Final Evaluation Report

End of Project Evaluation – Accountability and Fulfilment for Older People to Raise their Dignity (AFFORD)

HelpAge International

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List of Acronyms

AAI	Age Action Ireland
ACIDECO	Associação Cristã Interdenominacional para Desenvolvimento da Comunidade
ADA	Age Demands Action
AIDS	Acquired Immune Deficiency Syndrome
APE	Community Health workers (in Mozambique)
APITE	Association for protection of older people in Tete
ART	Antiretroviral Therapy
CBO	Community Based Organisation
CSO	Civil Society Organisation
ENSSB	National Strategy of Basic Social Security
EWCA	East, West & Central Africa (Regional Office of HelpAge)
GAWI	Global Age Watch Index
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
ILO	International Labour Organisation
M&E	Monitoring & Evaluation
MoH	Ministry of Health
MoHSW	Ministry of Health and Social Welfare (TZ)
NCD	Non-Communicable Diseases
NGO	Non-Governmental Organisation
INGO	International Non-Governmental Organisation
NSPF	National Social Protection Framework
NUSAF	Northern Uganda Social Action Fund
OCM	Older Citizen Monitoring
OPA	Older Persons Association
OPF	Older Persons Forum
OPMG	Older Persons Monitoring Group
PSSB	Basic Social Security Programme (MZ)
PSCM-PS	Plataforma da Sociedade Civil Moçambicana para Protecção Social
SAAN	South Africa Age Network
SAFRO	Southern Africa Regional Office (HelpAge)
SAGE	Social Assistance Grant for Empowerment
SAOPF	South Africa Older Persons Forum
SAHRC	South Africa Human Rights Commission
SADC	Southern Africa Development community
SDGs	Sustainable development goals
TASAF	Tanzania Social Action Fund
URAA	Uganda Reach the Aged Association
USPP	Uganda Social Protection Programme
VCT	Voluntary Counselling & Testing
ZSPP	Zanzibar Social Protection Policy

Executive Summary

Through funding from Irish Aid, Help Age International and its partners are implementing the Accountability and Fulfilment for Older People to Raise their Dignity (AFFORD) Programme in Mozambique, Uganda, Tanzania, and South Africa alongside a development education component in Ireland. The programme is a four-year programme running from 2012-2015.

The programme has three key target outcomes:

1. Older men and women benefit from more accessible social protection programmes;
2. Older men and women access age-friendly health/HIV programmes, and;
3. Older people's rights, their access to social protection and quality healthcare is reflected in public policy at the national and international level.

The End of Project Evaluation

The End of Project Evaluation reports on the main findings and recommendations of the final evaluation of the AFFORD Programme, its design, implementation and results. The evaluation was managed by Help Age International and was been jointly conducted by the One South and Help Age International between October and November 2015.

Process Tracing has been selected as the core methodological feature of the evaluation in Mozambique, Tanzania, and Uganda while a desk review was conducted for the Ireland and South Africa components of the programme. Process tracing offers a means to identify causal pathways underlying an interventions' logic and achievement of outcomes. It enables isolation and categorization of causal inference with the aim of providing a qualitative judgement on causal pathways leading to project achievements or associated achievements.

Summary Findings

Mozambique

Outcome 1 – Older men and women benefit from more accessible social protection programmes

Hypothesis testing reveals that HelpAge Mozambique successfully enabled older people to hold their governments to account at the local and national level for the delivery of social protection programmes. These contributions are the result of a continuous process that seeks to engage local and strategic partners in planning, training and monitoring age-friendliness in available social protection schemes. Among the most important achievements as identified by stakeholders during the pre-evaluation workshop were the opening of new payment points, an increase of the number of old persons accessing social protection, the creation of mechanisms for entry of vulnerable children and orphans and policy reforms such as the SSB 2014-19 national strategy and the Law No. 3/2014 which promotes the rights of older people specifically.

Help Age Mozambique has followed an advocacy strategy that relies on improving the information base of public officials in relevant institutions (such as INAS, Instituto Nacional da Acção Social and the MGCAS, Ministerio de Genero Crianca e Acção Social)[1] initially through the provision of training and continuous training on social protection in old age, and civil society-

[1] National Institute of Social Protection and Ministry of Gender, Children and Social Protection of Mozambique.

led social protection and accountability. By doing so, a fluid relationship was built between HelpAge International Mozambique and the government, thereby ensuring government involvement and buy-in when the programme began.

AFFORD has mobilized national-level stakeholders through national-level advocacy platforms, such as Grupo Tecnico da Acção Social based in Maputo-City enabling the interaction and participation of Government, Donors, international development bilateral and multilateral organizations, national and international organizations supporting social protection programing and service delivery.

AFFORD has rightly placed a strong emphasis on generating periodic and standardized feedback from the ground on the various gaps and opportunities regarding the provision of social protection and age-friendly services. By developing and improving monitoring tools, AFFORD ensures that the evidence gathered from the ground remains useful and relatable to its stakeholders. Data is periodically shared with strategic partners to contextualize advocacy claims on social protection, strengthen the commitment of government officials at the local level, and identify lines of programme implementation. During data analysis joint problem solving occurs between monitors, INAS, leaders within the community, HelpAge and partners.

The programme is of further relevance to OPs due to positive spill over effects resultant from a community structure looking into issues affecting older people. OPAs and OPMGs prevent escalations of family conflicts often involving accusations of witchcraft through engaging community leaders. These structures enhance the likelihood of continued lobbying in the future. However, there are some limitations based on project implementation. OCMGs for the project were recruited from those able to read and write. This has resulted in most OCMs being young literate people[2]. If these monitors do not wish to continue to participate in this voluntary role, older people will not be able to continue extensive monitoring services and subsequently OPAs may lose their reach within communities. HelpAge Mozambique should work with partners to ensure implementation activities are as inclusive as possible, with an emphasis on maintaining monitor engagement. Monitors are a critical aspect of project implementation and HelpAge should play a stronger role in supporting partners to appropriately support monitors.

Tanzania

Outcome 2 – Older men and women access age-friendly health and HIV programmes

Hypothesis testing reveals that Help Age facilitated health staff training on age-inclusive services. However, earlier campaigns and work done by Help Age through a BMZ funded project also contributed to achievement of this outcome. The WHO has provided a guidelines[3] for age-friendly primary care in information education and training, community-based health care, and management systems[4].

While these guidelines existed, it was the AFFORD programme in Tanzania and its partners who facilitated curriculum reviews for the specialized training in geriatric care for health care staff, the institutionalization of age-related concerns through the creation of a geriatric unit in the MoHSW and the provision of further training to government home-based carers and peer educators in the promotion of HIV diagnosis and VCT and ART treatment. This helped not only to raise awareness but also to identify bed-ridden patients who are often the hardest populations to reach in this type of health interventions. This places Help Age International Tanzania among the champions of the National Aging Policy mandates and fostered the legal recognition of older persons' associations in local decision-making.

[2] Key Informant Interview with Acideco representatives; Key informant interview with HAIMOZ Project Team

[3] WHO (2012). *Towards Age-friendly Primary Health Care.*

[4] WHO (2012) Towards Age-friendly Primary Health Care pg. vi

At the national level, Help Age Tanzania also brokered the creation and institutionalization of a Geriatric Unit within the MoHSW to advocate for improvements in geriatric care service-provision nation-wide. For example, in the modification of the Nurse Training Curriculum (NTC) and the creation of the Department of Curative Services within the MoHSW. According to interviews with the District Councilor and the Geriatric Representative of the ministry, these structures will likely remain in place after the project's conclusion.

These actions resulted in more than 25,000 beneficiaries accessing ART or VCT treatment since the onset of the project. Given the strong emphasis on capacity building, the programme has improved the skills of health care personnel and peer educators which will be sustained at the programme's conclusion, particularly when it comes to mainstreaming aging in government programmes such as Home-Based Care.

In terms of advocacy, the model relies also on the monitoring efforts of OPMGs to provide accurate individual-level data to implementing partners on a quarterly basis, which is then collated and analysed by the country office yearly. For advocacy purposes, this type of evidence has been able to mobilize support in ward development councils at the local level (a ward-level decision-making body) and among strategic partners at the national level.

Whilst testing demonstrates AFFORD Tanzania's accomplishments in this area, greater efforts must be made to communicate achievements, provide technical capacity, promote the implementation of the National NCD strategy (2015-2020) and share strategies with other country offices who have had less success in this area. Furthermore, greater emphasis must be made to monitor and strengthen the capacity of HBCs, improve outreach at local level through mobile clinics, who during the evaluation visit frequently highlighted the need for refresher training and learning events[5].

In order to promote age-friendly health services and increase their demand among beneficiaries, Help Age International Tanzania has relied in a grass-root approach to advocacy. Given the progressively decentralized nature of decision-making in Tanzania, Help Age International Tanzania has found it most effective to influence policy, training, and budgets at the local-level (district-level) by organizing and influencing community structures such as Ward Development Councils (WDC)[6] and Local Government Associations (LGAs).

To improve access and demand for better health services Help Age Tanzania has employed a rights-based approach to advocacy with a strong evidence-based component. This latter component has been particularly important in achieving results. In the field of health interventions hard data is perceived to be necessary to mobilize support. In order to achieve a high degree of quality of evidence, Help Age Tanzania and its partners have made strong efforts to develop and review monitoring tools that help CPMGs and HBCs to assess the status of target populations on a constant basis. The OPMGs meet also quarterly to undertake data analysis and learning sessions in joint "data analysis meetings". From these meetings, periodical packages of health agenda are defined and used to influence WDCs once a month. The compilation and communication of data, however, could be more frequent if Help Age International upgrade its monitoring systems using mobile phone / ICT technologies for data collection and analysis.

Crucial to this model has been the recruitment of older persons as OPMGs. Help Age Tanzania has made being 50+ a criterion to be able to join OMPG and has dedicated significant efforts to improve their organizational-, literacy and numeracy skills. By doing this Help Age Tanzania places older persons at the centre of monitoring and advocacy efforts and has improved

[5] Ibid.

[6] The WDC is represented by of all technical experts working at the ward-level including Clinical Officers in-charge of health facilities in the Ward, HIV/AIDs- VCT coordinators, Ward Community Development Officers, Social Welfare Officers, Agriculture and Livestock Extension Officers and Primary School Head Teachers in the Ward.

advocacy "because people take an old person who speaks about old persons issues more seriously"[7].

To improve the sustainability of the project, AFFORD Tanzania may place a strong emphasis in building local fundraising capacity. For some of the partners, Help Age Tanzania finances almost the entire budget pertaining to project activities.

Uganda

Outcome 3 - Older men and women's rights, their access to social protection and quality health care is reflected in public policy at national and international level

Age Demands Action (ADA) is a global, grassroots campaign to fight age discrimination. It is organized by HelpAge International and its international affiliates and partners[8]. In Uganda the campaign takes place across community, district, and national levels. The culmination of the ADA campaign is an event held on October 1st in honor of the International Day for Older Persons (IDOP). In Uganda this event is held annually, is attended by district and national level government officials, and is held in a different district each year. Furthermore, Help Age together with other age care organizations lobbied and petitioned government for the adoption of the National Council for Older Persons Act passed in 2013. The process began with the mobilization of other age care organizations[9] around the need for further representation of older people at various levels of government.

Although hypothesis testing revealed that ADA campaigns play a role in the policy commitment process prior to IDOP, evidence from commitments made during IDOP 2015 does not confirm its attribution. This does not, however, eliminate the hypothesis entirely but merely weakens it in relationship to alternatives, namely that donor financing and findings from the SAGE pilot influenced governments ability to commit to the expansion. Although, Help Age did play a key role in influencing the decision to roll out SAGE, there was a lack of evidence of any additional policy commitments to improve access for older persons to age-friendly health services or social protection more generally.

Moreover, hypothesis testing revealed the strong role of the AFFORD programme in supporting the adoption of the National Council for Older Persons Act (2013). Although, the alternative hypothesis chain was supported by the fact that a draft policy was in circulation prior to the AFFORD programme, all stakeholders indicate the key role of the programme through the provision of technical expertise and knowledge of community needs.

The AFFORD programme acts as a facilitator to policy change through building the capacity of local grassroots organizations and structures to ensure continual input and consultation throughout the policy process. With regards to ADA this involved supporting partners and communities to host camp fires, and supporting in the development and enrichment of key advocacy messages. However, the central commonality between these activities and grassroots theory is that the process is predominantly led by communities (through OP community structures and OP representatives). Help Age further supports CARITAS, KADP and OP representatives to engage with a number of key strategic partners including the Uganda Reached the Aged Association (URAA), the Uganda National NGO Forum (UNNGOF) and a number of media outlets through existing relationships with a number of radio shows.

The Uganda AFFORD programme contributed to subsequent decisions to increase the representation of older people at all levels of government through the National Council for Older Person's Act, and to improved access to social protection through government

[7] Interview with Programme Manager Tanzania; November, 2015.
[8] See for further details: http://www.helpage.org/tags/age+demands+action/
[9] See E31 - Email exchanges between age care organizations (HAI, partners and parliament)

commitments to SP expansion. Whilst other factors clearly played a role in the achievement of these outputs and they cannot be attributed solely to the AFFORD programme, there are a number of strategies and approaches adopted by the project that supported these achievements.

HelpAge Uganda has built and developed key strategic partnerships with other actors interested in ageing issues at the national level. This includes the strong relationship with the Uganda Reached the Aged Association (URRA), an umbrella organization for age-care organizations, and through HelpAge's role on the secretariat of the Uganda Social Protection Platform (USPP). By nurturing strong ties through coordinated advocacy messages, planning, and the provision of technical support, these structures have enabled HelpAge to have a strong influence on policy making. HelpAge has played a role as a technical leader on age-care issues and this has strongly contributed to the capacity of CSOs to make policy proposals to government.

These efforts supported an environment conducive for policy change for the benefit of elderly people's access to representation and social protection. However, there is a gap in efforts made in the area of access to age-friendly health services as opposed to issues surrounding social protection or representation. Part of this is due to a lack of health expertise amongst country staff and partners[10]. HelpAge Uganda should pursue similar strategies in affecting policy change in this area by engaging with relevant health NGOs and CSOs on ageing issues more actively.

In terms of sustainability, now that the National Council for Older Persons Act is passed, Help Age should position itself to support these new representative structures in terms of their ability to monitor and report on the needs of elderly persons. This will further the sustainability of the project by enabling established community structures such as OPAs and OCMGs to cooperate with the newly established committees. Help Age has unique technical expertise in OP representation and can create an environment in which community structures established as part of the AFFORD programme feed into councils and committees established with this act.

Furthermore, FGDs with OPAs and OCMGs in Gulu highlighted the need for an end of project sustainability strategy. OPA members emphasized the continued need for HelpAge's support and did not feel enabled to continue the work without a continuation of the project. These discussions highlight the need for a clear strategy for the end phase of the project to ensure that OPAs and OCMGs have the confidence and capacity to continue project activities.

South Africa

The AFFORD programme in South Africa focuses on Outcome 2 and 3 of the intervention logic and does not formally address Outcome 1 due to the already progressive social protection programmes available for elderly people in South Africa. However, the programme has contributed to national level policy advocacy with regards to social protection through the commissioning of a study on pension-related elder abuse and technical support on social protection provided to the South Africa Age Network.

The AFFORD programme in South Africa only began in 2013 after significant delays in implementation due to efforts by the project team to be as inclusive as possible in engaging strategic partners. The first year of the project focused on establishing a coalition to address ageing issues, the South African Age Network (SAAN).

With regards to Outcome 2, the programme he programme has focused on carrying out research into the barriers faced by older people in accessing age-friendly primary health care. A survey conducted at primary health care facilities in Nkangala District (KZN) found that significant barriers prevent elderly people from accessing age-friendly health care facilities. The project

[10] Key informant interview Project Team, HelpAge Uganda ,November, 2015

further found that the collection of HIV AIDS data primarily focused on people up to the age of 49 and that sexual and reproductive health promotion campaigns do not specifically target elderly people.

As a result, the AFFORD programme with implementation support from the Muthande Society for the Aged has conducted multiple awareness raising campaigns targeting elderly people in Kwa Zulu Natal. This was a shift from working with local government in Mpumalanga where the project faced challenges in collaboration. The programme works directly with four health care centres to further promote age-friendly health services. The centres have developed a common set of standards, based on the age-friendly too, such as free health care for elderly people, clearly marked accessible toilets and the establishment of health committees. In these health centres the programme further collects age disaggregated data to inform on-going advocacy activities.

With regards to Outcome 3, the programme aimed to assess the extent to which ageing has been mainstreamed in the current pilot model of primary health care to inform advocacy efforts through the South Africa Age Network (SAAN). SAAN was established by Help Age and incorporates NGOs and CSOs working on ageing issues. SAAN has enabled Help Age to maintain links with the Ministry of Health as well as other civil society actors including the South Africa Older Persons Forum and the National Alzheimer's Association. This includes the primary project partner the Muthande Society for the Aged. The AFFORD programme brings together the members of SAAN for meetings twice a year to share learning and coordinate advocacy efforts.

The project team reports a number of capacity gaps in working with the Muthande Society for the Aged including a lack of documentation of project activities and a lack of familiarity with the project's results framework. However, the project team has subsequently planned a number of joint planning sessions to mitigate these challenges in 2016.

Ireland

In Ireland, the AFFORD Programme is implemented by Age Action Ireland (AAI), an NGO whose mission it is to *achieve fundamental change in the lives of all older people by empowering them to live full lives as actively engaged citizens and to secure their rights to comprehensive high quality services according to their changing needs*[11]. The AFFORD Programme forms the principal component of AAI's Ageing and Development Programme, currently the only such programme in Ireland[12]. In Ireland the AFFORD programme aims to achieve the following outcomes:

1. Outcome 1: AAI staff, members and supporters have increased awareness on ageing and development issues
2. Outcome 2: Irish INGOs have increased awareness of older people and their rights in development
3. Outcome 3: Increased awareness of ageing and development and the rights of older people among politicians and different political parties

Outcomes 1 and 3 are intended to lead to greater public and political support for policies and programmes which include older people and support their rights. Outcome 2 is intended to lead to a mainstreaming of aging in development programmes implemented by Irish INGOs.

Within the context of the first outcome, AAI's aims to raise the issue of ageing in development with AAI teams, members and supporters by improving their knowledge-base and

[11] Age Action Strategic Plan 2016-2018
[12] ibid

understanding of ageing and development issues through collaboration, capacity building exercises and development education programme. The development education programme utilises workshops as well as informal education models to raise awareness and share knowledge. Since the onset of the AFFORD programme, AAI has made over nine important collaborations with AAI teams resulting in the promotion of ageing and development issues in charity shops, new development education workshops held in collaboration with the intergenerational team, the production of booklets with the policy team for dissemination to older people and the production of resource materials for tutors and learners participating in IT classes for older people.

Project team members note challenges in finding areas of work which fit with both the AFFORD programme and other programmes when they are separately funded and subsequently have different donor requirements. However, the intergenerational team and the ageing in development team have found significant crossover in terms of engaging older people directly[13]. This has resulted in a number of intergenerational workshops aimed at addressing development issues affecting older people. Generally facilitators report the effectiveness of addressing issues such as pensions in developing contexts, as these are easily relatable to participants in Ireland who may also receive pensions or know of someone who does.

Based on a document review of AAI's Ageing and Development Education programme Development workshops and key informant interviews with participants and facilitators, the strength of the workshops lie in their ability to contribute to improved participants knowledge and understanding of issues effecting elderly people in developing contexts. Most workshops, however, do not include modules aimed at promoting action through active citizenry. In 2015, the project team developed and delivered a short course on Older People and Development with the aim of getting deeper engagement from participants than could be achieved in a 1 day workshop.

AAI's work with INGOs aims to mainstream aging and issues affecting older people into their policies and programmes. By 2016, AAI expects to have involved 40 INGOS in mainstreaming aging and development issues in programming (8 additional ones since 2015[14]). Of the INGOs collaborating with AAI, only Dochas was engaged with AAI prior to the AFFORD programme.

AAI has engaged the support of INGOs through individual meetings held with INGO representatives, surveys and consultations for guidelines, advice or support during programming, and participating in important network events such as the CBM Panel – Beyond 2015 Forging Inclusive Development for All. In 2014, the "Guidelines for Including Ageing and Older People in Development and Humanitarian Policy and Practice" were also published. The guidelines aimed to provide recommendations on how to integrate an "ageing lens" to programming at design and implementation levels[15]. It was drafted after consultation with 10 organisations engaged in (CBM Ireland, Christian Aid Ireland, Concern Worldwide, Dochas, Gorta, Help Age International, Oxfam Ireland, MSF, Plan International Ireland, Trocaire, and VSO). In 2015, AAI hosted a workshop with actors operating in humanitarian organizations on Disaster Risk Reduction and Ageing.

The project team reports the importance of the relationship with Dochas[16], an umbrella NGO organisation, in enabling new partnerships with INGOs. AAI is an Associate Member of Dochas. Dochas provides a platform to raise issues of ageing in development through its initiatives, publications and events as well as its working groups. AAI has made presentations to the disability working group and the humanitarian aid working group on global ageing issues. The

[13] KII with Intergenerational Workshop Facilitator (January 1st, 2016)
[14] See Results Framework Monitoring Reports 2014-2015
[15] ibid
[16] Key informant interview with AAI Ageing and Development Project Team November, 2015

Ageing and Development team reports "The relationship with Dochas, the network organisation for INGOs in Ireland has been very useful in raising our profile"[17].

AAI aims to increase the number of meetings held with political staff, encourage the request for information, provide advice and support for social and international development policy, and bring about aging and development issues within the agenda of the Irish parliament. AAI has engaged with 22 politicians and 5 political parties. The programme relies on AAI's standing and influence over domestic issues to encourage politicians to attend meetings and enlist their support for policy action.

The project team noted challenges engaging politicians as the results framework requires the programme to engage with additional politicians each year. This has become increasingly difficult as the project reaches a level of saturation with politicians[18]. As general elections are being held in Ireland in early 2016 there is an opportunity to engage with newly elected politicians and politicians seeking election.

Conclusions

Based on this study the Evaluation Team has identified a number of country and programme level recommendations.

Tanzania

1. **Better support incentive structures for volunteers and consider risk of drop-out.** The country visit to Tanzania highlighted a number of concerns of OPMs who volunteer to support the project but receive little in terms of material or non-material compensation. The project should explore the providing non-material support to OPMs to ensure continued engagement. This could include providing further capacity building opportunities, for example.

Mozambique

2. **Reflect on selection of OPMs to ensure gender balance and representation of older people.** Stronger efforts need to be made to build the capacity of OPs interested in becoming OPMs. Capacity building exercises to build the capacity of potential OPMs should be conducted to ensure a better gender balance as currently most OPMs are men. As OPMs serve a fundamental role in gather data from elderly people this could ensure the collection of reliable and valid data.
3. **Review selection criteria for wait list for PSSB with partners and INAS in all districts to avoid future conflict**. Key informant interviews with INAS representatives highlighted the need for better coordination and communication when creating waiting lists for the project. This will result in improved transparency in terms of selection criteria and reduce misplaced expectations on the part of potential beneficiaries. It will further improve the relationship between partners and INAS at the district level.

Uganda

4. **Review and address implementation barriers resulting from HR challenges**. The country visit highlighted a number of staffing challenges faced by the AFFORD project team in Uganda. The Social Protection Advisor currently supports the project part-time and due to high project team turnover there have been significant limitations in the support that the

[17] Key Informant Interview with AAI Ageing and Development Project Team November, 2015
[18] ibid

country office is able to provide partners and overall advocacy efforts. Furthermore, there is a need for a health technical specialist to support future project implementation.

5. **Consider ethical implications of supporting SAGE roll-out and ensure transparent mechanisms to prevent abuse.** The expansion of SAGE to an additional 40 districts will support 100 older people in each district. However, the criteria for the selection of participants is currently being discussed and Help Age needs to play an active role to ensure the rollout is appropriately targeted and not biased in its selection of beneficiaries.

Ireland

6. **Development education workshops should include components aimed at building the capacity of participants to actively engage in ageing issues beyond the workshops**. Most workshops, do not include modules aimed at promoting action through active citizenry. Part of this is most likely due to time constraints of the workshops. However, AAI should aim to include components on how participants can actively address issues discussed either through engaging politicians (which would link with Outcome 3) or engaging citizens groups participants could already be involved in. While some participants note their subsequent ability to advocate for elderly people[19], workshops do not include capacity building components addressing how this can specifically be achieved.

Programme-level recommendations

7. **Support country offices to better aggregate partner level data to inform advocacy strategies and understanding of beneficiaries.** Although monitoring data is collected at the country level by each partner, this data is not aggregated at the country or international level. This data could provide useful insight to future advocacy efforts to improve the access of elderly people to social protection and age-friendly health services.

8. **Institutionalize data analysis feedback meetings with OPMGs and Local Partners if not in place**. A number of community visits across countries highlighted that data analysis meetings occur infrequently at the community level. These should be better institutionalized to collate learning and equip OPAs with information to better engage in local level advocacy activities.

9. **Understand and take advantage of local budget provision mechanisms to provide funding and decrease dependency on external donors.** The project should support OPAs to better identify local level funding opportunities to better support project objectives. District level budgeting for example offers one means through which OPAs could leverage additional funding by lobbying for the incorporation of an "ageing-lens" in specific issue areas. In the case of Gulu, Uganda this took place through the district level restocking programme which now incorporates elderly people as a priority population. In Tanzania, cases of local level health budgets addressing specific diseases (for example Malaria) have successfully incorporated an ageing lens through OP engagement with Ward Development Councils.

10. **Simplify results based frameworks to improve and coordination.** The results based framework is largely inaccessible particularly to project partners. This needs to be improved to ensure appropriate and relevant data is collected and the importance of this data is understood by project partners. Where possible country offices should engage partners to support the identification of relevant indicators per country.

[19] See Report on Older People and Development Workshops (March 2014)

11. **Consider using mobile phones and other ICT technologies to gather and collect monitoring data (e.g. Mobenzi, Formhub, and others).** ICT technologies to gather and collect real-time monitoring data can support country offices to aggregate partner level data and subsequently improve advocacy efforts and promote a better and more immediate understanding of elderly persons and their given contexts. This will further reduce time spent aggregating and analysing monitoring data by providing real-time analytics.

Method-related recommendations

12. **Increase the number of days allocated for participatory workshops**. While participatory approaches promote a broader assessment of individual interests, the data that is gathered relies on the perceptions of participants and interviewees which can be affected by their capacity to recall important information or provide socially desirable responses. To achieve a high degree of deliberation during participatory workshops, we aimed to create an environment that fostered an open discussion while allowing as much time as possible during workshop activities. However, given the intensity of deliberations, we recommend allowing two full days to these type of workshops so as to allow sufficient time to scrutinize process maps and linked evidence to the highest detail.
13. **Consider organizing the first stages of Process Tracing in a single workshop**. By joining both workshops into a three-day workshop, the evaluation team ensures that the same stakeholders participate throughout the entire process, thereby improving the communication between the multiple stages of process tracing.
14. **Schedule participatory workshops at the beginning of country visits**. We would recommend to schedule the participatory workshops as early as possible during country visits in order to improve the systematization of evidence collection.

1. Introduction

Elderly people face significant challenges in developing countries to accessing and benefiting from improved social protection, health and HIV programmes. A recent study by Mboghoina and Osberg (2010) in Tanzania found that one-third of all elderly Tanzanians live below the basic needs poverty line and that 14% 'always or often' did not have enough to eat[20]. In Uganda, studies have demonstrated more elderly people face harsher conditions as families withdraw their support or prioritize household needs in cases of extreme deprivation[21]. In Mozambique, very few older persons have access to social protection and rural cash incomes have fallen over the past 9 years with the poorest 10% of the population living on less than 1$ a day[22].

Life-course approaches to aging specify that a life in poverty make old persons particularly prone to non-communicable diseases (NCDs) such as cancer and dementia and 80% of deaths from NCDs are from low- and middle-income countries[23]. The same can be said about HIV/AIDS, which increasingly affects older people. These issues demand guided government response and the commitment of public institutions to deliver change and improve the access to social protection and health and HIV/AIDS services for old men and women.

Through funding from Irish Aid, HelpAge International and its partners are implementing the Accountability and Fulfilment for Older People to Raise their Dignity (AFFORD) Programme in Mozambique, Uganda, Tanzania, and South Africa alongside a development education component in Ireland. The programme is a four-year programme running from 2012-2015.

The programme has three key target outcomes:

4. Older men and women benefit from more accessible social protection programmes.
5. Older men and women access age-friendly health/HIV programmes.
6. Older people's rights, their access to social protection and quality healthcare is reflected in public policy at the national and international level

[20] Mboghoina, T., & Osberg, L. (2010). *Social Protection of the Elderly in Tanzania: Current Realities and Future Implications*. Research on Poverty Alleviation (REPOA), Dar es Salaam, Tanzania.
[21] Jones, S., & Tarp, F. (2015). *Understanding Mozambique's growth experience through an employment lens* (No. UNU-WIDER Research Paper wp2015-109).
[22] Help Age International
[23]

After four years of the implementation of the AFFORD programme since 2011, Help Age International and its stakeholders wish to understand the programme's relevance and the fulfillment of its outcome objectives in Tanzania, Mozambique and Uganda, as well as to understand the programme's most effective practice models, inform on cross-cutting issues that engage the Ireland and South Africa country offices, and learn how sustainability could be developed.

2. Background of the AFFORD Programme

HelpAge country offices and their implementing partners have designed and implemented interventions targeting these three outcomes through the establishment of Old People's Associations (OPAs) and Older Persons Monitoring Groups (OPMGs) at the community level, as well as advocacy strategies at the local, district and national levels.

The evaluation aims to assess the contribution of HelpAge and its partners to the achievement of prioritised programmatic outcomes of the AFFORD intervention and provide recommendations for use in future policy work and programme design.

Mozambique. In Mozambique, the programme is implemented through 16 partners who are supported by HelpAge's country office in Maputo. For the social protection outcome, HelpAge provides financial and technical support to OPAs to enable them to monitor government cash transfers. This involves supporting partners to engage with the Institute of Social Action (INAS) as well as the Ministry of Gender more broadly. The project also provides capacity strengthening activities for civil society platforms in order to enable them to engage with government. With regards to health, the programme has trained OPAs on monitoring health services and on providing training to community health workers in age-friendly service provision. OCMGs further gathered data on the provision of age-friendly health services and access to ARV treatment for elderly people.

At the National Level, the programme has supported ADA campaigns and facilitated meetings between civil society and government on ageing issues.

Uganda. In Uganda the programme is being implemented across 5 districts; Gulu, Amuru, Nwoya (Northern Uganda), Moroto, and Napak (Karamoja). Caritas implements the project in Northern Uganda whilst the Karamoja Agro-Pastoral Development Programme (KADP) implements the project in Karamoja. Partners are supported by the HelpAge country office located in Kampala.

HelpAge and its partners work with the Ministry of Gender, Labour, and Social Development and the Ministry of Health to promote the provision of age-friendly health services. Activities include lobbying for an increased supply of medicines to lower health facilities to promote age-friendly access, gathering data on ARV treatment, and gaps in service delivery from Older Citizen Monitoring Groups (OCMGs), and partners work through the Uganda Social Protection Platform (USPP) to promote the provision of social protection to the elderly. At the community level, the programme works to train community health workers in age-friendly treatment.

With regards to social protection, HelpAge and its partners aim to increase the awareness of elderly people's rights through OPAs and OCMGs. These activities have the aim of enabling older people to hold their government to account at local and national levels for delivery of social protection services. At the National Level, the programme supported the Age Demands Action (ADA) campaign in the country, and has worked to increase awareness of laws governing elderly people's rights through printing and wide dissemination. The programme has further

supported a national petition, through canvassing for signatures in implementation districts, to roll out the SAGE programme beyond its initial pilot districts.

Tanzania. HelpAge, through 10 implementing partners, is running the AFFORD programme across 46 districts of Tanzania. The programme supports government and service providers to mainstream age-friendly health services and HIV/AIDS treatment for old persons. This has resulted in the development and implementation of aging issues in the Nursing Training Curriculum, the inclusion of elderly people in a number of national level policies including the National Poverty Reduction Strategy II (2010 – 2015), the National Ageing Policy (NAP), the National Primary Heath Care Strategic Plan (2009 – 2015) and the National HIV/AIDS Policy, and the improvement of health information systems that aim to monitor service delivery and reduce loss of treatment follow-up. OPMGs further supported the programme by gathering and monitoring health care access and health care quality at the community level.

To support access to social protection, the programme has conducted a number of activities including supporting learning visits in Uganda and Kenya, facilitating the dissemination of the SSRA universal pension delivery mechanism, and conducting training programmes with senior government officials in Zanzibar to gain consensus on the draft policy to provide universal pension for all older people. OPAs and OPMGs furthermore, with the support of partners, were able to monitor access to social protection for older people at the community level.

South Africa. The programme in South Africa focuses on developing evidence and supporting advocacy to encourage more age-friendly health care provision. South Africa's social protection and age-friendly systems are more developed than those of the country offices and, as such, it places South Africa's office in a special position to provide information about health systems that are appropriate for old persons in a Southern African context. South Africa does not target elderly people's access to social protection directly but the programme has developed guidelines to support age-friendly health service provision, supported clinics to disaggregate data by age and sex, and has targeted the pilot model of primary health care in order to promote the inclusion of older people.

Ireland. In Ireland, the AFFORD programme is implemented by Age Action Ireland, an NGO that campaigns for better policies and services for older people. The programme aims to increase awareness on aging and development issues among AAI staff, members and supporters (Outcome 1) and raise the profile of older people and their rights in development among Irish INGOs (Outcome 2) and politicians and different political parties (Outcome 3). Outcomes 1 and 3 are intended to lead to greater public and political support for policies and programmes which include older people and support their rights. Outcome 2 is intended to lead to a mainstreaming of aging in development programmes implemented by Irish INGOs.

3. Scope and Objectives of Evaluation

This study reports on the main findings and recommendations of the external final evaluation of the Accountability and Fulfilment for Older People to Raise their Dignity (AFFORD) Programme, its design, implementation and results. The evaluation was managed by Help Age International and was been jointly conducted by One South and Help Age International internal M&E unit between October and November 2015.

We have focused on interventions conducted since the onset of the AFFORD programme in 2011 and the time of the evaluation visits in 2015. To estimate the project's baseline, we rely in a thorough review of programme and policy documents from previous years.

After four years of the implementation of the AFFORD programme in Tanzania, Mozambique, Uganda, South Africa and Ireland, Help Age International and its stakeholders wish to understand the programme's relevance and the fulfillment of its outcome objectives, as well as to understand the programme's most effective practice models and how sustainability could be supported. By gathering evidence through mixed-method approaches, this evaluation will also strive to collate lessons learned, critically assess theories of change, and provide concrete and implementable recommendations so as to improve the functioning of individual country offices and the Help Age network and inform decision-making amongst the users of the evaluation.

The evaluation team focused on four aspects of the AFFORD programme:

1. **Contribution.** Help Age International wishes to learn what has been AFFORD's most important contributions in improving social protection, age-friendly health and HIV/AIDS services and public response to problems affecting older men and women. Through individual case studies selected in a cross-thematic way, each case study will aim to confirm and explain the contribution of Help Age's International across these issues. Two other case studies, one from Action Aid Ireland and another from Help Age South Africa will support the formulation of actionable recommendations at different programming levels. As such, AFFORD's strategic contribution will be verified across the three programme outcomes through individual case studies produced for Help Age's regional offices in Mozambique (Outcome 1), Tanzania (Outcome 2) and Uganda (Outcome 3).
2. **Relevance.** The study aimed to determine whether the AFFORD programme complies with development policy and planning in its recipient countries, how determinant has the intervention been for the lives of its target groups and subgroups, and the extent to which their needs and interests were captured by the intervention's design. At the country-level, we aimed also to evaluate the extent to which project outcomes correspond with their respective strategic goals and the programmatic targets of Help Age International.
3. **Effectiveness**. The study has identified the organizational and social processes that have led to the achievement of outcome objectives and how these achievements compare to the objectives planned pathways. In so doing, we asked what lessons the AFFORD programme can provide to aging-specific and partnership-based programming. This enables us to identify scalable components, linkages and effective resource mobilization activities.
4. **Sustainability.** To appraise the sustainability of output activities, the evaluation determined the extent to which implementing partners have consistently produced results since the onset of the programme, how aging have mainstreamed in multi-stakeholder partnerships, and what steps has Help Age International taken to ensure follow-up and learning from its method of coordination.

4. Methodology

4.1 Evaluation Approach

The evaluation team has identified a combination of qualitative and quantitative methods to gather data during the country visits and desk review phases. These methods have been selected according to the desired quality of evidence needed to infer causality about the contribution of the AFFORD Programme and achieve a high degree of data triangulation. Following a mixed methods approach, the research will identify and present the necessary

evidence to support result claims and support AFFORD's accountability to Irish Aid. Simultaneously, the same methodological components enable us to identify individual social and coordination processes that led to this contribution.

This study relies on case study methodology and uses a variety of research methods. By building a case study, the evaluation will also strive to produce valuable information to decision-makers in the wide AFFORD network so as to inform their professional practice based on the knowledge gathered. As such, this evaluation has strived to:

1. Understand AFFORD as a complex functioning unit;
2. Investigate AFFORD in its natural context with a multitude of methods, and;
3. Remain contemporary, by addressing context and circumstance.

To define what constitutes a case study, we use Robert Stake's (1998) inclusive definition: "a case study is defined by interests in individual cases". As such, a major feature of this study will be to triangulate key findings by combining different methodologies.

We rely on a mixed methods approach in order to reach a very high standard of data triangulation and plurality. In doing so, we have selected a combination of data gathering methods (Process Tracing, country visits and interviews and focus group discussions) and interviewed a broad range of stakeholders so as to fulfil the objectives of the evaluation. These methods are described below.

4.2 Determining the Project's Contribution through Process Tracing

For an in-depth analysis of the work of AFFORD implementing parties in different development contexts, the evaluation team has conducted three country visits of one week each in Tanzania, Mozambique and Uganda.

Process Tracing has been the core methodological feature of these visits. This method offers a means to identify causal pathways underlying an interventions' logic and achievement of outcomes. It enables isolation and categorization of causal inference with the aim of providing a qualitative judgement on causal pathways leading to project achievements or associated achievements.

This method involves an in-depth analysis of a single case following the systematic examination of diagnostic pieces of evidence (often understood as part of a temporal sequence of events or phenomena) selected and analysed in light of the research questions and hypotheses found through a participatory process carried out in each of the country visits.

The goal of Process Tracing is therefore to achieve and refine causal inference about the program's contribution to its desired outcomes and critically assess the theories of change that underlie its output activities at the country-level. As such, process tracing can be used as a tool to describe social phenomena, evaluate causal claims made by members of the AFFORD implementing network, and study how change was effected.

Process Tracing involves eight key steps, some of which have already been integrated internally by Help Age International during implementation. Each stage encompasses various methodological tools which will be developed in consultation with project staff. This will ensure all primary research tools are sensitive to contextual factors and relevant to programme implementation.

These stages are detailed in the table following:

Table 1: Stages of Process Tracing (Tanzania, Uganda, and Mozambique)

No.	Stage	Description	Sources of validation

1	Reconstruct the intervention's theory of change	Review theory of change and identify causal pathways and underlying assumptions	Key informant interviews with project staff; review of project documents including theory of change, logframes, results frameworks, field reports, and process maps
2	Work with stakeholders to identify most significant intermediate or long term outcomes	Review against programme level outcomes	Key informant interviews with project staff; review of project documents including theory of change, logframes, results frameworks, field reports, and process maps
3	Systematically document what was done through the intervention to achieve these outcomes (describe and evidence the process).	Link of cause to effect with aim to identify how cause led to effect, and review plausibility of this taking place	Key informant interviews with project staff; review of project documents including theory of change, logframes, results frameworks, field reports, and process maps
4	Identify and evidence the extent to which the selected outcomes have materialised and unintended outcomes (Evidence of outcome)	Collect evidence that change occurred with focus on triangulation of evidence. Furthermore, identify unintended or associated/related outcomes	Key informant interviews with project staff; review of project documents including theory of change, logframes, results frameworks, field reports, and process maps
5	*Process induction*: for causal relationship identification (various causal theories identified as to why the outcomes where achieve for the evidenced outcomes) Other contributing factors/theories?	Isolate competing hypotheses on how change occurred based on evidence. Develop a "causal story" for each hypothesis using the Participatory Process Tracing Workshop.	Country-level outcome mapping workshop, document review of process maps, key informant interviews and participatory sessions with project participants
6	*Process verification*: degree to which the causal theories identified in the previous stage are supported and not supported by evidence	Assess each "causal story" identified in relation to evidence found at country level. The emphasis in this stage is triangulation through the identification of a 'signature' i.e. a signal that the "causal story" is true and valid.	Participatory sessions with project beneficiaries at country level, key informant interviews, review of ongoing monitoring activities and results framework
7	Write a narrative report to document the tracing process and findings (sections suggested in document)	Develop narrative in relation to plausible "causal stories" and document in relation to project achievements and evidence reviewed	Analysis and write up of evidenced change against causal stories

8			
	Allocation of contribution scores: qualitative judgment about the contribution of the programme to the changes seen (see the contribution ranking below).	Qualitatively evaluate each outcome, subsequent achievement and causal pathway and attribute "contribution scores" for each. This will result in a "contribution ranking".	Substantiated judgement and categorization of project achievements in relation to "causal stories"

Stages 1-4 have been internally conducted Help Age International and 5-8 by the present evaluation group. These have been driven by two key participatory workshops:

1 **Outcome Identification Participatory Workshop**. As part of Stage 2, Help Age International internally conducted a highly participatory two-day workshop during separate country visits prior to the evaluation. The objective of this workshop was to collaboratively identify the most meaningful outcomes at the country level by including a wide range of stakeholders and compiling results into Process Tracing Preparatory Reports.

2 **Process Induction Participatory Workshop.** As part of stage 5 of the process tracing methodology, the team has conducted an all-day participatory workshop with project stakeholders in each of the country visits. The objective of the workshop was to facilitate the construction of causal claims and alternative scenarios so as to generate the list of hypotheses and alternative hypotheses to be subjected to verification in the later stages. By including stakeholders in a participatory manner, we aim to capture individual stakeholder interests and views to construct a meaningful case study.

4.3 Data Triangulation

To gather supporting evidence for the analysis of AFFORD's relevance, effectiveness and sustainability, as well as to back contribution claims, we rely in three other methodological approaches, namely:

Document Analysis. The evaluation team will analyse relevant documents related to regional and national aging context, the activities of the AFFORD programme and its managers, as well the work of the individual regional offices. These included, but are not restricted to:

- Process Tracing Preparatory Reports by Tanzania, Mozambique and Uganda.
- AFFORDs consolidated log-frames and intervention logics for each country.
- Relevant past evaluation studies such as AFFORD's midterm reviews and annual reports at the country and programme level.
- Strategic documents and minutes related to the development of the role of Help Age International, implementing partners and strategic partners.
- Tools produced and disseminated by AFFORD implementers.
- Analyses of the context of aging as understood by Help Age International.
- Planning documents and strategic plans.
- Aging-related legislation, directives, policy and campaigns of national governments, regional bodies and non-governmental organizations.

Interviews and Group Discussions. The evaluation team conducted over 75 semi-structured interviews in person and over the phone with representatives of all stakeholder groups identified for this evaluation. In addition, group discussions were also conducted whenever interviewees felt that the opinions of fellow others were also needed.

Learning Workshop with Project Managers. In addition to debriefing sessions in the case study countries, the evaluation tram will discuss preliminary findings and recommendations with Help Age staff in Pretoria and collect their input before drafting the evaluation report.

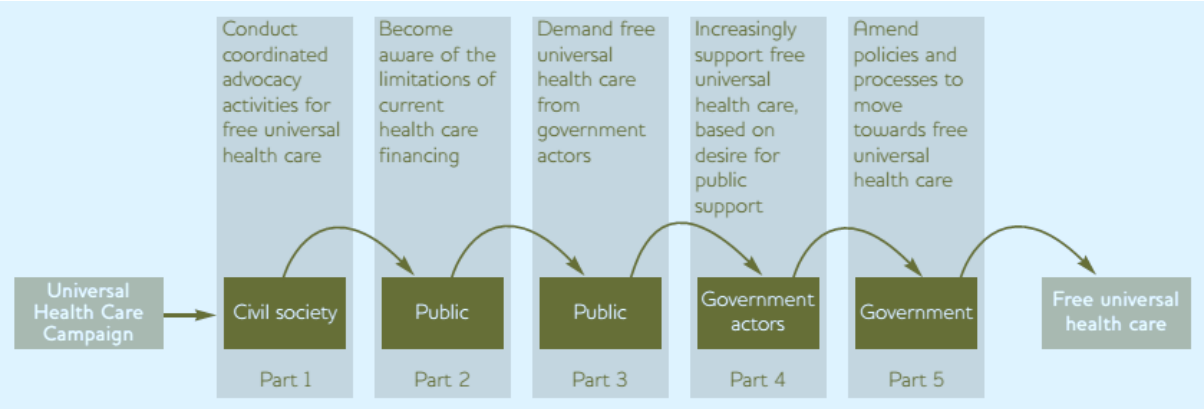
Additional dissemination. Within the limits of its capacities and available resources, One South is willing to support other initiatives suggested by Help Age International to disseminate the findings, recommendations and lessons learned of the evaluation both internally and for a wider public, for instance during academic conferences or other public events.

4.4 Verifying Causal Claims through Process Verification

4.4.1 Developing Process Chains through Process Induction

Process chains, or 'simplified causal mechanisms', can be understood as the leading force that links the project's outputs with the overall outcome in question. That is, the mechanism that causes a particular event to give rise to a particular outcome. In Beach and Pedersen's description of process tracing, mechanisms are conceptualised as being made up of a number of "parts", composed of entities (for example, people, organizations, or systems) that engage in activities (for example, protesting, researching or campaigning)[24]. This is demonstrated in Figure 1 using a simplified example drawn from an evaluation of an advocacy campaign for free universal health care in Ghana:

Figure 1. A simplified causal mechanism based on the Universal Health Care Campaign in Ghana[25]



During the Process Induction Workshop stakeholder participants selected those outcomes from the Process Maps that would later be used to develop process chains. The selection of outcomes was deliberated upon, and in some cases, stakeholders used logframe outputs as guidance to develop the process chain that would lead the achievement of the outcome in question.

Once outcomes were selected, participants divided themselves into working groups and were tasked to develop each of the process chains with assistance from the external evaluator and the project manager. Once developed, process chains were presented to the rest of the stakeholder group who later deliberated on the quality and comprehensiveness of the process chain. This included a discussion of the entities and activities that led to each of the particular outcome. The same participatory approach was repeated again to find all relevant alternative hypotheses.

[24] Beach D., & Pedersen, R.N.(2013) *Process-Tracing Methods: Foundations and Guidelines*, Ann Harbor, MI: University of Michigan Press

[25] Adapted from Beach D., & Pedersen, R.N.(2013) *Process-Tracing Methods: Foundations and Guidelines*, Ann Harbor, MI: University of Michigan Press in CDI (2015) *Applying Process Tracing in Five Steps*. CDI Practice Paper Annex 10. Brighton: IDS.

Once process chains were developed, we devised a list of hypotheses based on the process chains. Visually, hypotheses are represented by the arrows that link one activity to another in a cause and effect manner.

Process chains and a list of causal hypotheses and alternative hypotheses are depicted throughout this report for each of the countries visited. Process chains follow the same structure suggested by Beach and Pedersen[26] and no particular colour scheme.

4.4.2 Process Verification and Hypotheses Validation

Applying process tracing to causal inference may be summarized in terms of four empirical tests (Collier, 2011). These tests aim to validate a given causal claim against its probable alternative (or counterfactual) depending on the quality of the diagnostic evidence. These are summarized in Figure 2.

Tests were selected based on how far it was necessary to dispute claims of alternative explanations. Based on the evidence collected in the participatory workshops and during the country visits, a qualitative judgement was made to determine whether evidence was adequate to pass the given test. The tests are sequential in that they are more stringent in their requirements for passing as one moves to the right and to the bottom of Figure 2. For example, the most difficult test to pass is test number 4, "Doubly Decisive" as it requires evidence to be *both* sufficient and necessary for proving causal inference.

The tests presented in the findings sections, are always the most stringent test (i.e. the test with the most requirements) necessary for continuation along the process chain. If evidence supports the requirements of the tests (sufficient and necessary in the case of doubly decisive) then the causal mechanism passes the test based on existing evidence. Discussions of how the evidence justifies the passing or failing of a test are included in the hypothesis testing table under "comments on evidence".

As discussed, the four tests are classified according to whether passing the test is necessary and/or sufficient for accepting the inference (Bennet, 2010; Van Evera, 1997). Based on these criteria, each causal claim made by any stakeholder can be translated into a chain of multiple hypothesis, each of which can be subjected to four different kinds of validation tests: straw-in-the-wind, hoop, smoking-fun, and doubly decisive depending on their value. The table below provides a summary of test criteria and also notes the implication for alternative hypotheses[27].

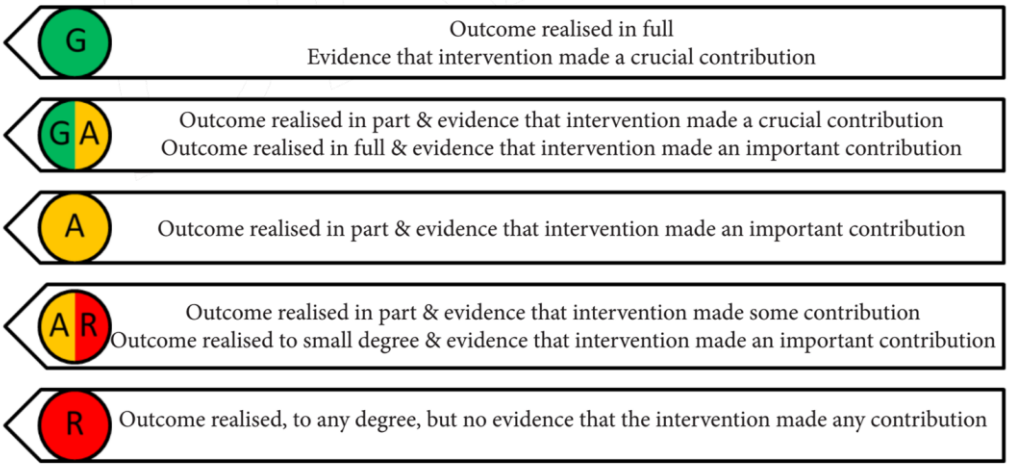
Figure 2. Process Tracing Tests for Causal Inference

		SUFFICIENT FOR AFFIRMING CAUSAL INFERENCE	
		No	Yes
NECESSARY FOR AFFIRMING CAUSAL INFERENCE	No	**1. Straw-in-the-Wind**	**3. Smoking-Gun**
		a. **Passing:** Affirms relevance of hypothesis, but does not confirm it.	a. **Passing:** Confirms hypothesis.
		b. **Failing:** Hypothesis is not eliminated, but is slightly weakened.	b. **Failing:** Hypothesis is not eliminated, but is somewhat weakened.
		c. **Implications for rival hypotheses:** **Passing** *slightly* weakens them. **Failing** *slightly* strengthens them.	c. **Implications for rival hypotheses:** **Passing** *substantially* weakens them. **Failing** *somewhat* strengthens them.
	Yes	**2. Hoop**	**4. Doubly Decisive**
		a. **Passing:** Affirms relevance of hypothesis, but does not confirm it.	a. **Passing:** Confirms hypothesis and eliminates others.
		b. **Failing:** Eliminates hypothesis.	b. **Failing:** Eliminates hypothesis.
		c. **Implications for rival hypotheses:** **Passing** *somewhat* weakens them. **Failing** *somewhat* strengthens them.	c. **Implications for rival hypotheses:** **Passing** *eliminates* them. **Failing** *substantially* strengthens.

Source: Adapted from Bennett (2010, 210), who builds on categories formulated by Van Evera (1997, 31–32).

Following process induction, we will summarize the narrative analysis by allocating contribution scores for each of the targeted outcomes. In order to do this, we make a qualitative judgement on the extent to which the programme contributed to the targeted change. Figure 3 below shows the scoring key used. Two considerations were taken for scoring: the extent to which (1) the targeted outcome in question materialised, and; (2) the programme's contribution to this change. See Figure 3 below:

Figure 3. Contribution Scoring Key[28]



5. Structure of the Report

The report will first provide background information about the AFFORD programme and the activities of each of the country offices. It will then provide a synthesis of the findings according to the Process Tracing hypotheses verification process and identify effective and sustainable components for each of the process lines under scrutiny. As such, rather than dedicating single chapters to the assessment of effectiveness, relevance and sustainability, the report seeks to appraise each intervention line for each outcome separately. For the three main country offices, the report will first provide a comprehensive description of the selected process chains and will later assess each of the outcomes by the evaluation criteria set out in the scope of research.

The report finishes by drawing overall conclusions and providing concrete and implementable recommendations to project stakeholders, implementers and future evaluators wishing to use process tracing. The annexes to the report present key evaluation questions and other relevant documentation.

6. Limitations

This study encounters a few limitations:

1. This study does not aim to evaluate AFFORD's contributions across all issue areas in each country. This means that generalizations about achievements of outcomes can only

[28] Oxfam (2014) Process Tracing Draft Protocol

be made about the restricted populations that they represent. This falls in line with Help Age International's intention to understand and feature effective practices, rather than compare country offices across key performance characteristics. The study has insofar tried to specify which contextual factors matter most in the hope to clarify on implementation challenges that can be common to all country offices.

2. The degree of plurality in each of the country's participatory workshops depended on the ability of each of the country offices to mobilize the attendance of stakeholders. The amount of stakeholder's presents and the time dedicated to the participatory workshop varied among country visits depending on local capacity and scheduling factors. In the case of Mozambique, the evaluation team had to reconstruct alternative hypotheses by means of historical-interpretive approaches as opposed to a participatory method.
3. This evaluation did not consider a systematic assessment of the needs of beneficiaries and a thorough analysis of the situation on the ground. While doing so would complement the evaluation of the programme's relevance, the evaluation is rather interested in understanding how needs were recognized during project design and how needs or situation information is transmitted to project planners through monitoring systems.
4. Given the wide number of implementing partners, the country visits did not plan to collect evidence at an equal depth for each of the implementing partners at a local level. As such, assessing the ultimate effects of implementation models or overall effectiveness and sustainability are also beyond the scope of this evaluation.
5. As planned, the evaluation of the use of project's resources in the achievement of outcomes through a cost-efficiency or cost-benefit analyses falls outside the scope of the evaluation.
6. Ireland and South Africa components of the evaluation are limited compared to other country level evaluation activities due to the absence of a planned country visit for both Ireland and South Africa. These components of the evaluation were addressed primarily through a desk-review of existing documents and additional key informant interviews with project stakeholders.

7. Analysis of Findings

The following are the findings pertaining to stage 4 and 5 of the Process Tracing Method as well as a cross-thematic discussion on the effectiveness of several implementation models and the sustainability of programme components.

7.1 Outcome 1 – *Older men and women benefit from more accessible social protection programmes* (Mozambique)

AFFORD Mozambique selected Outcome 1 as there most exhibitive outcome for the evaluation. The pre-evaluation workshop identified a number of processes through which AFFORD Mozambique achieved outcome 1, whilst the participatory workshop conducted during the evaluation visit coalesced these into the following identified outputs:

a. Older people holding their governments to account at local and national level for the delivery of social protection programmes, and;
b. Capacity of governments to deliver accessible social protection programmes for older people increased.

The causal chains for each of these identified outputs are shown in Figure X – X.

7.1.1 Identified Output 1: Older people holding their governments to account at local and national level for the delivery of social protection programmes - Simplified Causal Mechanism

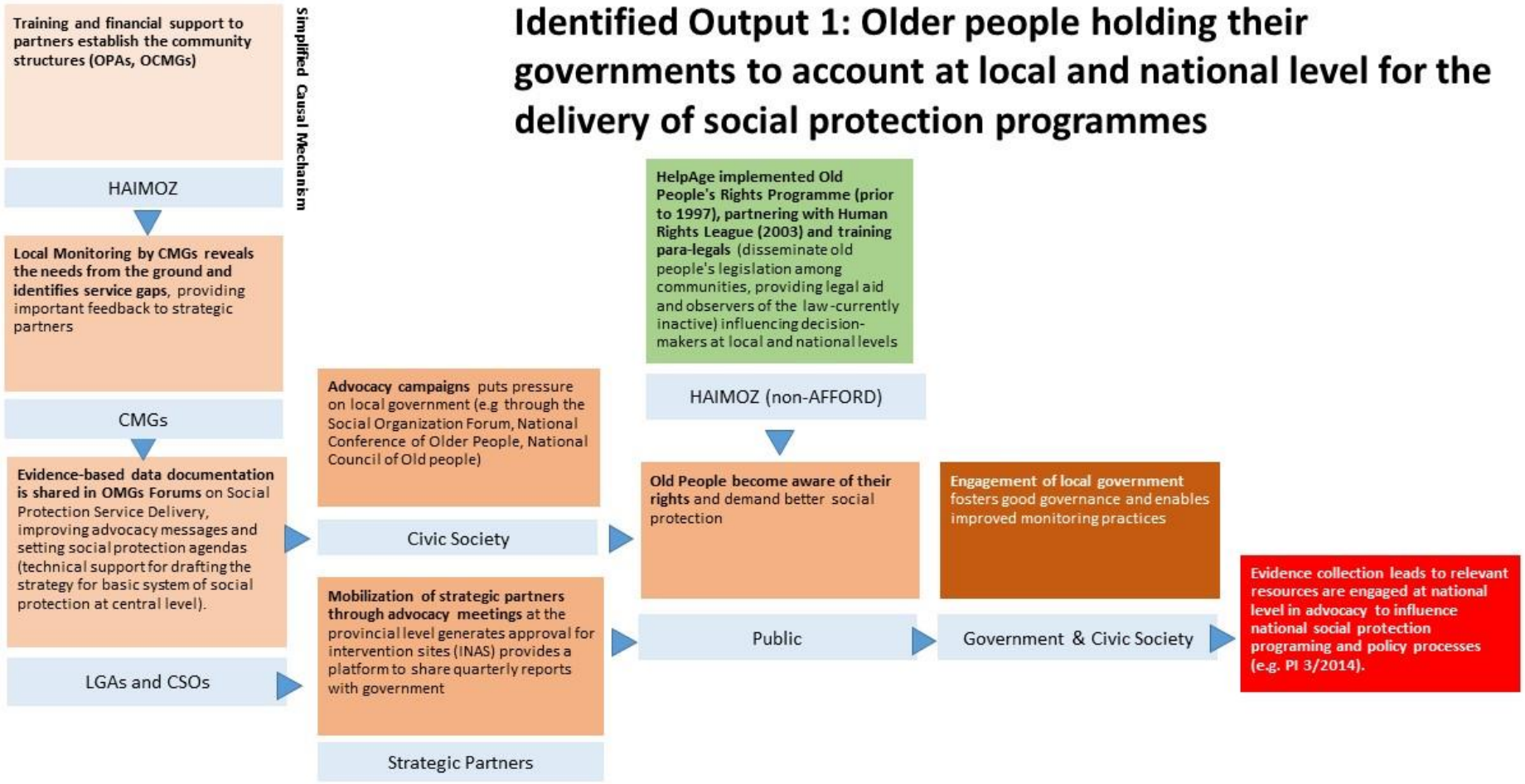
Help Age provided technical[29] and financial support to partners to equip them with the capacity to establish OPAs and OCMGs in local communities[30]. Established community structures subsequently reported on service gaps[31] in monitoring of the PSSB transfer scheme implemented by the Ministry of Gender through INAS[32]. "The communities know that Acideco is there to help them advocate for challenges they face based on Help Age's support"[33]. From here, monitoring tools were further improved by partners in collaboration with Help Age[34].

Evidence gathered through monitoring activities[35] improved advocacy messages for OPAs and OCMGs when lobbying government[36]. "The cycle is generally this, the problems that are discussed at the base are discussed at the higher level through support from HelpAge"[37].The development of key advocacy messages was support by HelpAge in collaboration with partners[38]. Advocacy pressure based on monitoring of for example distance to payment point resulted in subsequent commitment by government to reduce the distance between pay points and beneficiaries[39]. HAIMOZ relies on a strong relationship with a number of donors (DFID, Dutch Cooperation, ILO, and UNICEF) and this has strategically enabled the project to better hold government to account for the delivery of social protection programmes[40]. Evidence collected through community structures plays a role therefore in informing the implementation of national social protection grants for OPs.

The causal hypothesis chain is depicted in detail in the figure below:

[29] See P1= letters/ invites for monitor training
[30] See E8 - communication to the partners for correspondence &E9 - reports and letters of meetings with partners
[31] Key informant interview with HAIMOZ project manager
[32] See L6= Gap- advocacy meetings after the meetings regarding data analysis and provincial meetings (APITE and ACIDECO).
[33] Key informant interview with ACIDECO (partner), November 2015
[34] See E12= monitoring tools
[35] See E23= data analysis reports, photos and database
[36] Key informant interview with HAIMOZ project manager
[37] Key Informant Interview with APITE, November 2015
[38] Key informant interview with APITE and other partner representatives
[39] Key informant interview Deputy of INAS Tete
[40] Key informant interview HAIMOZ project manager

Identified Output 1: Older people holding their governments to account at local and national level for the delivery of social protection programmes



Mozambique

A summary of the evidence tests conducted on the processes in the hypothesis chain is shown in Table 2. The most difficult test applied to evidence associated with a given process is shown and discussed in the table.

Table 2: Testing the Hypothesis Chain (Simplified Causal Mechanism)

Cause → Effect	Test	Result	Comment on Evidence Examined
Training and financial support to partners establish the community structures (OPAs, OCMGs) → Local Monitoring by CMGs reveals the needs from the ground and identifies service gaps, providing important feedback to strategic partners	**SGT**	**Pass**	HAIMOZ provided technical and financial support to partners as demonstrated through E8 which contains communication to the partners for correspondence and E9 which contains reports and letters of meetings with partners. This lead to the establishment of OPAs and OCMGs in local communities which identified service gaps in delivery of social protection programmes[41].
Local Monitoring by CMGs reveals the needs from the ground and identifies service gaps, providing important feedback to strategic partners → Evidence-based data documentation is shared in OMGs Forums on Social Protection Service Delivery, improving advocacy messages and setting social protection agendas (technical support for drafting the strategy for basic system of social protection at central level).	**Hoop**	**Pass**	HAIMOZ provided key technical support to partners on developing key messages for advocacy campaigns and training in rights associated with PSSB payments including distance to payment point[42].
Evidence-based data documentation is shared in OMGs Forums on Social Protection Service Delivery, improving advocacy messages and setting social protection agendas (technical support for drafting the strategy for basic system of social protection at central level). → Advocacy campaigns puts pressure on local government (e.g. through the Social Organization Forum, National Conference of Older People, National Council of Old people)	**Hoop**	**Pass**	Subsequent advocacy campaigns put pressure on INAS to make commitments to improving social service delivery[43].
Advocacy campaigns puts pressure on local government (e.g. through the Social Organization Forum, National Conference of Older People, National Council of Old people) → Old People become aware of their rights and demand better social protection	**Hoop**	**Pass**	Advocacy campaigns further improve awareness of OPs of their rights to social protection[44].
Engagement of local government fosters good governance and enables improved monitoring practices → Evidence collection leads to relevant resources are engaged at national level in advocacy to influence national social protection programing and policy processes (e.g. PI 3/2014).	**SGT**	**Pass**	Engagement of local government as response to evidence based pressure results in feedback system between community structures and PSSB delivery[45].

[41] FGD discussions with OPA and OCMG representatives, Key informant interviews with partners, participatory workshop with partners
[42] See L6= Gap- advocacy meetings after the meetings regarding data analysis and provincial meetings
[43] Interview with INAS Tete Deputy; Key informant interviews with partner representatives
[44] FGD with OPs in Mancina.
[45] Key informant interviews with INAS representatives; FGD with OPAs and OCMGs

7.1.2 Identified Output 1: Older people holding their governments to account at local and national level for the delivery of social protection programmes services – Alternative Hypotheses

A summary of the evidence tests conducted on the processes in the alternative hypothesis chain is shown in Table 3. The most difficult test applied to evidence associated with a given process is shown and discussed in the table.

Table 3: Testing the Alternative Hypothesis Chain

Cause → Effect	Test	Result	Comment on Evidence Examined
HelpAge implemented Old People's Rights Programme (prior to 1997), partnering with Human Rights League (2003) and training para-legals (disseminate old people's legislation among communities, providing legal aid and observers of the law -currently inactive) influencing decision-makers at local and national levels → Old People become aware of their rights and demand better social protection	**Hoop**	**Pass**	Key informant interviews with project staff revealed that earlier programmes implemented by HAITAN may have influenced subsequent ability to monitor delivery of social protection programmes by establishing community and government linkages[46].

7.1.3 Identified Output 2: Capacity of governments to deliver accessible social protection programmes for older people increased - Simplified Causal Mechanism

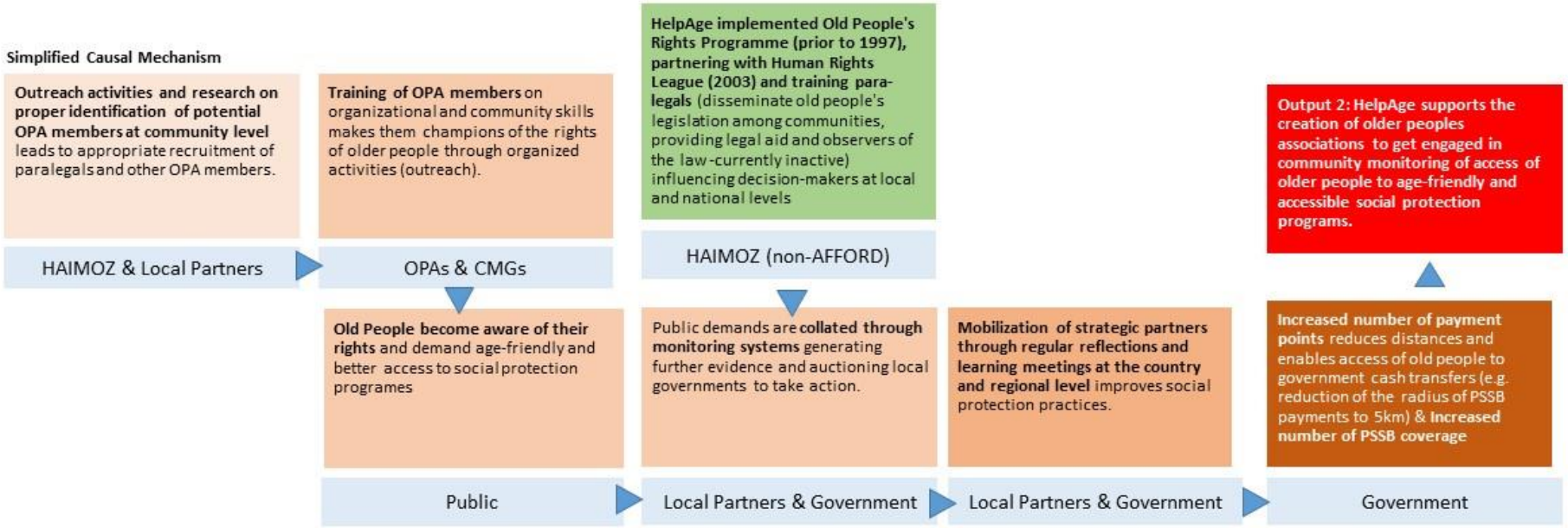
Help Age and partners conduct outreach activities to identify potential OPA members at the community level[47]. Once OPA members are recruited they are trained in organizational and community skills resulting in improvement ability to self-advocate for their right to social protection programmes[48]. This has resulted in increased public demands through the OPA structure for local government to take action on the distance between beneficiaries and payment points[49].

Subsequently, district INAS representatives increased the number of payment points thus reducing the distance for beneficiaries to travel (reduction of the radius of PSSB payments to 5km), and in turn increasing the number of OPs accessing PSSB[50].

Figure 1 below depicts the identified causal mechanism during the participatory workshop.

[46] Key informant interviews with HAIMOZ project manager; Participatory workshop with partners
[47] Ibid, 32.
[48] Ibid, 32.
[49] See L6= Gap- advocacy meetings after the meetings regarding data analysis and provincial meetings (APITE and ACIDECO).
[50] Key informant interview INAS

Identified Output 2: Capacity of governments to deliver accessible social protection programmes for older people increased



Mozambique

A summary of the evidence tests conducted on the processes in the hypothesis chain is shown in Table 4. The most difficult test applied to evidence associated with a given process is shown and discussed in the table.

Table 4: Testing the Hypothesis Chain (Simplified Causal Mechanism)

Cause → Effect	Test	Result	Comment on Evidence Examined
Outreach activities and research on proper identification of potential OPA members at community level leads to appropriate recruitment of paralegals and other OPA members → Training of OPA members on organizational and community skills makes them champions of the rights of older people through organized activities (outreach).	**Hoop**	**Pass**	E8 contains communication to the partners for correspondence on OP recruitment and E9 contains reports and letters of meetings with partners.
Training of OPA members on organizational and community skills makes them champions of the rights of older people through organized activities (outreach) → Old People become aware of their rights and demand age-friendly and better access to social protection programmes	**Hoop**	**Pass**	FGDs with OPA and OCMG representatives reveal that raining provided by partners and HAIMOZ on organizational and community skills supported their ability to advocate for their own rights and made them more active[51].
Old People become aware of their rights and demand age-friendly and better access to social protection programmes → Public demands are collated through monitoring systems generating further evidence and auctioning local governments to take action.	**SGT**	**Pass**	As there is an increased awareness of challenges facing access to PSSB payment points, OPAs reach out to put pressure on INAS[52]. This resulted in HA support of key advocacy messages as evidenced through L6 which contains key messages.
Public demands are collated through monitoring systems generating further evidence and auctioning local governments to take action. → Mobilization of strategic partners through regular reflections and learning meetings at the country and regional level improves social protection practices.	**Hoop**	**Pass**	Help Age supported OPAs and partners to engage with other age care organizations to put pressure on INAS to address the issue[53].
Mobilization of strategic partners through regular reflections and learning meetings at the country and regional level improves social protection practices. → Increased number of payment points reduces distances and enables access of old people to government cash transfers (e.g. reduction of the radius of PSSB payments to 5km) & Increased number of PSSP coverage	**SGT**	**Pass**	INAS responded to requests from OPAs support by HAIMOZ and partners by reducing the distance between payment points by opening additional payment points[54].
Increased number of payment points reduces distances and enables access of old people to government cash transfers (e.g. reduction of the radius of PSSB payments to 5km) & Increased number of PSSP coverage → HelpAge supports the creation of older peoples associations to get engaged in community monitoring of access of older people to age-friendly and accessible social protection	**SGT**	**Pass**	Additional payment points resulted in increased number of PSSB beneficiaries[55] and a radius reduction to 5km per payment point.

[51] FGD with OPA and OCMG representatives, November 2015
[52] Key informant interview with representatives of APITE
[53] Key informant interview with HAIMOZ project manager and partners
[54] FGD with OPA and OCMG representatives, Key Informant Interview with Deputy of INAS Tete.
[55] Key informant interview with Deputy INAS Tete

programs.			

7.1.4 Identified Output 2: Capacity of governments to deliver accessible social protection programmes for older people increased – Alternative Hypotheses

A summary of the evidence tests conducted on the processes in the alternative hypothesis chain is shown in Table 5. The most difficult test applied to evidence associated with a given process is shown and discussed in the table.

Table 5: Testing the Alternative Hypothesis Chain

Cause → Effect	Test	Result	Comment on Evidence Examined
HelpAge implemented Old People's Rights Programme (prior to 1997), partnering with Human Rights League (2003) and training para-legals (disseminate old people's legislation among communities, providing legal aid and observers of the law -currently inactive) influencing decision-makers at local and national levels → Public demands are collated through monitoring systems generating further evidence and auctioning local governments to take action.	**Hoop**	**Pass**	The participatory workshop during the evaluation visit highlighted that previous HAIMOZ campaigns may have created an environment in which OPAs and OCMGs could organize and voice challenges with PSSB payment points.

7.1.5 Synthesis and Discussion of Hypothesis

Hypothesis testing reveals that HelpAge Mozambique successfully enabled older people to hold their governments to account at the local and national level for the delivery of social protection programmes.

HelpAge partners established and support OPAs to report challenges faced by OPs in target areas in terms of their access to social protection. By supporting partners to engage with INAS and the Ministry of Gender. An older persons monitor reported "When the project started the PSSB was only available for a very limited number of people, so when we realized this challenge, we thought that it was good to get involved in this area and so as we moved from house to house when we find old people without access, although they should be a part of the project we write it down and report it to our leaders, this allows them to get IDs and then get access. The situation is in that way much better"[56]. An older person followed up on this by saying "We raise direct issues now related to our routine"[57].

Although some of this was likely due to previous projects run by HelpAge in these communities, the role the intervention has played in supporting OPAs to raise issues relating to social protection to government stakeholders has been improved by the project.

Testing further demonstrates that HelpAge Mozambique improved the capacity of governments to deliver accessible social protection programmes for older people. Through the establishment of OPAs government stakeholders were better informed of gaps in social service delivery and subsequent means to improve. Most notably, this resulted in government commitment to decrease the maximum radius between a PSSB beneficiary and a payment point to 5km.

[56] FGD Older Peoples Community Monitoring Group, November, 2015
[57] FGD Older Persons Association, November, 2015

The Deputy of INAS for Tete commented, "Through engagement with these partners we were able to reduce the distance between payment point and the old people"[58]. This resulted in an increased number of payment points making it easier for beneficiaries to access social protection.

HelpAge Mozambique has further commissioned studies and research documents to inform improved social protection policy at the national level. This has enabled the Ministry of Gender to rely on HelpAge significantly as a representative of old peoples issues. A representative from the Ministry of Gender commented, "HelpAge is a leader in this area of ageing issues and we rely on their technical expertise to inform policy making. Through partners they are able to access information directly from its source"[59].

Although previous projects conducted by HelpAge may have set the stage for a strong relationship with relevant government officials, project activities at the local level, through partners and OPAs, improved the flow of information from the beneficiary to government. This strengthened HelpAge Mozambique's influence on national level policy making on social protection for the elderly.

7.1.6 Effectiveness

The contributions of HelpAge to the AFFORD programme in Mozambique the result of a continuous process that seeks to engage local and strategic partners in planning, training and monitoring age-friendliness in available social protection schemes. Among the most important achievements, as identified by stakeholders during the pre-evaluation workshop, were the opening of new payment points, an increase of the number of old persons accessing social protection, the creation of mechanisms for entry of vulnerable children and orphans and policy reforms such as the SSB 2014-19 national strategy and the Law No. 3/2014 which promotes the rights of older people specifically.

These achievements are the result of a coordinated effort to engage the government of Mozambique across various levels using a rights-based approach to social protection. This approach highlights the importance of social protection as a basic human right and served to mobilize strategic partners and old persons associations towards a common goal. Help Age International Mozambique has followed an advocacy strategy that relies on improving the information base of public officials in relevant institutions (such as INAS, Instituto Nacional da Acção Social and the MGCAS, Ministerio de Genero Crianca e Acção Social)[60] initially through the provision of training and continuous training on social protection in old age, and civil society-led social protection and accountability. By doing so, a fluid relationship was built between HelpAge International Mozambique and the government, thereby ensuring government involvement and buy-in when the programme began. The Ministry of Social Action and INAS were later on involved in the training of Old Persons Associations (OPAs) as they were responsible for teaching various aspects of the age-friendly curriculum and PSSB system (i.e. cash transfer system).

Furthermore, the decentralized nature of a partnership-based intervention has allowed Help Age International Mozambique and its partners to widely reach beneficiaries in target communities through Old Persons Associations (OPAs) created by the programme. AFFORD has rightly placed a strong emphasis on generating periodic and standardized feedback from the ground on the various gaps and opportunities regarding the provision of social protection and age-friendly services. By developing and improving monitoring tools, AFFORD ensures that the

[58] Key informant interview INAS Tete, November, 2015
[59] Key informant interview representative of the Ministry of Gender November, 2015
[60] National Institute of Social Protection and Ministry of Gender, Children and Social Protection of Mozambique.

evidence gathered from the ground remains useful and relatable to its stakeholders. For example, Help Age International partner's and INAS take periodic joint monitoring visits in communities to meet with beneficiaries directly. Monitors also undertake interviews with the PSSB (Cash Transfer) beneficiaries, in order to track and monitor progresses. Data is periodically shared with strategic partners to contextualize advocacy claims on social protection, strengthen the commitment of government officials at the local level, and identify lines of programme implementation. During data analysis joint problem solving occurs between monitors, INAS, leaders within the community, HelpAge and partners.

OPAs were established by AFFORD with support from INAS using a comprehensive eligibility criteria. OPA members, however, are not necessarily old persons but skilled community members. According to the participatory workshop "For APITE and TINHENA they will sometimes accompany or send an older person to speak so that the older person themselves is bringing their own messages into this space (instead of the monitor or associations always talking on behalf of the older person). It is felt that this adds more weight to the issues and is a good advocacy tactic". AFFORD Mozambique would therefore raise the profile of older persons in the public space and their own communities by recruiting them as OPAs and developing their skills. In Tanzania, for example, community monitors within AFFORD are all old persons.

Given the centralized nature of social protection legislation, AFFORD Mozambique has placed a stronger emphasis in national-level advocacy to influence national social protection programming and policy. In doing so, AFFORD has mobilized national-level stakeholders through national-level advocacy platforms, such as Grupo Tecnico da Acção Social based in Maputo-City enabling the interaction and participation of Government, Donors, international development bilateral and multilateral organizations, national and international organizations supporting social protection programing and service delivery. In addition, when old person issues are not resolved at the local level, they are taken to "accompaniment meetings" where OPAs gain the opportunity to meet with public-decision makers or political figures and receive advocacy guidance from AFFORD organizations. AFFORD has also sought to alter debates at the local level by training its partners in public communication and the organization of outreach activities during public holidays. According to workshop participants, committee members have supported old persons in attending these public meetings themselves.

The following table scores the extent to which AFFORD has effectively reached its target objectives.

Table 6. Mozambique Contribution and Effectiveness Score*

Outcome	Identified Output	Country	Rating		Short Commentary
1	1.1. Older people holding their governments to account at local and national level for the delivery of social protection programmes	**Moz.**	**G**	**A**	**Outcome Realized in Part and Evidence that AFFORD made a crucial contribution.** Results indicate that feedback system to monitor PSSB transfers has been established by H.A. and partners but some of this may have also been due to prior HAIMOZ activities preceding the AFFORD Programme. To raise the profile of older persons, HAIMOZ should however recruit and train as many older persons into local OPAs.
	1.2 Capacity of governments to deliver		**G**	**A**	**Outcome Realized in Part and Evidence that AFFORD made a**

	accessible social protection programmes for older people increased				**crucial contribution.** Results indicate that distance to payment point was reduced for beneficiaries due to AFFORDs advocacy activities but some of this may have also been due to prior HAIMOZ activities preceding the AFFORD Programme.

(G = Green, A = Amber; see Oxfam Protocol on Process Tracing)

Green (G)	Amber (A)	Red (R)

7.1.7 Relevance

The project is well targeted to the needs of older people in Mozambique. Although the project has contributed to some improvements in both access to social protection and age-friendly health care, there remains significant gaps in access to quality services.

The project appropriately targets HIV/AIDS as a key health issue due to the evident stigma and scepticism towards HIV/AIDS in project communities. One older person commented, "If I haven't had intimacy with someone in all these years, if someone tells me to have a test and then I have HIV/AIDS I find it very strange. It is strange"[61]. FGDs with numerous OPs across communities visited support this view, with many OPs not understanding how it was possible for an old person to have HIV/AIDS.

With regards to project design, intervention activities related to building the capacity of OPAs and OCMGs improves the visibility of older people and issues affecting them to the wider community. This in turn results in strengthening OPAs ability to lobby for improvements in the delivery of social protection and age-friendly care. One elderly person commented, "Before we had to que in hospitals but now that we have an OPA and we can talk about these problems they take us seriously, when we complain because we want to improve our health"[62].

The project is of further relevance to OPs due to positive spillover effects resultant from a community structure looking into issues affecting older people. OPAs and OPMGs prevent escalations of family conflicts often involving accusations of witchcraft through engaging community leaders. One older person stated, "Before the recent law there were many cases where an old woman would be called her witch by her grandchildren or their children and then be thrown out. This is still happening but now we have OPA to get involved and protect us from this"[63].

With regards to social protection, the project has clearly achieved a demonstrable difference in the ability of older people to access PSSB payment points through the reduction of the maximum radius to within a 5km distance. Through engagement with INAS access to social protection for beneficiaries was increased further creating a means of dialogue between older person representatives and relevant government stakeholders. Older people across communities visited cited this as being a drastic change from previously having to walk in some cases up to 20km to reach a payment point.

[61] FGD with OPA members in Tete, November, 2015
[62] FGD with OPA members and OCMG members, November 2015
[63] FGD with OPAs and OCMGs, November, 2015

7.1.8 Sustainability

OPAs and OCMGs established in target communities have built relationships through the partners with local and district government officials. These structures enhance the likelihood of continued lobbying in the future. However, there are some limitations based on project implementation.

OCMGs for the project were recruited from those able to read and write. This has resulted in most OCMs being young literate people[64]. If these monitors do not wish to continue to participate in this voluntary role, older people will not be able to continue extensive monitoring services and subsequently OPAs may lose their reach within communities. One monitor commented "It is sometimes difficult for us to work with the OPAs because they think we are doing their job. We have now clarified the difference in our roles but it is difficult to work with them because we are not old"[65].

How OCMGs are managed by partners also affects the likelihood of continuation of intervention activities after the project. A number of community monitors with one partner, for example, complained about the lack on of inclusion in decision making and discussions. He stated, "Before we would meet and do the analysis from the monitoring together and then really discuss it, now [the partner representative] meets us individually and shouts at us because she says we do not understand the monitoring tool"[66]. Another monitor further explained, "The new monitoring tool is very complex and there are so many questions we have but no longer have the forum to ask these questions. We do this as volunteers and the [partner representative] is very insensitive to our needs"[67]. While this may be an isolated case, HelpAge Mozambique should work with partners to ensure implementation activities are as inclusive as possible, with an emphasis on maintaining monitor engagement. Monitors are a critical aspect of project implementation and HelpAge should play a stronger role in supporting partners to appropriately support monitors.

7.2 Outcome 2 – *Older men and women access age-friendly health and HIV programmes* (Tanzania)

AFFORD in Tanzania selected Outcome 2 as there most exhibitive outcome for the evaluation. The pre-evaluation workshop identified a number of processes through which AFFORD Tanzania achieved outcome 2, whilst the participatory workshop conducted during the evaluation visit coalesced these into the following identified outputs:

1. Health staff using training materials on providing age-inclusive services;
2. OP accessing ART treatment who are in continued treatment after 12 months.

More broadly, these two outputs were selected because they cover institutional and social processes that aimed to strengthen the supply-side of age-friendly health services (output 1) and improve the demand-side of health services, most particularly ART treatment for HIV-afflicted older persons (Output 2).

[64] Key Informant Interview with Acideco representatives; Key informant interview with HAIMOZ Project Team
[65] Key informant interview with monitor, November 2015
[66] Key informant interview with citizen's monitor, November 2015
[67] ibid

7.2.1 Identified Output 1: Health staff using training materials on providing age-inclusive services - Simplified Causal Mechanism

Prior to the AFFORD programme in Tanzania, there was limited information on geriatric care in the training curriculum of middle-level health trainees and the government's Home-based Carers (HBCs) both as a consequence of limited information about what constitutes "age-friendly" healthcare and limited stakeholder mobilization. The curriculum of middle-level healthcare trainees and nursing staff included limited information on geriatric care[68], particularly in the diagnosis, treatment or referral of non-communicable diseases (NCDs)[69].

At the local level, the country office supported the organization of learning workshops with heath staff to identify information gaps and inform the creation of pilot version of the training curriculum. To gain commitment, the country office engaged medical experts in regional branches of the Ministry of Health and Social Welfare (MoHSW) during the design and reviews of the pilot curriculum.

Training workshops and feedback meetings with strategic partners informed the development of additional comprehensive materials which were subsequently shared for wider stakeholder input[70]. These engagements gained AFFORD district government commitment to pilot these protocols in selected sites and study potential scale up[71]. During these engagements, the programme was also able to include two more NCDs affecting older persons in the national drug list for NCDs (osteoporosis and dementia), which is used as a guidance by local health care staff to prescribe or follow up on treatment of NCDs. Partners, District Medical Officers (DMOs), and Social Welfare Officers facilitated the training[72].

The pilot curriculum covered older persons' health rights, home-based care, basic prescription and referral, age-friendly service delivery awareness and health management skills. These skills would endow the health staff with capacity to address the needs of older persons, improve health management information systems at the service point, and obtain support from health staff in monitoring efforts; for example, in the disaggregation of 50+ disaggregated data reporting, the completion of claim forms for NCD drugs, and the gathering of client satisfaction data[73].

Evidence from the pilot suggested that the implementation of basic age-friendly services such as the provision of a service window, waiting areas, and queuing privileges for older persons, were feasible and scalable with stakeholder support[74]. It revealed the need of further on-the-job training in healthcare centres and created an implementable model of capacity building at the local level[75]. This mobilized additional government support for scaling into other districts. The Nurse Training Curriculum and courses at the university level have benefited from this initial pilot and are now enshrined within the purview of the geriatrics unit within the Ministry of Health and Social Welfare (MoHSW). During this process all training materials were finalized for wider dissemination[76].

[68] Tanzania AFFORD Midterm Review (unpublished).
[69] Interview with Dr. Omar Muarim, Head of Unit, Non-Communicable Diseases (Government of Zanzibar). November, 2015.
[70] See E16 – meeting minutes and communication letters to lower health facilities
[71] Key informant interviews with Head of Preventive Disease Unit Zanzibar MoHSW; Key informant interviews with District Medical Officers
[72] See E11 – presentations of gaps, case study, best practices and meeting minutes
[73] ibid
[74] Key informant interview with HAITAN Project Manger
[75] Curriculum, partners and universities.
[76] See E7 final training manual and materials

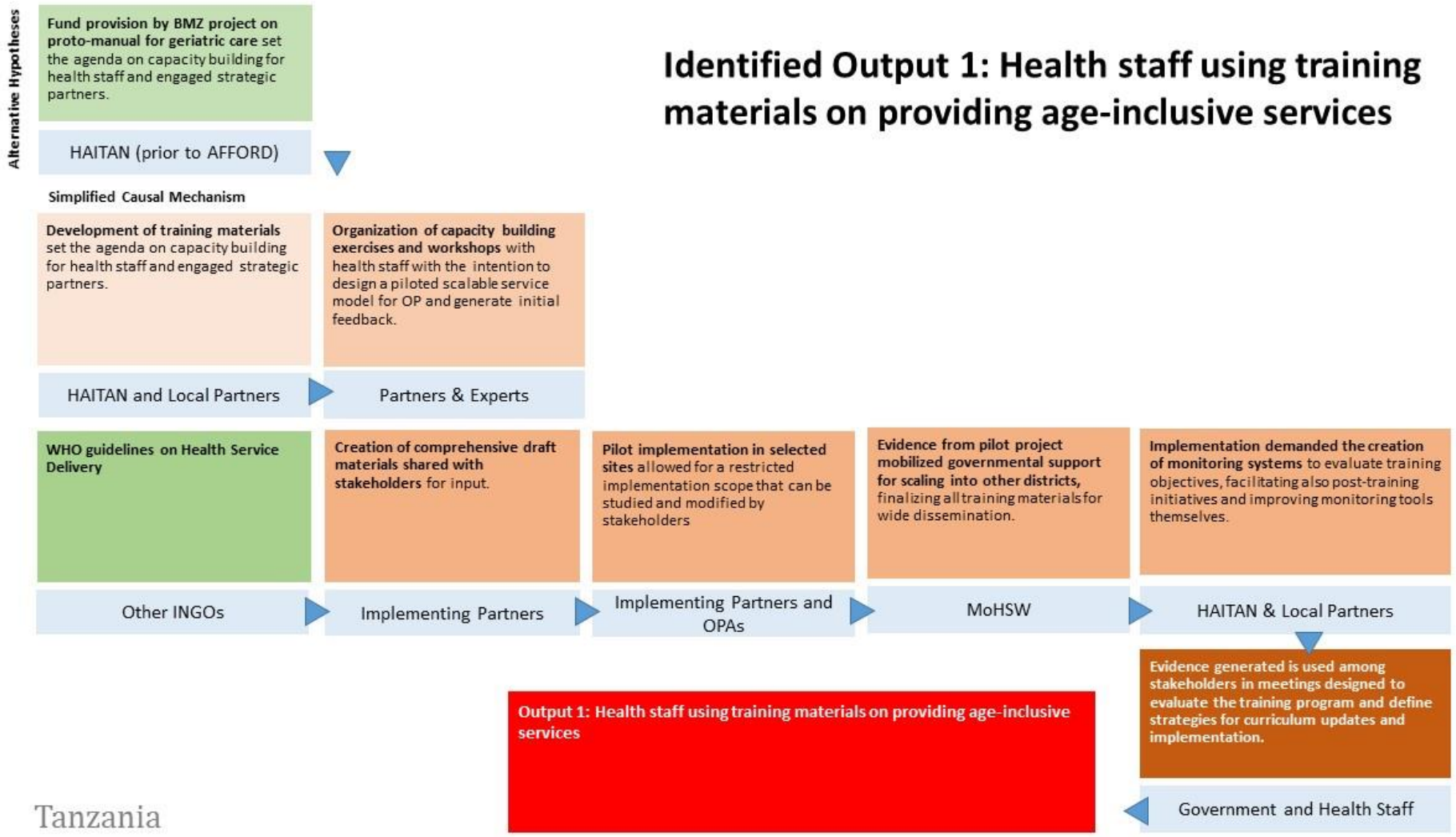
It is worth mentioning that AFFORD Tanzania supported the institution of a geriatric unit within the MoHSW resulting in the appointment of a full time official in charge of mainstreaming aging issues in the delivery of public health services, their monitoring and administration[77].

During wider implementation, the need for a monitoring system to evaluate training objectives and facilitate post training initiatives became apparent. This resulted in the development of monitoring tools specifically tailored to capture the access of elderly people to age-friendly services[78]. These tools highlighted a number of service gaps, such the capacity of primary health workers to provide drugs that demand specialized care, to follow up on therapeutic commitment and to use information systems to mainstream ageing issues in budget processes (e.g. filling out claim forms)[79]. The curriculum was adapted as a result of these issues[80].

The causal chain constructed in the participatory workshop is depicted in Figure 2 below:

[77] Geriatric Unit MoHSW
[78] Process Induction Participatory Workshop Tanzania (PIPW)
[79] Key informant interview Head of Non-communicable Disease Unit Zanzibar MoHSW
[80] See E7 – final training curriculum

Identified Output 1: Health staff using training materials on providing age-inclusive services



Tanzania

A summary of the evidence tests conducted on the processes in the hypothesis chain is shown in Table 7. The most difficult test applied to evidence associated with a given process is shown and discussed in the table.

Table 7: Testing the Hypothesis Chain (Simplified Causal Mechanism)

Cause → Effect	Test	Result	Comment on Evidence Examined
Development of training materials set the agenda on capacity building for health staff and engaged strategic partners.→ Organization of capacity building exercises and workshops with health staff with the intention to design a piloted scalable service model for OP and generate initial feedback.	**Hoop**	**Pass**	Training materials were developed by Help Age and partners with the aim of providing capacity building workshops to health staff on age-friendly care[81].
Organization of capacity building exercises and workshops with health staff with the intention to design a piloted scalable service model for OP and generate initial feedback.→ Creation of comprehensive draft materials shared with stakeholders for input	**Hoop**	**Pass**	The capacity building exercises contributed to the further development of the training materials through application and feedback processes. See E7 – training manual for health staff and activity reports
Creation of comprehensive draft materials shared with stakeholders for input. → Pilot implementation in selected sites allowed for a restricted implementation scope that can be studied and modified by stakeholders	**SGT**	**Pass**	E11 meeting minutes demonstrate continual cooperation between government, HAITAN and partners in developing final training materials and identifying gaps. This relationship contributed to the establishment of the pilot in select sites[82].
Pilot implementation in selected sites allowed for a restricted implementation scope that can be studied and modified by stakeholders → Evidence from pilot project mobilized governmental support for scaling into other districts, finalizing all training materials for wide dissemination.	**SGT**	**Pass**	Evidence from the pilot he implementation of basic age-friendly services such as the provision of a service window, waiting areas, and queuing privileges for Ops, were feasible and scalable with stakeholder support[83].
Evidence from pilot project mobilized governmental support for scaling into other districts, finalizing all training materials for wide dissemination..→ Implementation demanded the creation of monitoring systems to evaluate training objectives, facilitating also post-training initiatives and improving monitoring tools themselves.	**Hoop**	**Pass**	Key informant interviews with district and MoHSW officials highlight that the need for a monitoring system to evaluate training objectives was made clear by the results of the pilot[84].
Implementation demanded the creation of monitoring systems to evaluate training objectives, facilitating also post-training initiatives and improving monitoring tools themselves. → Evidence generated is used among stakeholders in meetings designed to evaluate the training program and define strategies for curriculum updates and implementation.	**SGT**	**Pass**	E11 contains evidence of gaps identified and discussed with MoHSW and district officials, whilst E16 contains meeting minutes which support the hypothesis by confirming discussions of curriculum updates after feedback from monitoring systems.
Evidence generated is used among stakeholders in meetings designed to evaluate the training program and define strategies for	**SGT**	**Pass**	The adoption of age-inclusive health practices and training capacity alongside a monitoring system to inform future curriculum changes

[81] Key informant interview with HAITAN project manager; Key informant interview with partners
[82] Key informant interview Head of Non-communicable Disease Unit Zanzibar MoHSW
[83] Key informant interview Head of Non-communicable Disease Unit Zanzibar MoHSW
[84] ibid

curriculum updates and implementation. → Health staff using training materials on providing age-inclusive services			results in an adaptable system aimed at ensuring continued improvements for OPs[85].

7.2.2 Identified Output 1: Health staff using training materials on providing age-inclusive services – Alternative Hypotheses

Discussions in the participatory workshop highlighted that prior to the AFFORD programme, HAITAN was supported by a fund from BMZ to develop a proto-manual for geriatric care[86]. Arguably, this set the agenda on capacity building for health staff and enabled subsequent capacity building exercise and provision of technical support on geriatric care.

Discussions also highlighted the role of WHO guidelines on Health Service Delivery provided in 2008[87]. These guidelines, although covering a wider scope than age-friendly care addressed some necessary steps to improve geriatric services and influenced subsequent development of health worker training curricula[88].

A summary of the evidence tests conducted on the processes in the alternative hypothesis chain is shown in Table 8. The most difficult test applied to evidence associated with a given process is shown and discussed in the table.

Table 8: Testing the Alternative Hypothesis Chain

Cause → Effect	Test	Result	Comment on Evidence Examined
Fund provision by BMZ project on proto-manual for geriatric care set the agenda on capacity building for health staff and engaged strategic partners..→ Organization of capacity building exercises and workshops with health staff with the intention to design a piloted scalable service model for OP and generate initial feedback.	**Hoop**	**Pass**	Key informant interviews[89] and earlier drafts included in E7 of training materials support the influence of the BMZ project on the technical support provided to health staff as well as the networks to engage stakeholders in capacity building exercises.
WHO guidelines on Health Service Delivery → Creation of comprehensive draft materials shared with stakeholders for input	**Hoop**	**Pass**	Key informant interviews[90] with representatives of MoHSW indicate the role of WHO guidelines on Health service delivery in the development of best practices and protocols, particularly in the case of geriatrics and HIV/AIDS.

[85] Key informant interview with project staff; key informant interview with DMOs and Head of Non-communicable Disease Unit Zanzibar MoHSW

[86] Key informant interview with project and partner staff; participatory workshop with stakeholders

[87] Participatory Workshop in reference to WHO (2008) *Toolkit on monitoring health systems strengthening*. Available at: http://www.who.int/healthinfo/statistics/toolkit_hss/EN_PDF_Toolkit_HSS_ServiceDelivery.pdf

[88] Key informant interview Head of Non-communicable Disease Unit Zanzibar MoHSW

[89]

[90] Key informant interviews with DMOs and heads of units MoHSW.

7.2.3 Identified Output 2: OP accessing ART treatment who are in continued treatment after 12 months - Simplified Causal Mechanism

At its onset, the AFFORD programme initiated consultations with local implementing partners to understand the barriers faced by older persons in accessing HIV diagnosis and ART treatment. Aside from demonstrated lack of age-friendliness in service delivery, the lack of disaggregated HIV/AIDS-related data made it difficult to understand the magnitude of HIV/AIDS affliction among older persons and to individually track them to ensure their follow up of ART or VCT treatment.

An initial survey carried out within the framework of the AFFORD programme in 2012 across all intervention districts demonstrated the validity of these consultations. This survey was implemented by local partners and aimed to gather data on VCT and ART service providers and to know the number of older persons who at the time were accessing these services. The survey revealed significantly lower numbers of older persons accessing ART/VCT treatment compared to other age groups, that health information systems (HIS) did not capture 55+ disaggregated data, the need for further training for health educators and home-based caregivers (HBCs) on HIV/AIDS services, and a highly prevalent stigma towards HIV/AIDS and older persons[91].

Feedback meetings at the local level and national levels were organized to present findings and highlight services gaps[92]. Partners in the participatory workshop insisted that the presentation of survey findings enabled the organization of feedback meetings with relevant stakeholders both at the national and local level. These included other NGOs dealing with HIV/AIDS, local ward development councils, health staff, MoHSW officials and OP representatives[93].

Partners and HAITAN subsequently adopted coordinated advocacy activities[94] to improve resource allocation, access to ART drugs and reduce stigma in local communities. This resulted in community mobilization activities via local partners and district medical offices occurring across all districts during AIDS Day (Dec 1st), Older Persons Day (Oct 1st), Workers Day (May 2nd) and The African Child Day (June 16th).

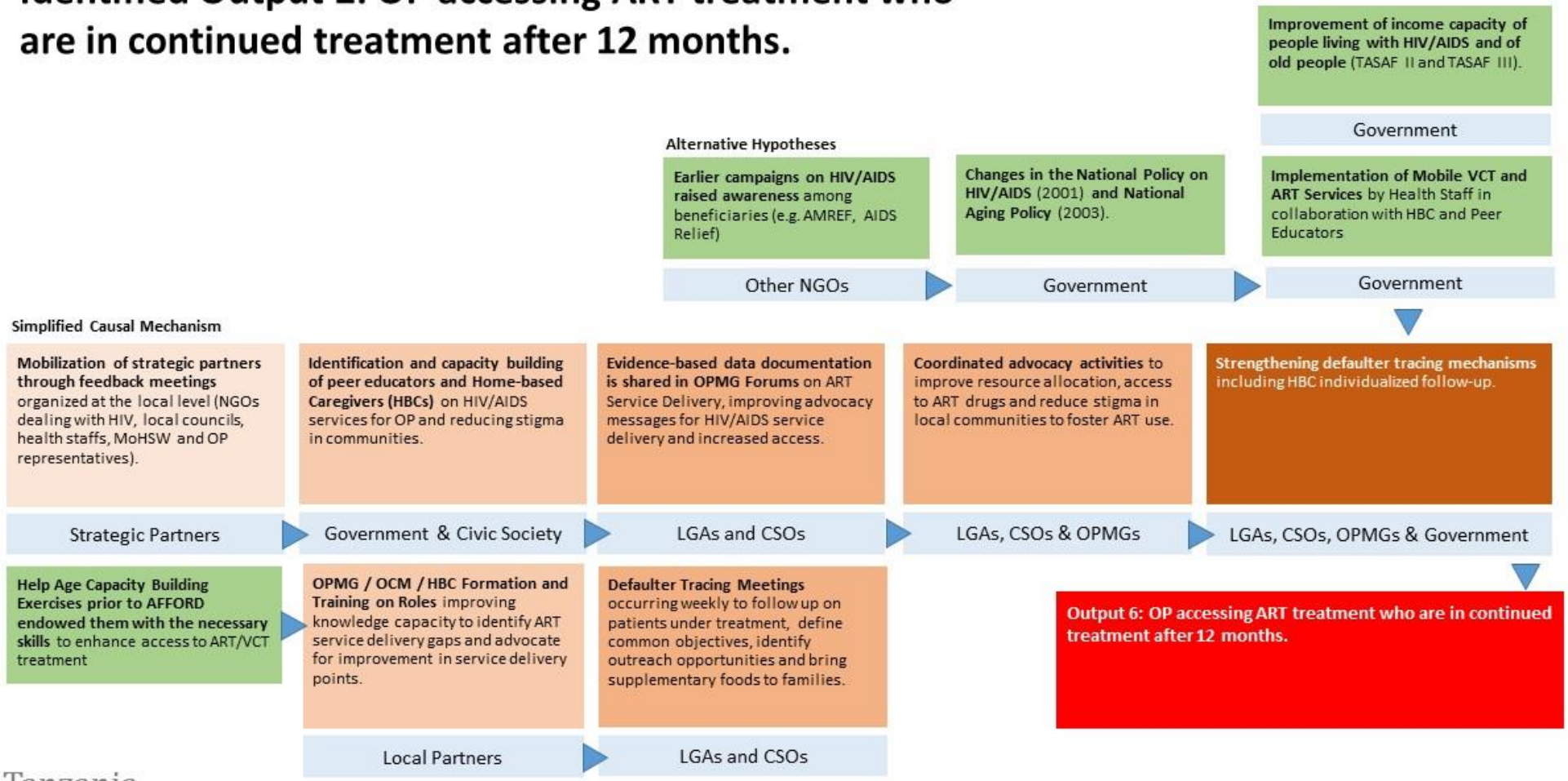
This raised the profile of HIV/AIDS affliction among older persons and resulted in the establishment of a default tracing mechanism which enabled peer educators and HBCs to follow up on individual cases; thereby improving the access and abilities[95] of older persons to access ART treatment for a continued period[96]. Working with implementing partners, the AFFORD programme has identified and trained over 680 older persons to become HBCs. On average, HBCs claimed to be able to help as much as five households per year[97] suggesting that at least 3400 households will benefit across all districts. The training increases carers' understanding of HIV and AIDS-related illnesses and strengthens their skills to provide care for people living with HIV. They are also trained to provide psychological support to people in households affected by HIV and AIDS and to educate the community (including older people) about HIV prevention.

In close cooperation with district medical officers, AFFORD created surveillance tools to monitor older person's access to HIV/ART treatment at the local level and an Older Persons Registry book to enable the tracking of older persons. OPMGs as well as health staff were subsequently given further training in data reporting and the monitoring of patient's follow up. By 2015, 28,264 older persons were accessing either VCT treatment and 3,200 were accessing VCT treatment and followed up.

[91] Key informant interview with HAITAN project manager.
[92] See E24 – correspondence on issues addressed and key messages for advocacy
[93] See E5 – minutes of meetings with officials, activity reports, and quarterly reports
[94] See E10 - case studies presented/data/agenda, WDC meeting minutes
[95] Key informant interview with WDC members
[96] FGDs with community members
[97] FGD with HBC and OPMGs

Figure 3 depicts the causal chain mechanism for this output (see overleaf):

Identified Output 2: OP accessing ART treatment who are in continued treatment after 12 months.



Tanzania

A summary of the evidence tests conducted on the processes in the hypothesis chain is shown in Table 9. The most difficult test applied to evidence associated with a given process is shown and discussed in the table.

Table 9: Testing the Hypothesis Chain (Simplified Causal Mechanism)

Cause → Effect	Test	Result	Comment on Evidence Examined
Mobilization of strategic partners through feedback meetings organized at the local level (NGOs dealing with HIV, local councils, health staffs, MoHSW and OP representatives).→ Identification and capacity building of peer educators and Home-based Caregivers (HBCs) on HIV/AIDS services for OP and reducing stigma in communities.	**SGT**	**Pass**	E10 contains case studies presented highlight challenges faced in terms of HIV/AIDS related service provision for Ops. E5 contains minutes of meetings with WDCs as well as activity reports and quarterly reports which detail need for capacity building of HBCs on HIV/AIDS services for Ops.
Identification and capacity building of peer educators and Home-based Caregivers (HBCs) on HIV/AIDS services for OP and reducing stigma in communities..→ Evidence-based data documentation is shared in OPMG Forums on ART Service Delivery, improving advocacy messages for HIV/AIDS service delivery and increased access.	**Hoop**	**Pass**	E24 contains correspondence between HAITAN partners and OPAs detailing key messages for advocacy and highlighting key findings regarding OPs and HIV/AIDS related services. This is corroborated by a key informant interview with the HAITAN project manager.
Evidence-based data documentation is shared in OPMG Forums on ART Service Delivery, improving advocacy messages for HIV/AIDS service delivery and increased access.. → Coordinated advocacy activities to improve resource allocation, access to ART drugs and reduce stigma in local communities to foster ART use.	**SGT**	**Pass**	Key informant interviews with all stakeholders corroborate the coordinated advocacy evidenced-based advocacy activities to promote access to ART and reduce stigma. This is also verified by activity reports in E5.
Coordinated advocacy activities to improve resource allocation, access to ART drugs and reduce stigma in local communities to foster ART use.→ Strengthening defaulter tracing mechanisms including HBC individualized follow-up.	**SGT**	**Pass**	Key informant interviews and FGDs with OPs in communities highlight the role of the default tracing mechanism as implemented by HBCs and enabled by coordinated strategies[98].
Strengthening defaulter tracing mechanisms including HBC individualized follow-up.-->> OP accessing ART treatment who are in continued treatment after 12 months.	**Hoop**	**Pass**	Key informant interviews and FGDs with OPs in communities highlight the role of the default tracing mechanism as implemented by HBCs and enabled by coordinated strategies.

7.2.4 Identified Output 2: OP accessing ART treatment who are in continued treatment after 12 months – Alternative Hypotheses

The participatory workshop held during the evaluation visit highlighted a number of potential casual pathways resulting in improved OP access to continued ART treatment. Earlier campaigns on HIV/AIDS (e.g. AMREF, AIDS Relief) resulted in changes in the National Policy on HIV/AIDS and the National Aging Policy (2003)[99]. These changes subsequently influenced the

[98] FGDs with community members (date;site);
[99] Participatory workshop (Dar es Salam; November 6, 2015)

decision for health staff to provide Mobile VCT and ART treatment in collaboration with HBC and Peer Educators[100]. This in turn resulted in better access to ART treatment for OPs.

A summary of the evidence tests conducted on the processes in the alternative hypothesis chain is shown in Table 10. The most difficult test applied to evidence associated with a given process is shown and discussed in the table.

Table 10: Testing the Alternative Hypothesis Chain

Cause → Effect	Test	Result	Comment on Evidence Examined
Earlier campaigns on HIV/AIDS raised awareness among beneficiaries (e.g. AMREF, AIDS Relief)→ Changes in the National Policy on HIV/AIDS (2001) and National Aging Policy (2003).	**Hoop**	**Pass**	Key informant interviews with MoHSW suggest that previous policy changes were caused by other campaigns focused on HIV/AIDS[101].
Changes in the National Policy on HIV/AIDS (2001) and National Aging Policy (2003 → Implementation of Mobile VCT and ART Services by Health Staff in collaboration with HBC and Peer Educators	**Hoop**	**Pass**	Key informant interviews with MoHSW[102] further suggest that the se policy changes resulted in the provision of Mobile VCT and ART in collaboration with HBC and Peer Educators.
Improvement of income capacity of people living with HIV/AIDS and of old people (TASAF II and TASAF III). → Implementation of Mobile VCT and ART Services by Health Staff in collaboration with HBC and Peer Educators	**Hoop**	**Pass**	FGDs with OPs in communities[103] suggest that improved income promoted improved ability to access ART treatment.
Implementation of Mobile VCT and ART Services by Health Staff in collaboration with HBC and Peer Educators → Strengthening defaulter tracing mechanisms including HBC individualized follow-up.	**Hoop**	**Pass**	Key informant interviews with WDC members reveal the role of mobile VCT and ART services in improving the ability of HBCs to do additional follow up[104].
Strengthening defaulter tracing mechanisms including HBC individualized follow-up. → OP accessing ART treatment who are in continued treatment after 12 months.	**Hoop**	**Pass**	Key informant interviews and FGDs with OPs in communities highlight the role of the default tracing mechanism as implemented by HBCs and enabled by coordinated strategies.

7.2.5 Synthesis and Discussion of Hypothesis

Hypothesis testing reveals that Help Age facilitated health staff training on age-inclusive services. However, earlier campaigns and work done by Help Age through a BMZ funded project also contributed to achievement of this outcome. The WHO has provided a guidelines[105] for age-friendly primary care in information education and training, community-based health care, and management systems[106].

While these guidelines existed, it was the AFFORD programme in Tanzania and its partners who facilitated curriculum reviews for the specialized training in geriatric care for health care staff, the institutionalization of age-related concerns through the creation of a geriatric unit in the MoHSW and the provision of further training to government home-based carers and peer educators in the promotion of HIV diagnosis and VCT and ART treatment. This helped not only

[100] Key informant interview with representative of MoHSW
[101] Key informant interview with Head of Non-Communicable Disease Unit MoHSW
[102] ibid
[103] FGD with communities (Dar es Salam; November 6, 2015)
[104] Key informant interviews with WDC members
[105] WHO (2012). *Towards Age-friendly Primary Health Care.*
[106] WHO (2012) Towards Age-friendly Primary Health Care pg. vi

to raise awareness but also to identify bed-ridden patients who are often the hardest populations to reach in this type of health interventions. This places Help Age International Tanzania among the champions of the National Aging Policy mandates and fostered the legal recognition of older persons' associations in local decision-making.

These actions resulted in more than 25,000 beneficiaries accessing ART or VCT treatment since the onset of the project. Given the strong emphasis on capacity building, the programme has improved the skills of health care personnel and peer educators which will be sustained at the programme's conclusion, particularly when it comes to mainstreaming aging in government programmes such as Home-Based Care.

In terms of advocacy, the model relies also on the monitoring efforts of OPMGs to provide accurate individual-level data to implementing partners on a quarterly basis, which is then collated and analysed by the country office yearly. Findings are presented in Data Feedback Meetings occurring periodically between implementing partners and HAITAN. For advocacy purposes, this type of evidence has been able to mobilize support in ward development councils at the local level (a ward-level decision-making body) and among strategic partners at the national level.

Whilst testing demonstrates AFFORD Tanzania's accomplishments in this area, greater efforts must be made to communicate achievements, provide technical capacity, promote the implementation of the National NCD strategy (2015-2020) and share strategies with other country offices who have had less success in this area. Furthermore, greater emphasis must be made to monitor and strengthen the capacity of HBCs, improve outreach at local level through mobile clinics, who during the evaluation visit frequently highlighted the need for refresher training and learning events[107].

7.2.6 Effectiveness

In order to promote age-friendly health services and increase their demand among beneficiaries, Help Age International Tanzania has relied in a grass-root approach to advocacy. Given the progressively decentralized nature of decision-making in Tanzania, Help Age International Tanzania has found it most effective to influence policy, training, and budgets at the local-level (district-level) by organizing and influencing community structures such as Ward Development Councils (WDC)[108] and Local Government Associations (LGAs).

In Tanzanian governance systems, the WDC is the lowest level where planning can begin and is also the level where, most health facilities exist. Partners of Help Age International Tanzania work closely with WDC corresponding health committees which are responsible for ensuring that health facilities at that level provide age-friendly health care. Once issues have been taken up by various WDC, their representatives then meet in district-level WDCs to address old persons' issues in the entire district. The influence that the OPMGs can have at the ward level will influence their ward development committee plan which is sent to local government level (district) for planning and budgeting. This enables AFFORD partners to compile and bring up real concerns from communities into a district-level platform. At the district level, WDC then select representatives to participate in national-level meetings; thereby linking community-level issues with planning processes at the national level. Through these platforms, Help Age International Tanzania hopes to influence the national health drug list review (which thus far excludes drugs for NDCs such as dementia and rheumatism), push for the implementation of the

[107] Ibid.

[108] The WDC is represented by of all technical experts working at the ward-level including Clinical Officers in-charge of health facilities in the Ward, HIV/AIDs- VCT coordinators, Ward Community Development Officers, Social Welfare Officers, Agriculture and Livestock Extension Officers and Primary School Head Teachers in the Ward.

National NDC strategy 2015-2020 and domesticate the various African protocols concerning the health of older persons.

To improve access and demand for better health services Help Age Tanzania has employed a rights-based approach to advocacy with a strong evidence-based component. This latter component has been particularly important in achieving results. In the field of health intervention "hard data is often necessary to convince officials that there are service gaps"[109] and "by collecting the necessary individual-level information about patients [AFFORD] has been able to track and follow-up on HIV-afflicted old persons". In order to achieve a high degree of quality of evidence, Help Age Tanzania and its partners have made strong efforts to develop and review monitoring tools that help CPMGs and HBCs to assess the status of target populations on a constant basis. The data is compiled quarterly by partners and later shared with Help Age international on a yearly basis. The OPMGs meet also quarterly to undertake data analysis and learning sessions in joint "data analysis meetings". From these meetings, periodical packages of health agenda are defined and used to influence WDCs once a month. The compilation and communication of data, however, could be more frequent if Help Age International upgrade its monitoring systems using mobile phone / ICT technologies for data collection and analysis.

Crucial to this model has been the recruitment of older persons as OPMGs. Help Age Tanzania has made being 50+ a criterion to be able to join OMPG and has dedicated significant efforts to improve their organizational-, literacy and numeracy skills. By doing this Help Age Tanzania places older persons at the centre of monitoring and advocacy efforts and has improved advocacy "because people take an old person who speaks about old persons issues more seriously"[110], particularly during local media engagement meetings.

The information from these meetings is transmitted to the district-engagement meetings, which are the co-ordination point where the output data, evidence and case studies gathered by the OPMG from the WDC is shared. At the district-level there are usually local development planning meetings, which is where local council planning and budgeting happens, at local council or district council level. Through this mechanism, AFFORD partners have been able to identify multiple budgets and gained significant resource allocations for NDC drugs, geriatric health units, and health services more generally. The data gathered by Help Age International Tanzania is also used by District Medical Officers (DMOs) during district Council Health Management Team (CMHT) forums.

These processes have resulted in the implementation of the guidelines, formulation of by- laws, allocation of funds by district councils, and community health funds provision (CHP) free healthcare cards) and older people identity cards (entitling them to free health services) and drugs for NCDs and older persons ill-health. In local health clinics there are service windows for older persons, separate rooms for OP, OP dispensing rooms and OP medicines, eye care, and better access to VCT and ART and adherence to treatments (reduced loss for follow-up).

Help Age International has also found it most useful to appointment of an older person focal person in district councils to help them identify relevant budget process and advocate for older persons rights in local government. At the national level, the AFFORD programme was pioneer in advocating for the creation of Geriatric Unit and the appointment of a Geriatric Coordinator within the MoHSW headquarters, to integrate old persons issues in development plans, improve resource allocation, and to ensure the directives from the ministry are implemented by the local council. The integration of older people's issues in LGA's development plans and budgets resulted in the allocation and release of funds for buying extra medicines for the diseases that affect older people which are normally not included in the national essential drug list (especially NCDs).

[109] Interview with Tanzanian Programme Manager. Dar es Salaam; November, 2015.
[110] Interview with Programme Manager Tanzania; November, 2015.

The following table scores the extent to which AFFORD has effectively reached its target objectives:

Table 11. Tanzania Contribution and Effectiveness Score*

Outcome	Identified Output	Country	Rating		Short Commentary
2	2.1. Capacity of governments and other service providers to deliver age-friendly HIV and health programmes for older people increased	Tanz.	G	A	**Outcome Realized in Part and Evidence that AFFORD made a crucial contribution.** Results indicate that system is in place to adapt training curriculum and improve age friendly services due to crucial contribution of AFFORD but some of this may also be due to previous activities such as the BMZ funded geriatrics guidelines.
	2.2 Older people and their dependents have increased access to ARTs and necessary health services to support treatment & prevention		A		**Outcome Realized in Part and Evidence that AFFORD made important contribution.** Although it is clear that the AFFORD programme made an important contribution to improved OP access to ARTs, concurrent activities such as the provision of mobile VCT and ART services also contributed to increased and continued access to ART treatment for OPs. This activities are underpinned by quality individual-level data gathered by AFFORD partners in a quarterly basis.

(G = Green, A = Amber; see Oxfam Protocol on Process Tracing)

Green (G)	Amber (A)	Red (R)

7.2.7 Relevance

The project appropriately identified a gap in the provision of age-friendly care to older persons. Before the onset of the project, there was for example an extremely poor perception of older people affected by HIV/AIDS[111]. Although, this stigma still exists in some communities it is to a far lesser extent due to efforts of the intervention.

Furthermore, age-friendly care was not understood by stakeholders at local, ward and district levels. The project manager explained "There was a great effort to define what age friendliness constituted in terms of health service provision"[112]. This led to a consultative process through which all partners, OPAs, and government stakeholders established a definition of "age-friendly" care.

[111] Key informant interview District Medical Officer, November, 2015
[112] Key Informant interview, Project Manager AFFORD Tanzania

Through this consultative process a number of gaps in infrastructure and capacity of local clinics to provide quality care to older persons were made apparent. This included a lack in geriatric training, which the project addressed, and the lack of access to medicines for older people. The intervention appropriately targeted this as a key outcome and as a result supported older persons aged 55 and older to receive identity cards through district councils through which they could access better care at clinics.

7.2.8 Sustainability

Many of the activities of Help Age Tanzania concentrate in building knowledge and enhancing local capacity through continuous monitoring and training. Since the project launch in 2011, Help Age Tanzania strengthened links with local and national health authorities through engagement meetings and consultations with District Medical Officers (DMOs), District Executive Directors (DEDs), District Community Development Officers (DCDOs), District Social Welfare Officers (DSWOs) and Local Councilors. Through these engagements, Help Age Tanzania has gained a shared understanding of what constitutes "age-friendly services" among implementing and local partners and supported the institutionalization of geriatric care in key government institutions.

For example, Help Age Tanzania has gained support from district councils to appoint an "Old Persons Focal Person", a district government official that is trained and supported to champion old persons' rights in local decision-making, including budget allocations for NDC drugs and age-friendly health facilities. At the national level, Help Age Tanzania also brokered the creation and institutionalization of a Geriatric Unit within the MoHSW to advocate for improvements in geriatric care service-provision nation-wide. For example, in the modification of the Nurse Training Curriculum (NTC) and the creation of the Department of Curative Services within the MoHSW. According to interviews with the District Councilor and the Geriatric Representative of the ministry, these structures will likely remain in place after the project's conclusion.

AFFORD has also placed a strong emphasis in developing skills on the ground, including organizational, budgetary, advocacy and administrative skills among implementing partners. According to the project manager of MAPERECE, Magu district's implementing partner, AFFORD has strengthened the local capacity to monitor and generate evidence by virtue of joint data analysis meetings and offering training on data reporting, analysis and basic result-based management strategies. Through AFFORD activities, implementing partners have also benefited from an ever wider network political and administrative connections at the local level.

Through the formation of OPAs and OPMGs, the principles of AFFORD have also gained a wide acceptance in communities reducing stigmas associated with being an old person and improving the knowledge about old persons' rights so as to increase local demand for better services. Through monitoring visits, OPMGs appraise the quality of services being offered at the dispensary and health centres and obtains customer satisfaction information from patients. At the local level, OPAs work with local government associations and traditional authorities to effect change on the ground and improve the treatment of old persons in communities. In the communities visited, for example, beneficiaries agreed that "being accused of practicing witchcraft is now something of the past". This is part due to the representation of old persons' issues in local conflict-resolution through the OPA and the links that OPAs have established with local policy to enforce existing anti-defamation laws. HBCs, who are trained by AFFORD, are government employees tasked with reaching and following up with HIV- and bed-ridden patients. The HBC programme is a national health programme that will continue after AFFORD's end.

To improve the sustainability of the project, AFFORD Tanzania may place a strong emphasis in building local fundraising capacity. For some of the partners, Help Age Tanzania finances almost the entire budget pertaining to project activities.

7.3 Outcome 3 - *Older men and women's rights, their access to social protection and quality health care is reflected in public policy at national and international level* (Uganda)

AFFORD in Uganda selected Outcome 3 as their most exhibitive outcome for the evaluation. The pre-evaluation workshop identified a number of processes through which AFFORD Uganda achieved this outcome, whilst the participatory workshop conducted during the evaluation visit coalesced these into the following identified outputs:

a. National Government makes informed commitments to elderly people's rights to age-friendly health services and social protection (ADA National Campaign);

b. The passing of the National Council for Older Persons Act (2013);

The causal chains for each of these identified outputs are shown in Figure X – X.

7.3.1 Identified Output 1: *National Government makes informed commitments to elderly people's rights to age-friendly health services and social protection (ADA National Campaign)* - Simplified Causal Mechanism

Age Demands Action (ADA) is a global, grassroots campaign to fight age discrimination. It is organized by HelpAge International and its international affiliates and partners[113]. In Uganda the campaign takes place across community, district, and national levels. The culmination of the ADA campaign is an event held on October 1st in honor of the International Day for Older Persons (IDOP). In Uganda this event is held annually, is attended by district and national level government officials, and is held in a different district each year.

At the community level, KADP and CARITAS organize community camp fires through OPAs and OCMGs[114]. Camp fires are a forum through which people of all ages can come together and discuss older people's rights with a focus on access to age-friendly health services and social protection. Community stakeholders are invited to participate in camp fires and participants include political and traditional leaders. Camp fires at the parish level continue to the sub-county level before informing district level lobbying[115].

Key messages[116] decided at camp fires are taken forward by HelpAge and partners to local radio shows where they are discussed on air[117]. Discussions have focused on how to access health services, increasing an awareness of elderly people's rights and entitlements, and issues surrounding HIV/AIDs and older people. Often elderly people are brought in to speak live from the studio and discuss the key messages brought forward.

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[113] See for further details: http://www.helpage.org/tags/age+demands+action/

[114] See E38a - circular from HelpAge on purpose and structure of camp fires, concept note on ADA activities

[115] See E38a -Reports of sub-county meeting and district meetings identifying the themes (Caritas), for KADP the issues are identified from the OCMG reports

[116] See E41 - email communication with media houses adverts, invitations, letters to newspapers and newspaper articles.

[117] See E39 - recorded audio of the talk shows, financial documents, attendance lists, reports on talk shows

A representative from the OPA or OCMG is chosen (either selected by the partner, as in Gulu or chosen by their peers as in Karamoja) to present the issues to the district level government. CARITAS and KADP attend district level meetings with the representatives[118]. Stakeholders invited to the meeting include the Local Council V Chairperson, the District Speaker, the Chief Administrative Officer, and the Secretary to the Council, the Community Development Officer, the District Rehabilitation Officer, and the District Health Officer[119]. The district leaders discuss the issues raised and the relevant officers respond and suggest steps forward. With regards to IDOP, the district attends planning meetings with partners to coordinate the event[120].

Issues elevated to the district level and discussed on the radio are finally brought to the national level through Help Age's engagement with the National Organizing Council (NOC) of the International Day for Older Persons Day (IDOP). The NOC is tasked with planning the IDOP event and is comprised of representatives from relevant government ministries (Ministry of Gender, Labour and Social Development, Ministry of Health) and other CSOs working on ageing issues[121]. The programme for the day is set by the NOC based on this consultation and relevant subsequent commitments made by the relevant government ministries[122].

HelpAge further drafted and supported a number of petitions which influenced the advocacy process at the national level. This raised the profile of issues affecting elderly people and further contributed to the policy discourse. Further discussion of the petitions is included in the second identified output.

The theme of the 2015 IDOP was Social Protection for older persons. This year the day aimed to "create awareness among the public on the rights and needs of the older persons… [And to allow] Government and other stakeholders to take stock of what has been achieved, the gaps and possible solutions to address these gaps"[123]. This year, the government used the event to formally announce the roll out of the Senior Citizens Grant through the Social Assistance Grants for Empowerment (SAGE) programme to 40 new districts beyond the pilot.

In order to test the assumptions underlying the Simplified Causal Mechanism, we have submitted each process to one of the four tests identified by Bennet (2010), namely: the Straw-in-the-Wind (SWT), Hoop (HT), Smoking-Gun (SGT), and Doubly Decisive (DDT) tests[124]. Each process was attributed a test through two yes/no criteria (necessary for affirming causal inference, and sufficient for affirming causal inference- *see Collier*)[125]. The most difficult test applied to evidence associated with a given process is shown and discussed in Table 12.

Table 12: Testing the Hypothesis Chain (Simplified Causal Mechanism)

Cause → Effect	Test	Result	Comment on Evidence Examined
Identification of challenges to elderly people's access to age-friendly health services and social protection →	**SGT**	**Pass**	Key informant interviews with project staff[126], partner staff[127], planning documents[128], and FGDs with OPAs and OCMGs[129] indicate that OPAs and OCMGs were established by H.A.

[118] See E45 - OP delegates meeting with the district leaders (northern Uganda) – invitation letters, photos, issues presented (i.e. documents detailing issues), event report and financial documents
[119] ibid
[120] See E46 - activity reports, planning meeting minutes for IDOP
[121] See E47 - lists of NOC, meeting minutes, budget commitment of funds, plan of the event, ministers speech, chief guests speech
[122] ibid
[123] Expanding Social Protection Programme (2015) *Synopsis for the International Day for Older Persons- Theme: Social Protection for Older Persons: A Pre-requisite for Sustainable Development*.
[124] See Bennett (2010) and Collier (2011). *Understanding Process Tracing*. Pg. 825
[125] See Collier (2011) pg. 825
[126] Key informant interviews with Help Age Social Protection Advisor
[127] Key informant interviews with KADP and CARITAS representatives (Gulu, November 2015)
[128] Project concept note
[129] FGD with OPAs and OCMGs Gulu District (November 2015)

Establishment and strengthening of OPAs and OCMGs in communities			and partners to address barriers faced by elderly people in terms of their access to social protection and access to age-friendly health services.
Establishment and strengthening of OPAs and OCMGs in communities → Organizing Community Camp Fires to consult wider stakeholders on issues affecting the elderly.	**SGT**	**Pass**	E38a contains a circular published by Help Age Uganda and distributed to partners discussing the focus and purpose of the community camp fires. Key informant interviews[130] and records of meetings held support this causal claim as OPAs and OCMGs now had a forum a to discuss issues and consult with wider communities.
Organizing Community Camp Fires to consult wider stakeholders on issues affecting the elderly. → Radio shows to consult wider stakeholders on issues raised in camp fire discussions	**Hoop**	**Pass**	E38a contains meeting notes of community camp fires held and issues passed forward to district and radio. E39 contains reports on talk shows held and where key messages were contributed.
Radio shows to consult wider stakeholders on issues raised in camp fire discussions → Lobbying district government through OPA/OCMG representatives.	**Hoop**	**Pass**	E39 shows discussions held on radio shows based on community camp fires. E38b contains summaries of discussions and dialogues with political and technical district leaders and sub-county leaders = activity reports, photos, list of participants, financial documents.
Lobbying district government through OPA/OCMG representatives.→ District Government Commitments	**DD**	**Pass**	E45 contains details of the OP and Partner meetings with the district leaders– invitation letters, photos, issues presented (i.e. documents detailing issues), event report. Key informant interviews with various representatives of district government including the community officer[131], and the speaker of the local council[132] indicate the subsequent commitment by district government to include elderly people in wide range of services (e.g. restocking) and commitments to consult with OPAs and OCMGs more broadly. Due to the absence at the district level (in Gulu and Karamoja) of other actors working on this issue, and the strong evidence provided during KIIs with district level stakeholders, alternative explanations of district level commitments can be eliminated.
Radio shows to consult wider stakeholders on issues raised in camp fire discussions→ Consultation with National Organizing Committee (NOC) for International Day of Older Persons (IDOP)	**SGT**	**Pass**	Key informant interviews with project staff and partners indicate that issues raised during the community camp fires and subsequently discussed on the radio informed their consultation to NOC[133]. E47contains the attendance lists of NOC, and meeting minutes and verifies the role of the wider consultation in informing discussions and providing a platform for government response.
Consultation with National Organizing Committee (NOC) for International Day of Older Persons (IDOP) → National Government makes informed commitments towards elderly people's access to age friendly health services and social protection during IDOP.	**SGT**	**Fail**	Evidence from KIIs and document review do not conclusively confirm this hypothesis (see subsequent discussion of alternative explanations). While they demonstrate Help Age's contribution to the policy discussion, they do not confirm any attribution due to ADA related activities. Therefore, it is impossible to attribute subsequent government commitments entirely to Help Age AFFORD programme and partner related consultation

[130] See E38a
[131] Key informant interview with Community Officer Gulu District
[132] Key informant interview with Speaker of LC Gulu District
[133] Key informant interviews with Help Age Uganda Social Protection Advisor and KADP and CARITAS representatives

			to inform the planning of IDOP.

7.3.2 Identified Output 1: *National Government makes informed commitments to elderly people's rights to age-friendly health services and social protection (ADA National Campaign*) – Alternative Hypothesis

Discussions with relevant stakeholders during the participatory workshop highlighted the role of other age-care interested CSOs, NGOs, and donors. Chief among these is the SAGE programme which is supported by the Ministry of Gender, Labour and Social Development, DFID, Irish Aid, and UNICEF[134]. The SAGE programme was piloted in 15 districts from 2010-2015. Over 123,000 older persons benefited from cash transfers[135].

The pilot scheme demonstrated "that beneficiaries spend most of their income on food, health care, and education with significant improvement in the nutritional status, health, and well-being of recipients and their household members and to keeping children in school"[136]. Due the success of the pilot programme and subsequent donor commitment for additional funding, the Government of Uganda has committed to the expanded roll out of the SAGE programme to 40 new districts over the next 5 years.

The roll out decision for the SAGE programme was announced at the IDOP event in 2015. This was the main government commitment made during the IDOP celebrations in 2015. Although, the AFFORD programme may have influenced this decision, it's prominence ran in concurrence with ADA related activities and lobbying for the expansion of SAGE had a demonstrable effect on subsequent government commitment as evidenced by numerous key informant interviews with government stakeholders as well as other age-friendly CSOs[137] and NGO representatives[138].

A summary of the evidence tests conducted on the processes in the alternative hypothesis chain is shown in Table 13. The most difficult test applied to evidence associated with a given process is shown and discussed in the table.

Table 13: Testing the Alternative Hypothesis Chain

Cause → Effect	Test	Result	Comment on Evidence Examined
Earlier campaigns on elderly people's rights to social protection and age-friendly health services → Increased awareness and sensitivity of government and law makers to elderly issues in terms of health and social protection	**Hoop**	**Pass**	Earlier successful campaigns such as the National Policy for Older Persons (2013), and earlier drafts of the National Social Protection policy, indicate that discussions on social protection have been on-going prior to AFFORD implementation and that government has made some commitments towards assuring these in the past.
Increased awareness and sensitivity of government and law makers to elderly issues in terms of health and social protection → Pro-longed lobbying by age interested organizations for these issues to be addressed	**SGT**	**Pass**	Government with donor backing implemented the SAGE programme and evidence out of three key studies[139] indicate that these findings significantly supported subsequent lobbying. Additionally, key informant interviews

[134] See: http://www.socialprotection.go.ug/
[135] SAGE Implementation Guidelines see: www.socialprotection.go.ug/.../**SAGE**%20Implementation%20Guidelines
[136] IDS (2014) Evidence on Graduation from Uganda's Social Assistance Grants for Empowerment (SAGE) Scheme and the Feasibility of Promoting Sustainable Livelihoods
[137] Key informant interviews Uganda Reach the Aged Association, CARITAS, KADP
[138] Key informant interview representative of SAGE, Key informant interview representative of Ministry of Gender, Labour and Social Development
[139] Key informant interview Help Age Uganda Social Protection Advisor, Key informant interview representative of Maxwell Stamp (SAGE Uganda)

(including other projects e.g. SAGE)			indicate significant donor advocacy for social protection for the elderly[140].
Pro-longed lobbying by age interested organizations for these issues to be addressed (including other projects e.g. SAGE). → Consultation with National Organizing Committee (NOC) for International Day of Older Persons (IDOP) where issues are brought forward from radio shows and camp fires for discussion and wider consultation with relevant parties- IDOP event held (platform)	**Hoop**	**Pass**	Key informant interviews with staff of the Expanding Social Protection (SAGE programme) highlighted the influence of the NOC and advocacy more widely on the subsequent roll out decision. E47contains the attendance lists of NOC, and meeting minutes and supports the influence of the SAGE pilot results on the roll out decision.
Pro-longed lobbying by age interested organizations for these issues to be addressed (including other projects e.g. SAGE). → National Government makes informed commitments towards elderly people's access to age friendly health services and social protection during IDOP.	**SGT**	**Pass**	IDOP 2015 predominantly focused on the announcement to rollout SAGE to the additional 40 districts[141]. Key informant interviews also revealed the role of donor financial commitment to the roll out and subsequent government financial commitment[142].

7.3.3 Identified Output 2: The passing of the National Council for Older Persons Act (2013) – Simplified Causal Mechanism

The National Council for Older Persons Act was passed in 2013 and establishes committees and councils at all levels (sub-county to national) Committees and councils act as bodies through which "the needs, problems, concerns, and abilities of older persons can be communicated to government and its agencies for action"[143]. The council at the national level will also monitor and evaluate the extent to which government, NGOs, and the private sector include and meet the needs of older persons in their planning and service deliver[144].

Help Age together with other age care organizations lobbied and petitioned government for the adoption of the act. The process began with the mobilization of other age care organizations[145] around the need for further representation of older people at various levels of government.

Help Age then supported partners to develop a petition calling for OP representation at all levels of government[146]. Partners canvassed OPs for signatures across their districts[147]. Help Age and partners organized a visit of OP representatives and partners to the parliamentary group on gender to present the petition and gather feedback from relevant stakeholders. Similar presentations were made at the district level to the speakers of the Local Councils[148].

Help Age further supported the drafting of the Act through the development of election guidelines for OP councils and continual consultation with age care organizations such as the URAA[149]. After consultation with government stakeholders, Help Age organized for OP representatives to participate in the parliamentary debate on the act which was subsequently

[140] Key informant interview representative of Ministry of Gender, Labour and Social Development
[141] Key informant interview representative of Ministry of Gender, Labour and Social Development & Help Age Uganda Social Protection Advisor
[142] Key informant interview representative of Ministry of Gender, Labour and Social Development
[143] National Council for Older Persons Act (2013)
[144] Key informant interview with Help Age Uganda Social Protection Advisor
[145] See E31 - Email exchanges between age care organizations (HAI, partners and parliament)
[146] See E30 – Petition - OP representation at all levels of leadership
[147] See E30 – signatures from Northern Uganda and Karamoja
[148] ibid
[149] See E35 - development of election guidelines for OP councils (invitations to workshops, MGLSD, emails minutes, copy of the guidelines, funded workshop with financial reports and documentations); Also E28 - policy development by MGLSD – invitation email, follow up meetings, attendance lists, draft policy document with inputs from HAI, email on fast tracking on submission to cabinet

passed in 2013[150]. To promote application of the Act, Help Age also supported in printing and dissemination[151].

In order to test the assumptions underlying the Simplified Causal Mechanism, we have submitted each process to testing. The most difficult test applied to evidence associated with a given process is shown and discussed in Table 14.

Table 14: Testing the Hypothesis Chain

Cause → Effect	Test	Result	Comment on Evidence Examined
Identification of lack of forum for older people to voice concerns and raise issues relative to other groups: youth, disabled, women etc. → Mobilization of strategic partners through meetings & consultations Meetings with: ministry of Gender, Labour, and Social Development, Ministry of Health, USSP, URAA	**SGT**	**Pass**	After feedback from community structures (OPAs and OCMGs)[152] Help Age reached out[153] to strategic and implementing partners regarding increased representation of older people[154].
Mobilization of strategic partners through meetings & consultations Meetings with: ministry of Gender, Labour, and Social Development, Ministry of Health, USSP, URAA → Visit to Parliamentary Group: Visit the parliamentary group on gender and minister for elderly and disability	**Hoop**	**Pass**	Communications with partners and other stakeholders highlighted the need to arrange a visit to the parliamentary group and the Ministry of Gender, Labour and Social Development. Evidence documents the visit and the meeting discussions with the MGLSD and the parliamentary group[155].
Visit to Parliamentary Group: Visit the parliamentary group on gender and minister for elderly and disability → Consultation with OPAs and OCMGs and canvassing for Petition signatures calling for representation.	**Hoop**	**Pass**	After the visit with the parliamentary group, Help Age and partners canvassed for signatures on the petition calling for representation for older persons at all levels of government[156] Help Age further supported government with the drafting of the act[157].
Consultation with OPAs and OCMGs and canvassing for Petition signatures calling for representation.→ Lobbying government on issues & attendance at the debating and passing of the bill to an act 2013	**SGT**	**Pass**	The petition strengthened the lobbying position of age care organizations calling for representation of elderly people at all levels of government according to numerous key informant interviews with MGLSD[158], the URAA[159], and project staff[160]. Government referred to the petition as creating a need for "government response"[161].
Lobbying government on issues & attendance at the debating and passing of the bill to an act 2013 → Passing of the National Council for Older Persons Act (2013	**SGT**	**Pass**	Key informant interviews with project staff, representatives of the MGLSD, district governments, and strategic partners, including the URAA, highlight the role of the petition and the number of signatures from Northern Uganda (Caritas) and Karamoja (KADP) in pressuring government to pass the act.

[150] See E31 – parliamentary attendance list and debate report
[151] See E34 - Printing and dissemination of the OP act = printed copy of the act, logos, HAI, government, procurement of printing firm, email between MGLSD and HAI, dissemination plans and reports, accountabilities and financial reports
[152] See E14 – OCMG's complemented data collection tools, OCMG diaries and record book; also see E15 – Grievances presented at quarterly district sub-county meetings (minutes, attendance lists, reports)
[153] See E31 – email exchange between partners on issue of representation.
[154] Key informant interviews with Help Age project team, CARITAS, KADP, and URAA.
[155] See E32- meeting with policy makers, parliamentary committee on gender and social services and minister for the elderly and disability (minutes of meetings, invitations, email threads)
[156] See E2 – Copy of the petition and E30 - the petition reports at district and national level.
[157] See E28 - policy development by MGLSD (invitation email, follow up meetings, attendance lists, draft policy document with inputs from HAI, email on fast tracking on submission to cabinet)
[158] Key informant interview with representative of MGLSD
[159] Key informant interview with Uganda Reach the Aged Association representative
[160] Key informant interview with Help Age Uganda Social Protection Advisor
[161] Key informant interview with representative of MGLSD

			Furthermore, it is clear that Help Age and partners have experience in establishing representative community bodies of elderly people and are recognized as the technical lead in this area, and therefore as having a key role to play in the subsequent establishment and strengthening of the various committees and councils[162]. However, as drafts of the National Council for Older Persons Act have been in circulation since 2009, the passing of the act cannot be entirely attributed to the work and lobbying achieved during the AFFORD programme.

7.3.4 Identified Output 2: The passing of the National Council for Older Persons Act (2013) – Alternative Hypothesis

Participatory workshops highlighted the role of earlier campaigns and lobbying for further representation of older people. In fact, there has been a Draft National Council of Older Persons Act since 2009[163]. Discussions previously focused on the fact that other identified vulnerable groups in Uganda (Women, Youth etc.) had such representation and therefore it should also be accorded to older people[164]. However, there is consensus amongst all age care organizations that without the support of Help Age through the AFFORD programme the act would never have passed[165].

Table 15: Testing the Alternative Hypothesis Chain

Cause → Effect	Test	Result	Comment on Evidence Examined
Earlier campaigns on National Council Act as drafts were published prior to the onset of the project→ Increased awareness and sensitivity of government and law makers to the need for elderly people to be represented at all levels of government.	**Hoop**	**Pass**	Key informant interviews revealed that a draft act was in circulation prior to the beginning of the AFFORD programme[166]. This had been in discussion with the MGLSD prior to AFFORD and could have helped create a policy space through which the act could subsequently be passed.
Increased awareness and sensitivity of government and law makers to the need for elderly people to be represented at all levels of government. → Pro-longed lobbying by age interested organizations for National Council for Elderly People	**Hoop**	**Pass**	A number of age care organizations had been lobbying government for increased representation of the elderly at different levels of government[167]. This played a role in sensitizing government to the issue and creating a policy space for the discussion.
Pro-longed lobbying by age interested organizations for National Council for Elderly People → Passing of National Council for Older Persons Act (2013)	**SGT**	**Fail**	Although this issue had been on the table for a while prior to the AFFORD programme, all stakeholders agree that Help Age and partner lobbying played an essential role in the passing of the act[168].

[162] Key informant interviews with representatives of the URAA, MGLSD, and partners
[163] Key informant interviews with URAA representative, and Help Age project staff
[164] Key informant interview with URAA representative
[165] Key informant interview with URAA representative and Uganda NGO Forum representative
[166] Key informant interview URAA representative
[167] ibid
[168] Key informant interviews with representatives of MGLSD, Key informant discussion with representatives of URAA, key informant discussion with partner representatives

7.3.5 Synthesis and Discussion of Findings

7.3.5.1 Identified Output 1: National Government makes informed commitments to elderly people's rights to age-friendly health services and social protection (ADA National Campaign);

Although hypothesis testing revealed that ADA campaigns play a role in the policy commitment process prior to IDOP, evidence from commitments made during IDOP 2015 does not confirm its attribution. This does not, however, eliminate the hypothesis entirely but merely weakens it in relationship to alternatives, namely that donor financing and findings from the SAGE pilot influenced governments ability to commit to the expansion.

Although, Help Age did play a key role in influencing the decision to roll out SAGE, there was a lack of evidence of any additional policy commitments to improve access for older persons to age-friendly health services or social protection more generally.

The ADA campaign follows some of the core approaches associated with Grassroots Theory, namely:

a. Adopting inclusive advocacy efforts focused on community mobilizing and capacity building;

b. Facilitating policy change as opposed to leading it;

c. Initiating strategic partnerships to achieve social and capacity change.

ADA adopts an inclusive advocacy approach by mobilizing stakeholders from the village level through community campfires aimed at engaging OPs, as well as other, community members. Established community structures such as OPAs and OCMGs organize this process and are continually supported by Help Age and partners to monitor and raise awareness on elderly people's issues in their communities. Ties to OPs and the wider community are continually strengthened by these outreach activities thus enabling a feedback system through which information is passed from the grassroots level to the policy discourse.

The AFFORD programme acts as a facilitator to policy change through building the capacity of local grassroots organizations and structures to ensure continual input and consultation throughout the policy process. With regards to ADA this involved supporting partners and communities to host camp fires, and supporting in the development and enrichment of key advocacy messages. However, the central commonality between these activities and grassroots theory is that the process is predominantly led by communities (through OP community structures and OP representatives).

Help Age supports CARITAS, KADP and OP representatives to engage with a number of key strategic partners including the Uganda Reached the Aged Association (URAA), the Uganda National NGO Forum (UNNGOF) and a number of media outlets through existing relationships with a number of radio shows. However, there are a number of key lessons which can be learned through the lens of grassroots theory.

7.3.5.2 Identified Output 2: National Council for Older Persons Act (2013)

Hypothesis testing revealed the strong role of the AFFORD programme in supporting the adoption of the National Council for Older Persons Act (2013). Although, the alternative hypothesis chain was supported by the fact that a draft policy was in circulation prior to the AFFORD programme, all stakeholders indicate the key role of the programme through the provision of technical expertise and knowledge of community needs.

7.3.6 Effectiveness

The Uganda AFFORD programme contributed to subsequent decisions to increase the representation of older people at all levels of government through the National Council for Older Person's Act, and to improved access to social protection through government commitments to SP expansion. Whilst other factors clearly played a role in the achievement of these outputs and they cannot be attributed solely to the AFFORD programme, there are a number of strategies and approaches adopted by the project that supported these achievements.

HelpAge Uganda has built and developed key strategic partnerships with other actors interested in ageing issues at the national level. This includes the strong relationship with the Uganda Reached the Aged Association (URRA), an umbrella organization for age-care organizations, and through HelpAge's role on the secretariat of the Uganda Social Protection Platform (USPP). By nurturing strong ties through coordinated advocacy messages, planning, and the provision of technical support, these structures have enabled HelpAge to have a strong influence on policy making.

A representative of the URRA affirmed that "in the last years some things have changed including the improved organization of age-care organizations. By working with HelpAge it is like we are one organization when we deal with advocacy"[169]. He continued to say "our working relationship with government has become very good due to the level of technical expertise provided by HelpAge"[170]. On the approach of utilizing OPAs the representative commented that "older persons now are coming out very strongly and making demands of their representatives and this is due to the voice they have now been given"[171].

A representative of the Uganda NGO Forum, an umbrella organization of all NGOs in Uganda which plays a strong role through the Uganda Social Protection Platform commented that since the intervention elderly people "now know that they can organize and at least get something through lobbying thanks to HelpAge[172]". In this sense, he commented that "HelpAge has really made the demand side wake up and put pressure on government"[173]. In the context of Uganda this has had a strong effect on advocacy efforts as, "our government rarely responds to international pressure, it's only when the people pick the issue and then it becomes a political issue"[174]. He further highlighted the role HelpAge has played as a technical leader on age-care issues and how this has strongly contributed to the capacity of CSOs to make policy proposals to government. He stated "HelpAge has helped us by being the thematic technical leaders on the elderly. If we want international literature, you know the technical aspects, HelpAge will have this"[175].

These efforts supported an environment conducive for policy change for the benefit of elderly people's access to representation and social protection. However, there is a gap in efforts made in the area of access to age-friendly health services as opposed to issues surrounding social protection or representation. Part of this is due to a lack of health expertise amongst country staff and partners[176]. HelpAge Uganda should pursue similar strategies in affecting policy change in this area by engaging with relevant health NGOs and CSOs on ageing issues more actively.

[169] ibid
[170] ibid
[171] ibid
[172] Key Informant Interview representative of Uganda NGO Forum
[173] ibid
[174] ibid
[175] ibid
[176] Key informant interview Project Team, HelpAge Uganda ,November, 2015

At the district level, furthermore the intervention has successfully supported CARITAS to develop a cooperative relationship with Gulu district government. When the project started there were "significant concerns" on the part of the local government as to the intervention's aims and exclusion of government in its design and activities. However "CARITAS has since developed a strong consultative and cooperative relationship with government"[177]. This has enabled effective response to issues affecting elderly people at the district level. Similar approaches should be explored in Karamoja.

The following table scores the extent to which AFFORD has effectively reached its target objectives:

Table 16. Uganda Contribution and Effectiveness Score*

Outcome	Identified Output	Country	Rating		Short Commentary
3	3.1 National Government makes informed commitments to elderly people's right to age-friendly health services and social protection (ADA National Campaign)	Uganda	A		**Outcome Realized in Part and Evidence that AFFORD made important contribution.** Commitments to roll-out SAGE were made through the contribution of AFFORD to the petition and advocacy activities. However, evidence suggests that the decision to roll out SAGE was also due to evidence from the SAGE pilot. Additional commitments to OPs social protection or age friendly services did not materialize after ADA campaigns.
	3.2 National Council for Older Persons Act (2013)		G	A	**Outcome Realized in Part and Evidence that AFFORD made a crucial contribution.** Clear that AFFORD programme made primary contribution due to technical expertise of Help Age in OP representation at the community level and advocacy activities. However, drafts of the National Council for Older Persons Act were in circulation prior to the start of AFFORD and had been discussed in policy circles.

(G = Green, A = Amber; see Oxfam Protocol on Process Tracing)

Green (G)	Amber (A)	Red (R)

7.3.7 Relevance

The AFFORD programme in Uganda appropriately targeted policy areas to improve elderly peoples access to social protection and their representation at all levels of government. This was relevant to the needs on the ground as demonstrated by numerous accounts of OPs

[177] Key Informant interview with District of Gulu Community Officer, November 2015

regarding the time prior to the establishment of OPAs and advocacy activities. One OP commented, "What has taken place here, or within the group here, my heart cannot express how appreciative we are. As you can now see the way we were being handled we were not aware of exactly what things were happening to us. We were like lost chickens"[178].

Another OP continued, "The people within our community have started to appreciate and know our differences are important. For instance I will give you an example, with our health facilities we now realize that it is of paramount importance and we can present our needs to the clinic and to the district to help us make improvements"[179]. This validates the projects targeting and fulfilment of gaps in terms of old people's ability to represent themselves in order to improve district and national policy.

Through the effective establishment of OPAs and the linkages created with district officials project activities are able to successfully contribute to improved policy making at both district and national levels.

7.3.8 Sustainability

In terms of sustainability, now that the Act is passed, Help Age should position itself to support these new representative structures in terms of their ability to monitor and report on the needs of elderly persons. This will further the sustainability of the project by enabling established community structures such as OPAs and OCMGs to cooperate with the newly established committees. Help Age has unique technical expertise in OP representation and can create an environment in which community structures established as part of the AFFORD programme feed into councils and committees established with this Act.

Furthermore, FGDs with OPAs and OCMGs in Gulu highlighted the need for an end of project sustainability strategy. OPA members emphasized the continued need for HelpAge's support and did not feel enabled to continue the work without a continuation of the project. One OP summarized, "There are still certain things that go beyond our control, and it is true that HelpAge needs to reach other corners but before they do that they should not leave us half-baked". Another commented, "I have experience of forming older peoples associations before CARITAS and before HelpAge but then the association collapsed, we need support so this doesn't' happen". He continued, "There is a need for more training on how to use and interpret the monitoring data we are gathering especially after CARITAS stops the project. Also the fact is that without a big NGO like HelpAge we may not be taken seriously, in Uganda we have a problem of implementation. Promises are coming too easy"[180]. These discussions highlight the need for a clear strategy for the end phase of the project to ensure that OPAs and OCMGs have the confidence and capacity to continue project activities.

7.4 South Africa

The AFFORD programme in South Africa focuses on Outcome 2 and 3 of the intervention logic and does not formally address Outcome 1 due to the already progressive social protection programmes available for elderly people in South Africa . However, the programme has contributed to national level policy advocacy with regards to social protection through the commissioning of a study on pension-related elder abuse and technical support on social protection provided to the South Africa Age Network.

The AFFORD programme in South Africa only began in 2013 after significant delays in implementation due to efforts by the project team to be as inclusive as possible in engaging

[178] FGD with OPAs in Gulu, November 2015
[179] ibid
[180] ibid

strategic partners . The first year of the project focused on establishing a coalition to address ageing issues, the South African Age Network (SAAN).

7.4.1 Outcome 2 – Older men and women access age-friendly health and HIV programmes

With regards to Outcome 2, the programme focused on developing evidence and supporting advocacy to encourage more age-friendly health care provision. The programme has focused on carrying out research into the barriers faced by older people in accessing age-friendly primary health care. Through surveys conducted at clinics and community health centres the programme has aimed to identify the extent to which voluntary HIV Counselling and Testing is offered to older people. A survey conducted at primary health care facilities in Nkangala District (KZN) found that significant barriers prevent elderly people from accessing age-friendly health care facilities. The project further found that the collection of HIV AIDS data primarily focused on people up to the age of 49 and that sexual and reproductive health promotion campaigns do not specifically target elderly people.

As a result of these findings, the AFFORD programme with implementation support from the Muthande Society for the Aged has conducted an HIV/AIDS awareness raising campaign targeting elderly people in Kwa Zulu Natal. This was a shift from working with local government in Mpumalanga where the project faced challenges in collaboration. The programme works directly with 4 health care centres to further promote age-friendly health services. The centres have developed a common set of standards, based on the age-friendly too, such as free health care for elderly people, clearly marked accessible toilets and the establishment of health committees. In these health centres the programme further collects age disaggregated data to inform on-going advocacy activities.

7.4.2 Outcome 3 - Older men and women's rights, their access to social protection and quality health care is reflected in public policy at national and international level

With regards to Outcome 3, the programme aimed to assess the extent to which ageing has been mainstreamed in the current pilot model of primary health care to inform advocacy efforts through the South Africa Age Network (SAAN). SAAN was established by Help Age and incorporates NGOs and CSOs working on ageing issues. SAAN has enabled Help Age to maintain links with the Ministry of Health as well as other civil society actors including the South Africa Older Persons Forum and the National Alzheimer's Association. This includes the primary project partner the Muthande Society for the Aged. The AFFORD programme brings together the members of SAAN for meetings twice a year to share learning and coordinate advocacy efforts.

The project team reports a number of capacity gaps in working with the Muthande Society for the Aged including a lack of documentation of project activities and a lack of familiarity with the project's results framework. However, the project team has subsequently planned a number of joint planning sessions to mitigate these challenges in 2016.

7.5 Ireland

In Ireland, the AFFORD Programme is implemented by Age Action Ireland (AAI), an NGO whose mission it is to *achieve fundamental change in the lives of all older people by empowering them to live full lives as actively engaged citizens and to secure their rights to comprehensive high quality services according to their changing needs*[181]. The AFFORD Programme forms the

[181] Age Action Strategic Plan 2016-2018

principal component of AAI's Ageing and Development Programme, currently the only such programme in Ireland[182]. In Ireland the AFFORD programme aims to achieve the following outcomes:

1. Outcome 1: AAI staff, members and supporters have increased awareness on ageing and development issues
2. Outcome 2: Irish INGOs have increased awareness of older people and their rights in development
3. Outcome 3: Increased awareness of ageing and development and the rights of older people among politicians and different political parties

Outcomes 1 and 3 are intended to lead to greater public and political support for policies and programmes which include older people and support their rights. Outcome 2 is intended to lead to a mainstreaming of aging in development programmes implemented by Irish INGOs.

A summary of outcome achievements as documented in the Results Framework is shown in the table following.

Table 17: Outcome Achievements Results Framework

Outcome 1: *AAI staff, members and supporters have increased awareness on ageing & development issues*	
Indicator 1.1: AAI teams include ageing & development in their work (through collaboration with the ageing & development programme as per the milestones) (Number of collaborations)	9
Indicator 1.2: Number of members and supporters attending workshops reporting increased level of confidence talking about ageing & development issues after participation	92%[183] (166 of 180 participants)
Indicator 1.3: Number of members and supporters attending workshops who report how they will use the information they have received in the workshops	82%[184] (147 of 180 participants)
Outcome 2: *Irish INGOs have increased awareness of older people and their rights in development*	
Indicator 2.1: Number of INGOs that engaged in ageing & development issues	19 NGOS engaged
Outcome 3*: Increased awareness of ageing & development and the rights of older people among politicians and different political parties*	
Indicator 3.1: Number of politicians and political parties that engaged in ageing & development issues and the rights of older people	22 politicians 5 political parties

[182] ibid

[183] Average % reporting increased level of confidence talking about ageing and development issues across 2014(Q1-Q4) and 2015 (Q1-Q3) participants (Total 180 Participants)

[184] Average % reporting how they will use the information they have received in the workshops (Q1-Q4) and 2015 (Q1-Q3) (Total 180 participants)

7.5.1 Outcome 1: AAI staff, members and supporters have increased awareness on ageing and development issues

Within the context of the first outcome, AAI's aims to raise the issue of ageing in development with AAI teams, members and supporters by improving their knowledge-base and understanding of ageing and development issues through collaboration, capacity building exercises and workshops.

Since the onset of the AFFORD programme, AAI has made over nine important collaborations with AAI teams resulting in the promotion of ageing and development issues in charity shops, new development education workshops held in collaboration with the intergenerational team, the production of booklets with the policy team for dissemination to older people and the production of resource materials for tutors and learners participating in IT classes for older people.

Ongoing collaboration with advocacy and policy teams included the planning of meetings with politicians (including MEP candidates before EU elections in 2014, and candidates prior to the 2016 Ireland general election) and policy makers on OEWGA and rights.

Project team members note challenges in finding areas of work which fit with both the AFFORD programme and other programmes when they are separately funded and subsequently have different donor requirements. However, the intergenerational team and the ageing in development team have found significant crossover in terms of engaging older people directly[185]. This has resulted in a number of intergenerational workshops aimed at addressing development issues affecting older people. The intergenerational team officer reports "We are constantly looking at ways of collaboration and inter-programme work… We had a number of meetings to decide what would be the most relevant themes and approaches around development for both younger and older people"[186]. During the workshops, a mixture of older (60+) and younger participants (15 – 17; mid 20s -30s) participated in group activities examining the issues facing both younger and older people in developing countries.

In terms of wider development education, AAI has reached approximately 180[187] participants through its series of development education workshops. The content of these various workshops are described in Table 18.

Table 18: Summary of Ageing in Development Workshops

Workshop Series	Dates Held	Modules
Older People and Development	October 2013 – February 2014	International Development and MDGs Human Rights and advocacy Income security and Pensions
Older People and Development	April 2014 – December 2014	International Development and MDGs Income Security and Pensions
Older People and Development Short Course	April – May 2015 (4 week course)	Introduction to International Development and Sustainable Development Goals Income Security and -

[185] KII with Intergenerational Workshop Facilitator (January 1st, 2016)
[186] ibid
[187] AAI AFFORD Results Framework 2014-2015

	pensions Human Rights and advocacy Climate Justice and climate change Health

92%[188] of attendees report that their level of confidence in talking about aging and development has increased and 82%[189] have reported the ways in which they will use their new awareness of issues facing older people in developing countries[190]. Although, AAI has always reached target attendance figures for its ageing in development workshops, the project team reports challenges in reaching those targets. The ageing and development team reports, "it can sometimes be challenging ensuring there are enough people attending our development education workshops and courses but we have always reached our targets"[191]. This reflects the significant effort required in identifying older persons groups to engage with and explaining the aims of the workshops.

Generally facilitators report the effectiveness of addressing issues such as pensions in developing contexts, as these are easily relatable to participants in Ireland who may also receive pensions or know of someone who does[192]. One participant from a workshop held in Ballymun reported that this helped him realize 'We are all in the same boat'[193].

Participants interviewed stated how they found the intergenerational workshops current and relevant and how the information learned enabled them to understand the effects of world events on elderly people[194].

Based on a document review of AAI's Ageing and Development Education work and key informant interviews with participants and facilitators, the strength of the workshops lie in their ability to contribute to improved participants knowledge and understanding of issues effecting elderly people in developing contexts. Most workshops, however, do not include modules aimed at promoting action through active citizenry. Although, some workshops provided a few suggestive steps participants could take (e.g. inform others about what you have learned, or register to stay informed[195]), the workshops did not aim to build capacities of participants to take action, beyond an improved awareness of the issues. Part of this is most likely due to time constraints of the workshops. However, AAI should aim to include components on how participants can actively address issues discussed either through engaging politicians (which would link with Outcome 3) or engaging citizens groups participants could already be involved in. While some participants note their subsequent ability to advocate for elderly people[196], workshops do not include explicit capacity building components addressing how this can specifically be achieved.

In 2015, the project team developed and delivered a short course on Older People and Development with the aim of getting deeper engagement from participants than could be achieved in a 1 day workshop. The ageing and development team reported "[Through the short

[188] AAI AFFORD Results Framework 2014-2015
[189] AAI AFFORD Results Framework 2014-2015
[190] Survey reference tbc
[191] Additional Questions for Interview. Ageing and Development Officer
[192] Key Informant Interview. Workshop Facilitator November 2016; Older People and Development Workshops Report (March 2014)
[193] Older People and Development Workshops Report (March 2014)
[194] Key informant interview with workshop participant
[195] Ageing and Development Workshops April 2014 – December 2014 Report pg. 8 (Photo 6)
[196] See Report on Older People and Development Workshops (March 2014)

course], we did get much deeper engagement from participants as we thought, and will run the course again in 2016"[197].

7.5.2 Outcome 2: Irish INGOs have increased awareness of older people and their rights in development

AAI's work with INGOs aims to mainstream aging and issues affecting older people into their policies and programmes. By 2016, AAI expects to have involved 40 INGOS in mainstreaming aging and development issues in programming (8 additional ones since 2015[198]). Of the INGOs collaborating with AAI, only Dochas was engaged with AAI prior to the AFFORD programme.

AAI has engaged the support of INGOs through individual meetings held with INGO representatives, surveys and consultations for guidelines, advice or support during programming, and participating in important network events such as the CBM Panel – Beyond 2015 Forging Inclusive Development for All. This has involved the launch and dissemination of the income security booklet, roundtables on food security and larger events where Dochas supports by advertising events to attract more interest.

In 2014, these engagements culminated in the publication of "Guidelines for Including Ageing and Older People in Development and Humanitarian Policy and Practice"[199]. The guidelines aimed to provide recommendations on how to integrate an "ageing lens" to programming at design and implementation levels[200]. It was drafted after consultation with 10 organisations engaged in (CBM Ireland, Christian Aid Ireland, Concern Worldwide, Dochas, Gorta, Help Age International, Oxfam Ireland, MSF, Plan International Ireland, Trocaire, and VSO).

In 2015, AAI hosted a workshop with actors operating in humanitarian organizations on Disaster Risk Reduction and Ageing. This workshop focused on highlighting the necessity of including an "age lens" in humanitarian disaster risk reduction and aimed to provide opportunities and next steps for strengthening inclusion. A Disaster Risk Reduction and Resilience Specialist from Help Age International delivered the workshop. The project team reports that "there was very positive feedback in the evaluation forms and opportunities to engage further with those that attended, particularly with Trocaire and Concern"[201].

The project team identifies time and capacity as barriers to age mainstreaming with strategic partners[202]. INGOs report not having the time or capacity to include older people systematically in their work vis a vis other strategic priorities. However, the Ageing and Development team has developed and disseminated a number of reports and guidelines to support the inclusion of elderly people in programming targeting INGOs.

The project team reports the importance of the relationship with Dochas[203], an umbrella NGO organisation, in enabling new partnerships with INGOs. AAI is an Associate Member of Dochas. Dochas provides a platform to raise issues of ageing in development through its initiatives, publications and events as well as its working groups. AAI has made presentations to the disability working group and the humanitarian aid working group on global ageing issues. The

[197] Key Informant Interview: Ageing and Development Team, November 2015
[198] See Results Framework Monitoring Reports 2014-2015
[199] Age Action Ireland (2014) "Guidelines for Including Ageing and Older People in Development and Humanitarian Policy and Practice"
[200] ibid
[201] AAI Narrative Report 2015
[202] Key informant interview with AAI Ageing and Development Project Team, November 2015
[203] Key informant interview with AAI Ageing and Development Project Team November, 2015

Ageing and Development team reports "The relationship with Dochas, the network organisation for INGOs in Ireland has been very useful in raising our profile"[204].

7.5.3 Outcome 3: Increased awareness of ageing and development and the rights of older people among politicians and different political parties

AAI aims to increase the number of meetings held with political staff, encourage the request for information, provide advice and support for social and international development policy, and bring about aging and development issues within the agenda of the Irish parliament. AAI has engaged with 22 politicians and 5 political parties.

The programme relies on AAI's standing and influence over domestic issues to encourage politicians to attend meetings and enlist their support for policy action. While activities under this outcome fall in line with the wider policy work of AAI, the close collaboration of the Aging and Development Team with the Policy Team resulted in the production of a booklet that summarized aging and development issues and the introduced of these issues into other advocacy campaigns that were carried out within the larger AAI agenda. This strategy relied on the identification of politicians whose focus overlapped with AAI aging and development strategic objectives. Relevant politicians included, for example, members of the foreign affairs committee for development issues and members of the justice and health committees in relation to the rights of older persons. While this has been effective for the major parties, AAI recognizes their need to gain the commitment from smaller parties; an added 2016 objective.

The project team noted challenges engaging politicians as the results framework requires the programme to engage with additional politicians each year. This has become increasingly difficult as the project reaches a level of saturation with politicians[205]. As general elections are being held in Ireland in early 2016 there is an opportunity to engage with newly elected politicians and politicians seeking election.

8. Conclusions & Recommendations

The Final Evaluation of the AFFORD programme applied process tracing to identify causal pathways underlying the interventions' logic and to subsequently infer project achievements. Through case-based hypothesis testing of each country outcome we have made a qualitative judgement on the extent to which the programme contributed to the targeted outcome. Results are summarized and explained in Table 19.

There are two considerations relevant for scoring – the extent to which the targeted outcome in question materialised; and the project contribution to this change. These scores are attributed to identified project outputs based on the contribution and effectiveness findings in this report.

Table 19: Summary Contribution Scores

Outcome	Identified Output	Country	Rating	Short Commentary

[204] Key Informant Interview with AAI Ageing and Development Project Team November, 2015
[205] ibid

1	Older people holding their governments to account at local and national level for the delivery of social protection programmes	**Moz.**	**G** **A**	**Outcome Realized in Part and Evidence that AFFORD made a crucial contribution.** Results indicate that feedback system to monitor PSSB transfers has been established by H.A. and partners but some of this may have also been due to prior HAIMOZ activities preceding the AFFORD Programme.
	Capacity of governments to deliver accessible social protection programmes for older people increased		**G** **A**	**Outcome Realized in Part and Evidence that AFFORD made a crucial contribution.** Results indicate that distance to payment point was reduced for beneficiaries due to AFFORDs advocacy activities but some of this may have also been due to prior HAIMOZ activities preceding the AFFORD Programme.
2	Health staff using training materials on providing age-inclusive services	**Tan.**	**G** **A**	**Outcome Realized in Part and Evidence that AFFORD made a crucial contribution.** Results indicate that system is in place to adapt training curriculum and improve age friendly services due to crucial contribution of AFFORD but some of this may also be due to previous activities such as the BMZ funded geriatrics guidelines.
	OP accessing ART treatment who are in continued treatment after 12 months.		**A**	**Outcome Realized in Part and Evidence that AFFORD made important contribution.** Although it is clear that the AFFORD programme made an important contribution to improved OP access to ARTs, concurrent activities such as the provision of mobile VCT and ART services also contributed to increased and continued access to ART treatment for OPs.
3	National Government makes informed commitments to elderly people's right to age-friendly health services and social protection (ADA National Campaign)	**Uga.**	**A**	**Outcome Realized in Part and Evidence that AFFORD made important contribution.** Commitments to roll-out SAGE were made through the contribution of AFFORD to the petition and advocacy activities. However, evidence suggests that the decision to roll out SAGE was also due to evidence from the SAGE pilot. Additional commitments to OPs social protection or age friendly services did not materialize after ADA campaigns.

	National Council for Older Persons Act (2013)		G A	**Outcome Realized in Part and Evidence that AFFORD made a crucial contribution.** Clear that AFFORD programme made primary contribution due to technical expertise of Help Age in OP representation at the community level and advocacy activities. However, drafts of the National Council for Older Persons Act were in circulation prior to the start of AFFORD and had been discussed in policy circles.

Green (G)	Amber (A)	Red (R)

Based on this study the Evaluation Team has identified a number of country and programme level recommendations.

Tanzania

15. **Better support incentive structures for volunteers and consider risk of drop-out.** The country visit to Tanzania highlighted a number of concerns of OPMs who volunteer to support the project but receive little in terms of material or non-material compensation. The project should explore the providing non-material support to OPMs to ensure continued engagement. This could include providing further capacity building opportunities, for example.

Mozambique

16. **Reflect on selection of OPMs to ensure gender balance and representation of older people.** Stronger efforts need to be made to build the capacity of OPs interested in becoming OPMs. Capacity building exercises to build the capacity of potential OPMs should be conducted to ensure a better gender balance as currently most OPMs are men. As OPMs serve a fundamental role in gather data from elderly people this could ensure the collection of reliable and valid data.
17. **Review selection criteria for wait list for PSSB with partners and INAS in all districts to avoid future conflict**. Key informant interviews with INAS representatives highlighted the need for better coordination and communication when creating waiting lists for the project. This will result in improved transparency in terms of selection criteria and reduce misplaced expectations on the part of potential beneficiaries. It will further improve the relationship between partners and INAS at the district level.

Uganda

18. **Review and address implementation barriers resulting from HR challenges**. The country visit highlighted a number of staffing challenges faced by the AFFORD project team in Uganda. The Social Protection Advisor currently supports the project part-time and due to high project team turnover there have been significant limitations in the support that the country office is able to provide partners and overall advocacy efforts. Furthermore, there is a need for a health technical specialist to support future project implementation.

19. **Consider ethical implications of supporting SAGE roll-out and ensure transparent mechanisms to prevent abuse.** The expansion of SAGE to an additional 40 districts will support 100 older people in each district. However, the criteria for the selection of participants is currently being discussed and Help Age needs to play an active role to ensure the rollout is appropriately targeted and not biased in its selection of beneficiaries.

Ireland

20. **Development education workshops should include components aimed at building the capacity of participants to actively engage in ageing issues beyond the workshops**. Most workshops, do not include modules aimed at promoting action through active citizenry. Part of this is most likely due to time constraints of the workshops. However, AAI should aim to include components on how participants can actively address issues discussed either through engaging politicians (which would link with Outcome 3) or engaging citizens groups participants could already be involved in. While some participants note their subsequent ability to advocate for elderly people[206], workshops do not include capacity building components addressing how this can specifically be achieved.

Programme-level recommendations

21. **Support country offices to better aggregate partner level data to inform advocacy strategies and understanding of beneficiaries.** Although monitoring data is collected at the country level by each partner, this data is not aggregated at the country or international level. This data could provide useful insight to future advocacy efforts to improve the access of elderly people to social protection and age-friendly health services.

22. **Institutionalize data analysis feedback meetings with OPMGs and Local Partners if not in place**. A number of community visits across countries highlighted that data analysis meetings occur infrequently at the community level. These should be better institutionalized to collate learning and equip OPAs with information to better engage in local level advocacy activities.

23. **Understand and take advantage of local budget provision mechanisms to provide funding and decrease dependency on external donors.** The project should support OPAs to better identify local level funding opportunities to better support project objectives. District level budgeting for example offers one means through which OPAs could leverage additional funding by lobbying for the incorporation of an "ageing-lens" in specific issue areas. In the case of Gulu, Uganda this took place through the district level restocking programme which now incorporates elderly people as a priority population. In Tanzania, cases of local level health budgets addressing specific diseases (for example Malaria) have successfully incorporated an ageing lens through OP engagement with Ward Development Councils.

24. **Simplify results based frameworks to improve and coordination.** The results based framework is largely inaccessible particularly to project partners. This needs to be improved to ensure appropriate and relevant data is collected and the importance of this data is understood by project partners. Where possible country offices should engage partners to support the identification of relevant indicators per country.

25. **Consider using mobile phones and other ICT technologies to gather and collect monitoring data (e.g. Mobenzi, Formhub, and others).** ICT technologies to gather and

[206] See Report on Older People and Development Workshops (March 2014)

collect real-time monitoring data can support country offices to aggregate partner level data and subsequently improve advocacy efforts and promote a better and more immediate understanding of elderly persons and their given contexts. This will further reduce time spent aggregating and analysing monitoring data by providing real-time analytics.

Method-related recommendations

26. **Increase the number of days allocated for participatory workshops**. While participatory approaches promote a broader assessment of individual interests, the data that is gathered relies on the perceptions of participants and interviewees which can be affected by their capacity to recall important information or provide socially desirable responses. To achieve a high degree of deliberation during participatory workshops, we aimed to create an environment that fostered an open discussion while allowing as much time as possible during workshop activities. However, given the intensity of deliberations, we recommend allowing two full days to these type of workshops so as to allow sufficient time to scrutinize process maps and linked evidence to the highest detail.
27. **Consider organizing the first stages of Process Tracing in a single workshop**. By joining both workshops into a three-day workshop, the evaluation team ensures that the same stakeholders participate throughout the entire process, thereby improving the communication between the multiple stages of process tracing.
28. **Schedule participatory workshops at the beginning of country visits**. We would recommend to schedule the participatory workshops as early as possible during country visits in order to improve the systematization of evidence collection.