period, it will be important to place significant emphasis on Health and HIV results areas if targets are to be achieved. Similarly, the work on regional advocacy needs to be sharpened – some key research documents have been produced (e.g. on SADC social protection and health protocols), but the programme lacks a clear strategy to take this forward.
2. Gender and equity issues need further attention – e.g. by identifying strategies to support meaningful participation of women in OPAs, and building in analyses of how issues concerning access to health and social protection affect particular groups differently. The programme needs to develop and document more inclusive approaches.
3. There is a need to ensure that the results framework has sufficient ownership at country level. This must be more user-friendly for data input and analysis, perhaps by developing a worksheet for each country. The point is that country-level theories of change need to be clear, and to form the basis of evidence building, testing, reflection and learning, and for dialogue between all actors in the programme. These results frameworks must be understood and owned at the country programme level for analysis and follow-up action to be effective.
4. The use of high level indicators within the results framework means that the links between activities carried out by AFFORD and the results recorded are not clear. Similarly, the programme lacks a strong set of narratives to communicate key strategies and their expected contribution to change. Intended results chains which link activity, output, outcome and impact must be clear to allow meaningful evaluation. It is recommended that the programme maps out some of the most important ‘impact pathways’ to better communicate, test and demonstrate the effectiveness of the strategies used, particularly for the end of project evaluation.
5. More could be done to build the identity of the programme (and hence build opportunities for cross-regional learning) by establishing more frequent contact between programme managers outside the annual meeting, e.g. through a programme newsletter, or by convening working groups to tackle shared technical issues such as assessing ‘age-friendliness’.
6. There is a need to respond to acknowledge the administrative and communication challenges presented by the international dimension of the AFFORD programme, through a greater effort to communicate clearly the roles and responsibilities of different actors, and by sharing protocols on reporting and budgeting processes.
7. While the programme design is generally sustainable, it is important to develop strategies at country level to support exit which can best support exit or transition when the current programme ceases.

1. Monitoring and Evidence Adviser - HelpAge International (London and Global) [↑](#footnote-ref-1)
2. Monitoring and Accountability Co-ordinator (Mozambique) [↑](#footnote-ref-2)
3. Regional Monitoring Evidence and Learning Adviser – (EWCA/SAO) [↑](#footnote-ref-3)
4. Programme Manager – (*Tanzania*) [↑](#footnote-ref-4)
5. Interim Country Director (Uganda) [↑](#footnote-ref-5)
6. Social Protection and Livelihoods Co-ordinator [↑](#footnote-ref-6)
7. ‘✓’ : evidence of good progress; ‘🗶’: evidence of poor progress; ‘-‘: issues to consider; ‘R’: recommendation [↑](#footnote-ref-7)
8. The AFFORD programme in South Africa prioritises work on access to health and HIV and is not tracking national-level results on social protection. [↑](#footnote-ref-8)
9. Mozambique Monitoring Visit Report (Draft), Irish Aid June 2014 [↑](#footnote-ref-9)
10. Older People’s Monitoring Groups [↑](#footnote-ref-10)
11. The OECD defines results-based management as ‘A management strategy focusing on performance and achievement of outputs, outcomes and impacts’ OECD (2010), ‘Glossary of Evaluation and Results Based Management (RBM) Terms’, p.34

    - [↑](#footnote-ref-11)
12. Communication between Irish Aid and HelpAge on the results framework (RF) has been substantive. HelpAge submitted the updated Africa RF containing 2013 results in February 2014. Irish Aid responded with detailed queries in March and HelpAge sent a revised version in May. Further queries were sent by Irish Aid in June. [↑](#footnote-ref-12)
13. this sheet is currently labelled ‘dashboard’, despite focusing on the vertical logic and methods of data collection rather than providing a summary of results/performance achieved. [↑](#footnote-ref-13)
14. This focuses on top-line recommendations at global level. See individual reports for country-level recommendations [↑](#footnote-ref-14)