



Final Evaluation of the Cordaid programme *Improved social and income security for older and vulnerable people*. A cross-regional programme in Bangladesh, Uganda and Tanzania.

Cordaid reference: 600/10313

Prepared by Alice Livingstone
Policy Programme Officer
HelpAge International
August 2011

HelpAge International
PO Box 32832
London N1 9ZN, UK
Registered charity no. 288180

Acknowledgements

With thanks to Shashwatee Biplob (HelpAge International Bangladesh) and Smart Daniel (HelpAge International Tanzania) for facilitating all the travel and meeting arrangements for the evaluations in-country and for being patient with my persistent questioning. Also thanks go to Ama Bartimeus and George Gelber for providing advice and guidance on the evaluation process. Finally, many thanks go to the HelpAge International partners, local authorities, other civil society actors and of course all of the older people in both Bangladesh and Tanzania, for giving up their time to talk to me about their experience of the project.

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Executive summary

The Cordaid project 'Improved social and income security for older and vulnerable people' began in September 2009 for a two year period. The overall goal of the project is to improve social and income security for older people in Bangladesh, Tanzania and Uganda. Because the Uganda component also received funding under an Irish Aid Block Grant which was recently evaluated,¹ this evaluation of the Cordaid project only assesses activities in Bangladesh and Tanzania. In addition to the country components, the Cordaid project also contained a research component which sought to gather evidence on older people's income security strategies in Bangladesh, Ethiopia, India and Tanzania. Due to limitations in the scope and timing of the evaluation, the research component is only evaluated within the context of the Bangladesh and Tanzania country components.

The approach of the project is to strengthen the demands of older people and wider civil society for improved social and income security for older people at the local, national and regional levels. It aims to build on the Older Citizen's Monitoring (OCM) approach which enables older people to monitor and advocate for improvements of local government's service provision. The project also aims to increase wider civil society's capacity to influence and promote improved social and income security programmes by developing and linking district and national platforms with existing and new partners of both HelpAge and Cordaid. The research component is intended to create evidence to enhance and deepen the demands for policy changes.

The purpose of the evaluation was to provide HelpAge with an assessment of the progress and impact of the project against the overall objective, and of the effectiveness of the policy engagement processes including the involvement of older people. It will compare and contrast HelpAge and partners' experiences in the two countries and contribute to shaping future work in related projects/programmes. Management responses from HelpAge International Tanzania and HelpAge International Bangladesh in response to the evaluation findings can be found in Annexes One and Two.

The report is divided in to three parts: the first provides background and context of each country, the second provides an assessment of progress against the programme objective, and the third part an assessment of the effectiveness of the policy engagement processes.

The main achievements against the overall programme objective of 'improved social and income security for older people' were the following.

In **Bangladesh**, the OAA allocation increased from 6000 million taka (2008-2009 fiscal year) to 8910 million (2010-2011 fiscal year). In terms of beneficiaries this was an increase from 2 million to 2.480 million, and an increase in monthly allocation from 250tk to 300tk per person. Although it is not possible to directly attribute these changes to advocacy by HAI-BD and partners, the simultaneous timing of the incremental increases in the OAA, and the beginning of monitoring and advocacy in Bangladesh, does suggest an association. At local level there was also an increase in numbers of older people receiving OAA, Widow's Allowance, Vulnerable Group Feeding (VGF) and the Vulnerable Group's Development Programme (VGD) which was achieved through monitoring access to entitlements and lobbying local government. Distribution of the OAA was also improved by getting banks to establish a specific collection day and to provide waiting areas.

It was not possible to go into great detail or interview extensive numbers of older people who received the OAA, however within the groups who were interviewed, it was felt that the OAA not only enabled vulnerable older people to improve their food intake and access to medicines, it also gave them more prestige and value in the family. The OAA to some extent also relieved pressure on the family who were unable to care for their ageing parents due to their own impoverishment. The OAA (and WA) were viewed to be particularly important for older women whose alternative sources of income tended to be

¹ See Gelber, G An Evaluation of the Irish Aid Block Grant Programme: Improved access to, and delivery of, social protection and health programmes to older people in Ghana, Jamaica, Colombia and Uganda, July 2011

far more limited than men for various reasons including literacy, skills and cultural restrictions. For one 70 year old woman in North Panapukurit, it meant that she no longer had to carry out domestic work for her neighbours in exchange for food or a small amount of cash and was able to spend more time caring for her sick husband.

In **Tanzania** during this project a breakthrough was made with their social pension campaign when the government finally committed to allocating a budget for the Universal Social Pension to begin in July 2012 and budget allocation for research in to the administration mechanism and scheme design. Older people's groups also successfully lobbied for an increase in allocation of TASAF micro-finance and livelihood support projects for older people from 6016 (2903F) in 2008 to 12,411 (5862F)² in 2010, as well as exemption of property tax for people aged over 60 on non-commercial properties.

Older people who were involved in TASAF micro-finance and livelihood support reported having a more reliable source of income and felt more respected by other community members due to their increased independence. Whilst the government commitment to the Universal Social Pension will not immediately impact older people, it will have the potential to reduce the national poverty rate by 11.9 per cent, lifting over 1.5 million people out of poverty and impacting both older people directly, and households containing older people³.

With regard to effectiveness of the policy processes the main achievements have been the following.

In **Bangladesh** monitoring, advocacy and leadership training was provided to 348 existing OPAs and 149 new OPAs through partner RIC. Additionally, initial steps were made toward broadening geographic coverage and exploring new approaches to OPA by integrating older people in to wider community structures through partners BWHC and PDIM. Through the formation of Older Citizen's Monitoring Groups, older people monitored access to rights and entitlements, and held quarterly meetings with their local government authorities to discuss their concerns. It was notable that several respondents reported that prior to the OPA's existence they *had* been aware of the OAA and other benefits but did not know how to go about asking for it or who could help them, and also added that they could not afford to pay the bribe. This clearly shows the essential role both of the implementing partner and the OPA/OCMG.

The formation of a National Federation of older people is also underway, the aim of which is to unite and strengthen older people's groups from grassroots through to national level towards greater representation and voice in decision making. The benefits of the OPA for older people who had previously been on the fringes of society were clearly perceptible not only in terms of increasing access to benefits, but also in the sense of power and inclusion that being part of the group gave them. Older people in the focus group discussions reported feeling stronger and more united as a result of joining their OPA. They also felt it had improved their position in the community and they felt more valued and respected. This tended to be reported more commonly by members of the newly formed OPA who had experienced these changes in their lives relatively recently compared with the OPA who had been set up in 2002/2003. The International Day of Older Person's was also celebrated at district and national levels in each year of the project, gathering 4000 older people together during the 2010 celebrations. Participants commented that joining in IDOP activities gave them a feeling of strength, solidarity and excitement. As one participant commented, "we wait all year long for IDOP".

An objective of the project in Bangladesh was to strengthen civil society for advocacy engagement by attempting to 'mainstream' older people's issues in to current debate. There was observable progress in this area in several ways: A Social Protection Working Group was formed bringing together civil society actors, principally led by HAI-BD. The group formation is still in early days, but they have commissioned a study in to the key safety net programmes in Bangladesh which will help to develop the future direction of the

²Figures provided by TASAF, September 2010

³ Ministry of Labour, Employment and Youth Development, Tanzania and HelpAge International, Tanzania, Achieving income security in old age for all Tanzanians: a study into the feasibility of a universal social pension, May 2010.

group and provide a tool to carry out more targeted advocacy. In addition to the safety net study, several other studies were produced, including on social protection, livelihoods, urban OCM and micro-finance which have provided an evidence base and 'entry point' in to debates in Bangladesh as well as helped to inform the strategy and direction of HAI-BD.

An example of this is that following the publication of the urban OCM study⁴ a workshop was held which brought together key stakeholders, NGOs, local government and donors. The workshop was felt to be instrumental in informing and contributing to a change in approaches to older people's livelihoods. For example, instead of carrying out an urban pilot project through implementing partners, it was agreed to integrate older people in to the existing services of a quasi-government body Population Services and Training Centre (PSTC) in Dhaka. The studies, as well as active participation of HAI-BD staff and partners in the activities of existing NGO networks, coalitions and debates such as the UN MDG anti-poverty campaign, have also helped to create a space at the discussion table for ageing issues.

In **Tanzania** the approach to monitoring was to train existing OCMG who are currently monitoring health services to broaden their scope to monitor income and credit programmes. In addition to monitoring, OCMG also used the data gathering process to sensitise older people on their rights and entitlements. They recognised that the process of 'sensitising' should be ongoing, considering that the most vulnerable would have experienced decades of being marginalised from political processes without knowing that such things as rights and entitlements exist. This was especially important in Tanzania considering that unlike Bangladesh there is no government benefit for older people which they can monitor, therefore it is very difficult for older people to see progress and understand the importance of the monitoring, especially when their rights are undermined by their real experience.

At the local level, OPA received training and support to meet with their local authorities to discuss issues of concern and demand improved services and budget allocation. One respondent noted that there had been progress in changing the mindset of older people to see the importance of advocating for them selves and recognising their voices as a more legitimate and stronger force for change. In fact this was confirmed by a couple of the older people respondents, who felt that as a result of the formation of the OPA and OCMG, older people were now mobilised and could easily work together to demand their rights. Collaborative working relationships were also formed with some local authorities in Tanzania which appeared to be helped by an underlying supportive policy framework, namely the National Ageing Policy (NAP) enacted in 2003, the inclusion of ageing in the MKUKUTA (National Strategy for Growth and Reduction of Poverty) 2005-10 and MKUKUTA II 2011-15, as well as the National Social Protection Framework and Universal Social Pension. These collaborative relationships led to an increase in the allocation of TASAF micro-finance and livelihood support projects for older people, as described earlier.

In Tanzania, the campaign for the Universal Social Pension had already been in process for a couple of years at the time of the evaluation. The CordAid project therefore provided a boost to the campaign in the areas of strengthening older people and wider civil society to advocate at district and national levels, as well as garnering media support. These contributed to a breakthrough in the government finally committing to budget allocation for the Universal Social Pension as noted earlier.

With regard to strengthening older people and wider civil society, the project prepared older people to engage with decision makers beyond the local level through training and workshops and through setting up of the Tanzania Social Protection Network, which created a wider civil society support base for the Universal Social Pension campaign. The TSPN (involving NGOs working with older people, the disabled and orphans and vulnerable children) and older people's associations have been working together collaboratively at all levels, in what presents itself as a very well coordinated, strategic and focused campaign.

⁴ Erb S, *A study on older people's livelihoods in Bangladesh*, January 2011

A couple of specific events stood out from the evaluation interviews as significant milestones in the advocacy under this project. The first was the lobbying during the October – November 2010 election period whereupon older people and other civil society actors across Tanzania were trained and coordinated to lobby their parliamentary candidates. Messages were harmonised across Tanzania which ensured that the policy asks were targeted and clear. The lobbying contributed to all five of the largest political parties including older people's issues in their election manifestos.

The second notable event was the mass 'rally' held in Dodoma at the end of June/early July 2011 during which 56 older people representing each region of Tanzania, as well as members of the wider TSPN converged upon Dodoma during the parliamentary budgetary session. The purpose was for the older people to lobby their members of parliament in face-to-face meetings over the course of three days and on the final day they held a meeting with the parliamentarians to show them documentaries and state their case. The entire Dodoma event provided a much needed pivotal breakthrough. For some of the MPs it was the first time that they had heard about the issues affecting older people.

In addition to this significant achievement, the Dodoma event also clearly boosted morale amongst older people and other civil society actors supporting the campaign. Many respondents felt that the older people had genuinely become confident and empowered through their involvement in the advocacy. They described a significant moment during the Dodoma meeting when the Ministry of Health attempted to interject and talk about health issues, and the older people actually told him to quieten down as this discussion was about the universal social pension. Through direct contact with decision makers, 'ordinary' older people were given a sense of power, which appeared to have trickled back to the communities where they came from. Some respondents felt that older people being seen in discussion with the Ministers also helped to improve their standing in society and get younger generations to think about their own ageing process.

With regard to garnering media support, the project took an approach which sought to build collaborative relationships with serious and respected journalists rather than just inviting journalists to attend one off events. They identified one committed journalist in particular and supported him to organise a journalist's network for ageing which engaged them in a continuous process of media training, workshops and attendance at seminars. Evaluation respondents felt that the positive coverage by the journalists has had a large influence in changing terminology and language used about older people in the Tanzania media and society. One of the journalists noted that in the past it had been difficult to get air time on the topic of ageing, but now as it is becoming increasingly popular it is possible to offer a story to the press about older people and it will be aired. Furthermore, the 'champion' journalist identified by HAI-TZ was also inspired to produce three documentaries on older people's issues under his own initiative and resources which have been used widely in the advocacy campaign.

Several areas stood out as needing further reflection by HelpAge staff, partners and the older people's groups that they are closely working with.

In both **Bangladesh** and **Tanzania** a notable area was in relation to reach and sustainability of the monitoring and advocacy work. Relatively speaking the breadth of the work is geographically limited and is currently constraining efforts to support a larger number of older people in terms of both service delivery and building a large enough movement to influence long-lasting policy change. Recognising that HelpAge and their current partners cannot reach scale in isolation, both countries have made some progress in this area; for example in Bangladesh through broadening their partnership base and engaging in existing debates, and in Tanzania through the TNSP. However both countries should continue to increase their relations with broader civil society organisations to expand the breadth of support for older people both at the level of service delivery and for policy change. Even if policies on ageing in both countries are enacted or legislated, there would still be a very important role for ageing organisations and older people to ensure that they are implemented. Amongst some respondents there appeared to be a naïve belief that once a national ageing policy is in place, and local governments have been 'sensitised', they would naturally take forward the role of supporting older people and OPA.

Another area in need of further reflection was in relation to participation and power of older people in older people's groups, and between the groups and partners in both Bangladesh and Tanzania. In **Bangladesh** this was particularly apparent in relation to participation and hierarchical power structures especially through the OPA and National Federation structures in which executive committees were selected or given 'external direction' in the process of formation. HAI-BD and partners may wish to review their methodologies for OPA formation and grassroots advocacy to ensure that a rights-based participatory learning approach that puts older people at the centre of advocacy is being utilised. A comparative analysis which compares the standard OPA approach with community-wide approaches carried out by BWHC and PDIM could also provide a useful basis for exploring inclusive community approaches with older people.

In general OPF in **Tanzania** seemed more participatory and inclusive than in the Bangladesh context. In fact the OPF had become so good at collaborative working and involving various stakeholders in participatory decision making that they were observed to be in danger of compromising their independence. It would be important for the age care organisations to develop a strategy for how they envisage their relationship with local government developing in future and their role in relation to 'supply' (providing technical advice and delivering projects) and 'demand' (politicised, demanding reforms).

A final area for further reflection was in relation to coordination and focus of the project. In **Bangladesh** a significant challenge appeared to be the lack of consensus around clear advocacy goal and processes. There did not appear to be an overarching message which unified the OPA and civil society in a strong movement for change. HAI-BD may wish to reflect on the lessons from this evaluation and sharpen its advocacy strategy towards specific and clear goals in relation to income security, which may involve carrying out a comprehensive stakeholder and policy analysis to assess best entry points for the advocacy. HAI-BD should consolidate its relationship with the HelpAge secretariat in order to take advantage of the technical support available for advocacy on social protection.

Whilst the campaign in **Tanzania** has been very well coordinated, focused and clearly successful, it appeared to rely on the strong leadership and strategic guidance of a few individuals. This was apparent in relation to HAI-TZ staff, staff of the age care organisations and with local government. In the short term this is not so much a problem in itself, but could present an issue going forward in terms of scaling up to reach more older people in Tanzania. HAI-TZ may wish to evaluate the extent of its involvement in the advocacy work and reflect on how it can expand the pool of leaders and strategic thinkers.

1. Background and framework for the evaluation

1.1 Introduction

This report summarises the findings of an internal evaluation of the Cordaid project 'Improved social and income security for older people' (Bangladesh and Tanzania components) implemented by HelpAge International since September 2009.

The overall objective of the project is improved social and income security for older and vulnerable people through an approach which strengthens older people and wider civil society's ability to demand, influence and promote improved social and income security programmes. The project aims to build on the Older Citizen's Monitoring (OCM) approach which enables older people to monitor and advocate for improvements of local government's service provision. The project also aims to increase wider civil society's capacity to influence and promote improved social and income security programmes by developing and linking district and national platforms with existing and new partners of both HelpAge and Cordaid. The research component is intended to enhance and deepen the demands for policy changes.

The expected results against the overall objective are:

1. New or expanded social security schemes
2. Increased access by older people to microfinance and other livelihood support mechanisms

The expected outputs are:

1. Older Peoples' Associations and groups creating demand for social security
2. A strengthened civil society for policy influencing on social and income security
3. Integrated approach to work/income security and role of older people's associations/groups identified and shared.

1.2 History and context

The Cordaid project has built on past and ongoing advocacy work to strengthen older people's and partners' abilities to monitor and advocate for improvements of local government's service provision in both Bangladesh and Tanzania. However the history and the context in which both are operating is vastly different. Below provides a very brief history and context to the advocacy work on income security in both countries.

HelpAge International began working in **Bangladesh** in 1991 providing emergency relief through implementing partners RIC (a micro-finance organisation) and BWHC (women's health services and information). In 2002 RIC became involved in a pilot Older Citizens Monitoring project which was part of a multi-country project coordinated by HelpAge International to monitor commitments made at the UN Second World Assembly on Ageing in Madrid. The pilot involved just under 6000 older people, and was soon followed by funding from Irish Aid to scale up the OCM and local level advocacy in the period 2006-2009. In 2007 RIC led the first *Age Demands Action* national level campaign which has continued in subsequent years. The Cordaid project began in September 2009 and RIC has also received parallel funding from the EC for scaling up of OCM work.

The HelpAge International Bangladesh office was established in April 2009. Due to human resource issues the Social Protection and Policy Manager (who would manage and coordinate the Cordaid grant) only started in December 2009 and the Bangladesh Country

Director in February 2010. Furthermore, delays in releasing the project funds by the Bangladesh NGO Affairs Bureau, not to mention a team of staff who were new to older people's issues, as well as the task of building relationships between the newly established HAI-BD office and long established Bangladeshi NGOs working with older people, have all presented challenges in starting the work in Bangladesh.

Over the last three decades, there have been various efforts in the area of policy in support of older people in Bangladesh. This includes a National Committee on Ageing (set up post-Vienna 1982), National Social Welfare Policy (2004) and National Policy on Ageing (2007). However none of these policies have been legislated nor are taken particularly seriously, in fact the NAP is not even recognised by the current government as it was enacted under the Caretaker Government of 2007⁵.

More recently, a 'maintenance and welfare of parents and senior citizens' bill has been proposed by parliament which would oblige adult children and grandchildren (i.e. not minors) to 'maintain' their parents with the provision of food, clothing, residence and medical attendance and treatment. This proposed bill echoes the National Social Welfare Policy which 'recognizes the family as the basic unit of the social bondage and the key actor of the development process which ultimately will benefit the elderly as most of the elderly people here live with the family members (GOB, 2007)⁶'. Whilst the goal of these policies appears to be to strengthen and restore traditional extended family support, they could be used by the State to further justify their inaction in relation to older people's needs and rights. The proposed bill also fails to recognize the pressures of industrial development, urbanization, migration and gender roles outside the home which have increased pressure on children and grandchildren's ability to care for their parents.

In the area of social protection there were 41 programmes in operation at the time of writing of 'A desk study on the Social Protection Situation in Bangladesh' which was undertaken by HAI-BD at the beginning of the project. The programmes include cash transfers, food assistance and micro-credit but they are disjointed, not guided by an overarching framework and often viewed as 'hand-outs' rather than a right. The main government programme for older people is the Old Age Allowance. More than eight billion taka was allocated to the OAA in financial year 2009-10 but coverage only reaches approximately 23% of older people. The benefit amount is very low (300tk per month (USD\$3.96)) and many of the most vulnerable are missing out due to political affiliation and nepotism playing a major role in selection of beneficiaries. Other programmes which older people are eligible for include the Widow's Allowance, Vulnerable Group Feeding (VGF) and Vulnerable Group Development (VGD). More detailed information can be found in *Biplob S, A desk study on the Social Protection Situation in Bangladesh, March 2010* and *Ahmed and Islam, A study on People's Perception of Safety Net Programmes: A Qualitative Analysis of Social Protection in Bangladesh* (forthcoming). In general, Social Protection in Bangladesh takes a backseat to higher priority debates including climate change, DRR and micro-finance.

Although the political situation is said to have improved somewhat since the 2008 elections, Bangladesh has been plagued by political instability and corruption since independence in 1971 and politics are polarised between the two main parties, the Awami League and the Bangladesh Nationalist Party. As a consequence of the political situation and restrictions on advocacy in Bangladesh, many NGOs have evolved as 'service-delivery' needs-based organisations, which sits less well with advocacy work. However several interview respondents felt that this is starting to change and the national government is slowly involving other stakeholders and consulting with civil society. Whilst this shows a positive prospect, the current Bangladesh context is still not particularly enabling for advocacy work on older people's rights.

⁵ The objective of the Caretaker Government is to create an environment in which an election can be held in a free and fair manner without any political influence of the outgoing government. The Caretaker Government of 2007 continued to function beyond its scheduled tenure of 120 days and the decisions taken after that period (including NAP) are not considered legitimate.

⁶Biplob S, A desk study on the Social Protection Situation in Bangladesh, March 2010

HelpAge International began its intervention in **Tanzania** with setting up of the HelpAge International Tanzania office in 1991 on Zanzibar Island, the office relocating to Dar es Salaam in 1994. In 1999, HAI-TZ began to build a movement of age care organizations by inviting local NGOs with some work or interest in ageing issues to come forward. Following partnership assessments, they then provided support and training to build their capacity not only on ageing but in other areas such as NGO management skills. The organizations included PADI and MOROPEO (formerly known as MOROTEA) which are still working closely with HAI-TZ today and have formerly registered themselves as age-care organisations⁷.

Since HAI-TZ opened it had mostly been providing service delivery projects including eye operations and older people's care homes. Then in 1999, the UN International Year of Older Persons, they undertook research on the situation of older people in Tanzania. This enabled HAI-TZ to start engaging with the government regarding a National Ageing Policy (NAP) and in close collaboration with HAI-TZ, the NAP was enacted in 2003. Whilst it is yet to be legislated, the NAP is providing a strong policy framework which no doubt supported advocacy efforts calling for the inclusion of ageing in the MKUKUTA (National Strategy for Growth and Reduction of Poverty) 2005-10 and MKUKUTA II 2011-15, as well as the National Social Protection Framework and Universal Social Pension.

The agenda for the Universal Social Pension began in 2005/6 as part of wider discussions on the development of the National Social Protection Framework, which involved bringing together a diverse group of actors including HelpAge, the Ministry of Labour, ILO, World Bank and UNICEF. The first two years of discussions involved considerable debate and disagreement within the group on the way forward. In 2008 HAI-TZ made a breakthrough in convincing the Ministry of Labour that a Universal Social Pension was the most appropriate tool for reaching the most vulnerable groups in Tanzania. Specifically they were able to provide basic affordability costings which had been carried out by the ILO, and this made it easier to enter discussions. Since this breakthrough they were also able to bring the other members of the working group on board and in the last three years the relationship has been more collaborative.

Historically rights are better understood in Tanzania than in the Bangladesh context, which creates a more supportive environment for initiating discussions about social protection. Furthermore, freedom of expression has given older people the confidence to raise issues and challenge the government. And a relatively stable political and economic context with multi-party politics has helped to drive the agenda for change and create a government which is ready to engage with its constituents. Compared with the Bangladesh context, Tanzania offers a far more supportive environment for advocacy work.

1.3 Purpose and scope of the evaluation

The evaluation was primarily an internal process to provide HelpAge with an assessment of the progress and impact of the project against the overall objective and of the effectiveness of the policy engagement processes. It will compare and contrast HelpAge and partners experiences in the two countries and contribute to shaping future work in related projects/programmes. Since there was no donor requirement for an independent evaluation to be carried out, the evaluation was carried out internally in line with HelpAge Policy of strengthening internal evaluation capacity.

Overarching questions are:

- To what extent has the programme contributed to increasing access of older people to improved social and income security?

⁷ The formation of age-care organizations is specifically mentioned in the Tanzania National Ageing Policy 2003, Article 3.3 (ii) Organisations and groups responsible for older people's welfare will be duly recognized. The government shall also encourage the formation of such new organizations and groups.

- To what extent and how have partners and older people been able to engage in policy processes?
- How effective at the national and local political levels have these engagement processes been?
- What lessons can be learnt across the two contexts in which the programme has worked?

1.4 Methodology

The main methods used for the evaluation were documentary reviews and semi-structured interviews with key stakeholders, namely older people, staff of HelpAge and implementing partner organisations, civil society, local government and technocrats. The majority of interviews and group discussions took place in country, in Bangladesh from 23-29 July 2011 and in Tanzania from 7-12 August 2011. Telephone interviews were also carried out with a representative of the Africa Platform on Social Protection and with Cordaid staff. Due to time limitations imposed on the process, as well as availability of key officials, it is however inevitable that some key individuals and organisations may not have been consulted.

In Bangladesh meetings with older people and local authority took place in two locations. The first location was Gazipur District, a peri-urban location on the outskirts of Dhaka and a relatively more prosperous area of Bangladesh with less than 20% of the population living in poverty⁸. This location was selected because OPA in this area are considered to be more successful and longer established, the groups having been set up in 2003. The other location was rural Rangpur District approx 300km north of Dhaka, with between 49% - 60% of the population living in poverty⁹. OPA in this region had been established in early 2010. As well as conducting meetings with OPAs working at the local level, meetings were also held with OPA representatives of Union and National levels. In both locations, interviews were also held with local authority representatives. Interviews were also carried out with staff members of HAI-BD and implementing partners RIC, PIDIM and BWHC as well as wider civil society members of the Social Protection Working Group. It was not possible to arrange interviews with national level government or technocrats. See Appendix 3 for a full list of people interviewed and sites visited.

In Tanzania the meetings with older people were not as distinct and tended to involve all key stakeholders together. Because of the distance and time limitations of the evaluation field visit, older people and partner representatives travelled approx 700km from Songea, a rural location in south-west Tanzania, to Dar Es Salaam to participate in the meetings. The second location was peri-urban Morogoro, 200km west of Dar es Salaam. Similar to Bangladesh, the two locations presented examples of successful and longer established OPMG (Morogoro) and more recently established (Songea). The District of Songea Rural estimates 40.8% living below the poverty line against 14% in Morogoro Urban and 31.2% in Morogoro Rural¹⁰. In both scenarios meetings were held which involved older people, as well as implementing partners, local government and other civil society together. Separate meetings were also held with the Social Protection platform, District level local authority and technocrats of the Ministry of Labour.

1.5 Limitations of the evaluation

Focus groups carried out with older people, and interviews with other key stakeholders

⁸ World Food Programme, Bangladesh Proportion of the Population Poor 2005, WFP April 2009

⁹WFP, 2009

¹⁰Research and Analysis Working Group of the Poverty Monitoring System on Behalf of the Government of Tanzania, Poverty and Human Development Report 2005, R&AWG, 2005

including government, CSOs and project staff, provided an overview of the project against which to assess the progress. However due to time and resource limitations, only two to three focus groups could be carried out at local level in each country, thus providing a mere glimpse of progress in those specific areas. Whilst this is clearly not representative of the broader experience of all project participants, the responses do provide an insight in to some of the dynamics, strengths and challenges of carrying out the advocacy work in Bangladesh and Tanzania.

Several other concerns arose with the evaluation methodology that may have impacted upon the findings. The focus group dynamics may have restricted some of the participants' responses; in particular the disproportionate representation of older men and older women and the hierarchical nature of the groups (particularly in Bangladesh). These group dynamics are explored further in Section 2.2.2. Furthermore, whilst an appropriate focus group size had been communicated prior to the evaluator arriving, in both countries the reality was that large numbers of people turned up to join in the group discussions making them disjointed and lacking in depth. In Tanzania, focus groups with older people had been grouped together with other key stakeholders (local government, partner and HAI-TZ staff), which may have limited the participants' freedom to respond. It is recognized that there may have been political sensitivities as well as time constraints, which resulted in these situations occurring, but a lesson for the future would be to hold separate discussions with the different stakeholder groups.

The interpretation, which was carried out by both HelpAge country office and partner organization staff, is likely to have impacted on the information gained during the discussions. Participants' responses may have been restricted due to the presence of the staff members, and a majority of the richness of the information was certainly lost due to discussions being heavily summarized. A lesson for future evaluations (resources allowing) would be to hire an independent interpreter to accompany the evaluator, which would also reduce the pressure put on HelpAge staff to provide interpretation. Without prior knowledge of these dynamics and constraints it was not possible to rearrange or alter them within the limited time in each country.

Whilst in Tanzania, focus groups took place with older people supported by two different partners (PADI and MOROPEO), in Bangladesh it was only possible to visit OPAs supported by one partner, RIC. This was an unfortunate oversight, as carrying out discussions with older people supported by new partners PDIM and BWHC could have provided an interesting comparative insight in to the different community approaches with older people.

As is the case with all advocacy projects it is difficult to ascertain exactly which changes are attributable to the project. With regard to reporting to a donor this is also challenging because resources are often pooled towards an advocacy goal making it very difficult to separate what has been the impact of the Cordaid funds and what is attributable to other donors. Whilst the evaluation attempted to focus on the Cordaid supported elements of the advocacy, particularly in relation to income and social security, they do overlap with other projects on different issues.

Monitoring and evaluation systems for the project were incomplete and had not taken place consistently throughout the duration of the project. Thus partners were unable to provide adequate information about the numbers of older people that had been reached by the project. For example in Bangladesh it was not possible to get a clear picture of the numbers of older people that the project had enabled to get access to the OAA. This lack of basic data is clearly an issue that should be addressed going forward not only for future evaluation purposes but also in relation to building an evidence base for advocacy.

2. Progress against the programme objective

2.1 Achievements

The overall objective of the project was to contribute to increasing access of older people to improved social and income security in terms of both cash transfers and livelihood support mechanisms including microfinance.

At the national level, in **Bangladesh** the allocation for the Old Age Allowance has risen steadily since 2002, the same year as MIPAA and the beginning of local level monitoring and advocacy in Bangladesh. In the project period the OAA allocation increased from 6000 million taka (2008-2009 fiscal year) to 8910 million (2010-2011 fiscal year). In terms of beneficiaries this is an increase from 2 million to 2.480 million, and an increase in monthly allocation from 250tk to 300tk per person. As is the case with advocacy work it is difficult to attribute these changes directly as a result of advocacy by HAI-BD and partners. However the simultaneous timing of the incremental increases in the OAA, and the beginning of monitoring and advocacy in Bangladesh, do suggest an association between the advocacy and awareness raising activities and the annual increases.

As a result of local level monitoring and advocacy, OCMG have made progress in ensuring that OAA is being administered to the most vulnerable older people. One of the first activities when the OPAs and OCMGs are formed is to prepare lists of all older people in each village and identify the most vulnerable who should be receiving the OAA. These lists are then cross-checked with the lists prepared by the local government (union parishad) who is responsible for administering the cash transfers. In most instances the union parishad included some, if not all of the revisions proposed. The longer established OCMGs would have carried out this activity several years ago, whereas the newly formed OPA/OCMG (i.e. during the lifetime of this project) undertook this task relatively recently.

In addition to the OAA, OCMG also monitored and advocated for access for older people to other livelihood support schemes including the Widow's Allowance, Vulnerable Group Feeding (VGF) and the Vulnerable Group's Development Programme (VGD). In the absence of comprehensive data on numbers of older people being registered for OAA and other support as a result of OCMG monitoring and advocacy, data was collected at the two meetings with older people in Rangpur which provides a small indication:

Scheme	South Kolkanda (older people pop. 183)	North Panapukur (older people pop. 154)
Old Age Allowance	5(2F)	8 (5F)
Widow's Allowance	0	7
VGF	5 (1F)	7 (2F)
VGD	3 (1F)	15 (10F)

In addition to advocating for inclusion of the most vulnerable at local level and for increased allocation at national level, OCMG have also made some progress in improving the delivery of the OAA. For example Satani Para village (Gazipur District) OCMG met with the local bank which distributes the OAA to ask for a fixed and consistent system after it was found that older people were travelling long distances to collect the OAA only to be turned away and told to come back another day.

It is worth noting that several respondents reported that prior to the OPA's existence they *had* been aware of the OAA and other benefits but did not know how to go about asking for it and also said that they could not afford to pay the bribe. This clearly shows the essential role both of the implementing partner and the OPA/OCMG.

Whilst it was not possible to go into great detail or interview extensive numbers of older people who received the OAA, within the groups who were interviewed, it was felt that the OAA not only enabled vulnerable older people to improve their food intake and access to medicines, it also gave them more prestige and value in the family. The OAA to some

extent relieved pressure on the family who was unable to care for their ageing parents due to their own impoverishment. OAA (and WA) were viewed to be particularly important for older women whose alternative sources of income tend to be far more limited than men for various reasons including literacy, skills and cultural restrictions. For one 70 year old woman in North Panapukurit meant that she no longer had to carry out domestic work for her neighbours in exchange for food or a small income and was able to spend more time caring for her sick husband.

For the OCMG which were set up in 2002, they made the most significant progress in terms of access to OAA several years ago. In latter years their activities in relation to income security have focused on forming savings committees and mobilising funds from local philanthropists and district government budgets. Funds from the savings committees have been used to provide low interest loans to older people (5% which they hope to reduce to 2%). The Satani para group also planned to buy rickshaws which they would rent out to provide income for ongoing running costs and activities of the OPA including providing cash transfers for the most vulnerable. As a result of building relationships with the local government, the OPA receive a 50,000tk (USD\$661) gift every Ramadan from the District Commissioner which they distribute to the 50 most vulnerable older people. Following a meeting in July 2011, Satani para group also secured 100,000tk (USD\$1,323) from the Sub-District income as a result of lobbying/advocacy.

The field visit for the evaluation of the **Tanzania** component was timely as it came just several days after the public announcement (August 6th) that government budget has been allocated to the Universal Social Pension starting from next financial year (July 2012). This is a massive milestone in the Tanzania campaign to improve income and social security for older people. When the pension comes in to affect it will have the potential to reduce the national poverty rate by 11.9 per cent, lifting over 1.5 million people out of poverty and impacting both older people directly, and households containing older people¹¹. For the financial year 11-12, government budget has been allocated in to the research of the administration mechanism and scheme design.

The campaign for the Universal Social Pension has its roots in advocacy processes and engagement that has been building up over the last decade (government engagement on policy for older people began approximately 1999). The specific agenda for the Social Pension began around 2005/6 when a number of proposals were made to the government by HAI-TZ. It is not within the scope of this evaluation to investigate the specific contributing processes and impacts which have led to the success of the entire campaign, but will largely focus at key achievements in the last two years during the lifetime of this Cordaid project. These achievements will be explored in more detail in section 3.

In addition to the major achievement in securing government commitment to the universal social pension, there have been other successes in improving income and social security for older people in two areas. The first is a significant increase in loans for older people for income generation activities, and the second is reducing expenses through tax relief. As a result of local level advocacy, 12,411 (5862F)¹² older people are benefiting from TASAF micro-finance and livelihood support projects all over the country compared to only 6016 (2903F) in 2008. Older people's forums also successfully advocated for the exemption of property tax for people aged over 60 on non-commercial properties. For example, all older people in Kichangani Ward (Morogoro District Council) had stopped paying property tax in 2009, which released cash to purchase other necessities including food and medicines.

Whilst maintaining the overarching message on the Universal Social Pension, the OPF are also engaging with different departments at the local level for example on provision of water, health services, etc to ensure that older people are mainstreamed across them. This approach is creating competition between the departments and improving their performance, as well as reducing frustration for the OPF who are at risk of becoming

¹¹ Ministry of Labour, Employment and Youth Development, Tanzania and HelpAge International, Tanzania, Achieving income security in old age for all Tanzanians: a study into the feasibility of a universal social pension, May 2010.

¹² Figures provided by TASAF, September 2010

disheartened with the campaign when they cannot see much movement on the Universal Social Pension.

2.2 Areas for reflection

Although there has been some progress in **Bangladesh** in increasing the OAA coverage at national level, and some success with getting the most vulnerable registered for OAA at local levels, the stark reality is that the OAA is woefully inadequate as a strategy for reducing poverty. At only 300tk per month (US\$3.96) it is a very small amount and can only supplement income for a minority of older people per village. For example, one meeting participant in Satani para said that his monthly medical costs were 1700tk for medicine for a respiratory complication, which he was unable to afford. Whether receiving OAA or not, older people are thus compelled to seek other forms of cash and non-cash support.

Although OCMG have made some gains in getting the most vulnerable older people on to the distribution lists for OAA and other benefits, misallocation and bribery is deep-rooted and prolific. Respondents in South Kolkanda felt that the local government's decision to allot a couple more older people to receive OAA did not signify a change in attitude but rather was done to appease the OCMG. As one respondent said, it was if they had been told "you have gotten three people on the list, now keep quiet and go away". The group felt that this was partly because they don't have the strength or capacity to advocate strongly. On further probing it was also revealed that the issue of bribery was not just one of demand but also appeared to be deeply entrenched on the supply side with older people simply accustomed to paying bribes.

Despite some noted improvements in distribution of the OAA, difficulties still remain. For older people who have to travel to the bank to collect their benefit, roads are in poor condition and the transport costs are high which cuts in to an already minimal benefit.

In comparison to the monitoring and advocacy work on the OAA and other benefits, advocacy in relation to other livelihood support, including microfinance, has been a little slower to take off. The livelihood study undertaken in 2010 provided evidence for a roundtable which has led to a further study on micro-credit being under-taken (expected to be completed in November 2011), as well as a learning workshop on older people's livelihood strategies planned to take place in September 2011. These should provide useful insights to feed in to the future direction of advocacy on other forms of livelihood support.

A notable constraint of the advocacy work in both **Bangladesh** and **Tanzania** is the limited geographic coverage of the OPA/OPF, monitoring and advocacy. The OPA/OCMG currently supported by RIC covers only a small proportion of the total population over 60 in Bangladesh (9.8million in 2009¹³). In Tanzania, OPF are operating in 48 out of 132 districts and within these districts they do not cover every ward/village/mitaa/vitongoji. In both countries the respondents recognised an association between the existence of OPA/OPF and government support to older people and respondents were unable to cite an example of government support to older people which had been initiated without the intervention of an age care organisation or NGO. This clearly shows that gains made in improving income and social security would not have happened without direct intervention and linking older people with local government by NGOs. Even in Tanzania where the political, economic and social environment is relatively more supportive of older people's rights, in the absence of local level advocacy, government action would be minimal or non-existent. This clearly poses a problem for expansion and sustainability of the OPA/OPF work which will be further discussed in section 3.

¹³UNDESA, *Population Ageing and Development wallchart*, 2009

3. Effectiveness of the advocacy processes

3.1 Achievements

3.1.1 Scale up of the Older Citizen's Monitoring approach

In **Bangladesh**, the OCM work has historically been supported by RIC since the work began as part of the Older Citizen's Monitoring project in 2002. In the last two years, RIC's OPA work has expanded to provide support to 348 existing OPAs and 149 new OPAs¹⁴(village level) in monitoring and advocacy. The new OPAs were formed in Rangpur, one of the poorest regions of Bangladesh¹⁵.

The new OPAs and OCMG set up in the last two years were formed following a similar model to that in 2002. The groups received training on their rights and entitlements, how to monitor access to those entitlements and to build relationships with the local government to lobby for change. The village monitoring information is then fed to the Ward OPA who holds quarterly meetings with local government authorities. During these meetings, the Ward OPA provides information about the numbers of older people in each village and who are the most vulnerable to ensure that they are receiving OAA or other benefits. These meetings are organised and supported by RIC. During the Cordaid project, the existing OPAs (those established in 2002) had received refresher training on monitoring and advocacy as well as organisational and leadership training. The OCMGs have made some progress in raising awareness of older people's issues with local government officials as described in section 1.1. In addition to OCM training, the OPA model also includes training on resource mobilisation and savings schemes as well as other areas not directly related to income security such as health services, home visits, etc.

Visiting both well-established and recently formed OPA/OCM provided an interesting contrast for evaluation. The benefits of the new OPA for older people who had previously been on the fringes of society were clearly perceptible not only in terms of increasing access to benefits, but also in the sense of power and inclusion that being part of the group gave them. Older people in the focus group discussions reported feeling stronger and more united as a result of joining their OPA. They also felt it had improved their position in the community and they felt more valued and respected. For the longer established OPA, they had experienced such achievement when the group had been formed in 2002, and were now focusing on how to expand their resource base such as through income generation activities and securing one-off grants from local government and philanthropists.

One of the aims of the Cordaid project was also to expand partnership to broaden geographic coverage and explore different approaches of OPA/OCM activities. Although it was slow to get started, work in this area is now underway through Bangladesh Women's Health Coalition (BWHC) and Participatory Development Initiatives of the Masses (PDIM). The community approach model that these organisations use is broader than that of RIC as they have integrated older people in to a community-wide approach rather than starting up specific older people's groups.

PDIM began working with older people several years ago through their own initiative and recognition that older people were amongst the most vulnerable and marginalised in the communities they were working in. They did this by getting the village committees to involve older people's issues, and include older women and men committee members. Later these developed in to community resource centres (CRC) which involved a community wide approach to identify problems and solutions. Senior citizens' clubs have also been formed out of the CRCs which provide older people with activities, basic necessities and help contacting health providers. However, aside from IDOP activities, the CRC are not yet carrying out monitoring or advocacy on older people's issues. This approach which involves community members of different ages, including youth and school children, is seen as key

¹⁴ The Cordaid project co-funds the EC NSA project *Promoting Older People's Participation in Development in Rural Bangladesh*

¹⁵ E.g. Gangachara Sub-district in Rangpur District is categorised as "very poor" by both the Human Poverty Index 2000 and the World Food Programme's 2001 Poverty Map.

to taking forward older people's issues. As one PIDM staff member described, 'the young have influence and mental and physical agility, the elderly have values and experience.' The main constraint which PIDM identified was that more people wanted to be involved in CRC and they did not have the capacity to support this.

BWHC had originally worked with HelpAge in the 1990s with the emergency response but due to some priority shifts of HelpAge and governance issues at BWHC they had stopped collaborating. The relationship resumed again in February 2011 and although BWHC works in 25 districts of Bangladesh they are currently working with HAI-BD in a very limited area. Because BWHC is a health organisation their collaboration with HAI-BD has largely been to sensitise community health volunteers, and women of all ages about women's health issues through the life cycle. Whilst their current focus is on health, in future they see expansion to other areas including rights and entitlements in relation to income security.

With both new partners, HAI-BD was providing technical support about ageing issues and sharing resources and materials including training older people to understand government structures and their entitlements to services. HAI-BD helped BWHC to understand that they needed a dual approach which provided both service delivery and advocacy.

In addition a feasibility study was carried out in to replicating the OCM approach in an urban context with a pilot expected to start in August 2011 in collaboration with the local government. Starting urban OCM is seen as a particularly important area of expansion by HAI-BD considering that 40% of the population lives in urban areas but currently no work with older people is being carried out in an urban context.

In **Tanzania**, the approach of the OCM scale up was to train existing OCMG who are currently monitoring health services to broaden their scope to include income and credit programmes. The implementing partners, principally PADI and MOROPEO, who have been working closely with HAI-TZ for over a decade, provided training and support to organise the older people's groups. Included in the training is information about their rights and entitlements, which aids older people to understand the content of relevant policies including NAP, MKUKUTA and others.

One man and one woman are elected to carry out the monitoring work, and as well as gathering information from older people, during the monitoring visits they also pass on information on policies and entitlements to OPFs and the wider community. This continuous process of sensitisation is to ensure that the older people understand and believe the information, a process which can take some time considering that the most vulnerable would have experienced decades of being marginalised from political processes without knowing that such things as rights and entitlements exist. In relation to income security, monitoring questions also asked about access to loans from banks or NGOs and savings groups.

Because the concept of OPF and participation of older people in government processes is embedded in the NAP¹⁶, the OPF and partners in Tanzania appear to have been able to use this policy framework to establish a richer engagement with local government and have even been able to make some progress in getting local government to support OPF. Even though the NAP has not yet been legislated it has clearly played a very important role in harmonising older people's issues, providing guidelines for action, and giving older people the confidence to demand their rights and entitlements.

Although the NAP provides an important framework, without the awareness-raising and advocacy efforts of HAI-TZ, age care organisations and older people themselves, there would have been very limited initiative by local government. The OPF and age care organisations had been actively sensitising local government about the rights and entitlements of older people for between five and ten years and prior to their engagement the local government did not know anything about OPF, NAP or content of MKUKUTA in relation to older people.

¹⁶Ministry of Labour, Youth Development and Sport, *National Ageing Policy*, September 2003. See Article 3.3 *Participation of Older People*

Unlike Bangladesh, because there is no existing social pension scheme in Tanzania to monitor, the advocacy efforts of the OCM have focused largely on lobbying local government as part of the much larger campaign towards a universal social pension. This longer-term advocacy goal has been accompanied by shorter term advocacy in relation to income security such as getting budget allocated from the government's TASAF community initiatives fund for older people's income generation activities. Small loans for income generation which were provided to older people by PADI and MOROPEO (separate initiative to this project) helped to demonstrate to TASAF providers that older people can use loans effectively.

Because the advocacy campaign is more joined up and coordinated in Tanzania (because it is at a much different stage in its progress), there is far more overlap between the OPF and other civil society actors. Therefore, the other major activities involving older people's groups will be discussed under Section 3.1.2.

3.1.2 Strengthening civil society for advocacy engagement

A joined up and strong advocacy approach is vital not only in campaigning for longer term policy change but also for sharing information with older people who are often lacking access to information (especially for the non-literate). In recognition of this fact, a goal of the project in **Bangladesh** was to strengthen civil society for advocacy engagement. This has largely taken place through two approaches: firstly by strengthening and forming OPA structures at local, regional and national levels, and secondly by reaching out to wider civil society and attempting to 'mainstream' older people's issues in to current debate.

In the first area, strengthening of the OPA structures has overlapped and built on the village/ward level OPA work described in section 2.1.1 through the formation of OPA committees at Union, Regional and National levels in to a 'National Federation of older people'. This was initiated and largely supported by RIC through a process of selecting representatives from the Ward levels to join the Union levels, and from the Union levels for the District levels, and so on up to National level. Setting up of the Union level committees was considered particularly timely because of the Union elections which took place March – June 2011. In parallel to the elections, union level OPAs held a number of union level 'learning and sharing' conferences, to which they also invited the election candidates. Whilst the union level OPAs had initiated the engagement with the local government, the candidates were soon approaching them for political support. For some of the older people committee members who were interviewed, they found this both surprising and encouraging considering that in the past they had been marginalised by local government. Whether the commitments made by the elected candidates are followed through will need to be closely monitored by the OCMG.

At the same time as setting up of the National Federation, a parallel process has involved bringing together of Cordaid partners to form a broad Social Protection Working Group, this involves HAI-BD and implementing partner PDIM, as well as Dhaka Ahsania Mission (DAM), Integrated Development Association of Bangladesh (INDAB), CARITAS and Action on Disability and Development (ADD). The group has made some progress with initial meetings and together they agreed to commission a study in to the key safety net programmes in Bangladesh (completion expected September 2011) which will help to inform future direction and goals of the group.

Several respondents also noted that HAI-BD had made considerable progress in reaching out to wider civil society and getting ageing in to national level debates in what is viewed to be a 'very crowded' NGO market. This had been achieved through a concerted effort to engage in existing debates and movements, such as the newly formed Federation of NGOs, UN MDG anti-poverty campaign in which HAI-BD had got the term 'ageing' in to a recommendation to the government, 'WE CAN' a nationwide network to stop violence against women and by initiating discussions to form a platform on ageing and disability in Bangladesh with Handicap International, Sight-savers, CDMP, the Centre for Disability in Development and CBM.

Finally, the International Day of Older People (IDOP) has been observed at the national and district levels each year since 2007. In 2010, approximately 4000 older people from various OPA gathered together in Dhaka for IDOP. The OPA interview respondents recognised that IDOP is currently one of the only channels that they have for accessing national government and raising awareness about older people. They also commented that joining in IDOP activities gave them a feeling of strength, solidarity and excitement. As one participant commented, 'we wait all year long for IDOP'.

In general the campaign towards the universal social pension in **Tanzania** has been a very well coordinated, strategic and focused effort at all levels of government and involved older people, wider civil society and the media. HAI-TZ adopted a 'one programme' approach whereupon they channelled all their resources (e.g. HIV, health, rights) towards the goal of a Universal Social Pension. This meant that the programme and advocacy work in Tanzania was harmonised and focused and had a wide support base. They view that once the pinnacle has been reached (i.e. Universal Social Pension) it would then snowball in to other areas. This demonstrates how instrumental the HAI-TZ office was in understanding change processes; they also know very well who are the right people to target and who can make a difference in the campaign. They recognised that in order to push the campaign forward they would need broader support from civil society at local, district and national levels, as well as higher level political support.

As such they set about broadening civil society support through the creation of the Tanzania Social Protection Network in August 2010 with a national level executive committee and nine district level platforms. One of the strengths of the social protection platform has been its broader membership which goes beyond age care organisations to bring together children's and disabled people's organisations as well. Considering that the TSPN was only set up in August 2010 following a workshop facilitated by HAI-TZ, it has quickly united in support of the Universal Social Pension campaign. This has no doubt been helped by the credibility and convincing argument for a universal social pension which was laid out in the feasibility study undertaken in collaboration with the GoT in May 2010. The comprehensive study demonstrated how the universal social pension was the key instrument for reaching older people as well as other vulnerable groups including the disabled and orphaned and vulnerable children.

Two significant achievements stand out in relation to building high-level political support for the Universal Social Pension. Firstly over the period October – November 2010 when parliamentary election campaigns were taking place. During the IDOP celebrations on 1st October the Prime Minister gave an address which mentioned a commitment to the Universal Social Pension. This speech was printed out and older people across Tanzania hand-delivered it to all the local government offices to make sure that they were aware of it. They also received training, tools and skills to lobby the election candidates with the same joined-up message calling for the Universal Social Pension. In the end, the five largest political parties all included older people's issues to a degree, with some more specific actions than others.

More recently a 'rally' in Dodoma at the end of June/early July 2011 involved 56 older people from all regions of Tanzania as well as members of the TSPN and HAI-TZ staff and partners. The rally took place during government parliamentary budget sessions and provided a pivotal breakthrough in the campaign, finally securing budgetary commitment from 2012. Over the course of three days, older people and other civil society received training, reviewed strategy and refreshed themselves on the advocacy messages before lobbying their members of parliament in face-to-face meetings. During the first two days they met with 58 members of parliament in which they were able to express their concern regarding the delays in implementing the universal social pension and press for immediate implementation. A major breakthrough was with the Minister of Finance who is handling the Universal Social Pension portfolio and which HAI-TZ staff had been unsuccessful in meeting but the older people had managed. A key lesson therefore was that these meetings were carried out by older people, which was vital to ensure legitimacy of the policy asks. For some of the MPs it was the first time that they had heard about the issues affecting older people.

In addition to this significant achievement, the Dodoma event also clearly boosted morale amongst older people and other civil society actors supporting the campaign. Through direct contact with decision makers, 'ordinary' older people were given a sense of possibility and power, which appeared to have trickled back to the communities where they came from.

As part of strengthening civil society for advocacy engagement, a component of the project in Tanzania was to link the TSPN with the regional civil society Africa Platform for Social Protection (APSP). However the APSP was fairly slow in getting established, and linking with the platform was seen to be of no added value for the Tanzania campaign at the time thus they did not really make a connection. Going forward, the APSP could benefit and learn from the TSPN to provide examples of success for other countries. They can also feed such information in to their engagement with multilaterals and bilaterals, such as through the recent World Bank social protection consultation.

3.1.3 Role of evidence

In **Bangladesh** a number of studies were funded under the Cordaid project which have been very important tools for scoping of the Bangladesh context, providing direction for the work and an opportunity for initial engagement with key stakeholders through roundtable discussions.

The first study, '*A desk study on the Social Protection Situation in Bangladesh*' was carried out by the Social Protection and Policy Manager at the beginning of the project period. Whilst this study was not used widely as an advocacy tool, it served as a useful document to provide initial understanding of the policy environment and role of social protection in Bangladesh and fed in to internal planning processes. However because it was a scoping document rather than an in-depth study it was unable to provide substantial analysis of the social protection systems. Thus a decision was made by HAI-BD and the Social Protection Working Group to carry out a further qualitative study of social security systems in Bangladesh with the objective of understanding the types and coverage of programmes and in particular the perception of the key stakeholders (beneficiaries, community and service providers) in terms of the implementation, effectiveness and governance, impact of the safety net programmes, and areas for improvement. This study '*A study on People's Perception of Safety Net Programmes: A Qualitative Analysis of Social Protection in Bangladesh*' is expected to be finalized in September 2011.

The livelihoods study¹⁷ carried out as part of the cross-regional learning component of the Cordaid project broadened the knowledge base on income security for older people beyond social protection. The study provided some useful information in to the livelihood strategies of older people, in particular informal and formal arrangements of lending cash, and the role of OPAs in supporting livelihoods. However it was felt by some respondents that the study viewed older people in isolation without taking in to consideration the capacities of the household and wider contextual barriers to securing a livelihood. It also focused heavily on the role of loans and cash grants without taking in to account other constraining factors such as age discrimination, issues of older people's skills, access to markets, etc. However because livelihoods is such a broad area and can take various forms depending on specific country context, it would have been impossible to consider all these issues within a time- and resource-limited study.

HAI-BD also commissioned a feasibility study in to replicating the OPA/OCM approach in an urban context after identifying a gap in coverage of the community work with older people. This was felt to be particularly important considering that the urban population is currently 40% and expected to rise as a result of rural-urban migration and climate change.

In May 2011 a one day workshop was held which brought together key stakeholders such as NGOs, local government and donors to discuss livelihood options for older people, and used evidence from the three studies mentioned above. The workshop was felt to be

¹⁷ Erb S, *A study on older people's livelihoods in Bangladesh*, January 2011

instrumental in changing direction of the approach to older people's livelihoods. For example, whereas previously the original proposal for an urban pilot project was to carry it out directly through implementing partners, there was now a collective recognition of the importance of a mainstreaming approach and ensuring that older people are included in development programmes of other organisations and local government. Thus a pilot intervention working with older people was agreed and will be implemented in partnership with a quasi-government body Population Services and Training Centre (PSTC) in Dhaka starting in August 2011.

In the remaining project period a micro-finance study is also being commissioned which will look in more detail at some of the issues raised by the livelihoods study. In particular it will consider lending modalities and appropriateness of micro-finance for older people and will serve as an advocacy tool for initiating dialogue with micro-finance providers.

In general the studies have provided an opportunity to better understand income security for older people in Bangladesh and through the workshop launches they also provided an opportunity for raising the visibility of ageing. However some interview respondents felt that the research, in particular the Safety Net study, could have been more analytical and missed some of the underlying dynamics which would have helped to better understand the Bangladesh context.

Although it was not funded under this Cordaid project, the study carried out in **Tanzania** in to the feasibility of a universal social pension was a fundamental tool in the advocacy campaign. Not only did the study clearly present a strong case for poverty reduction amongst older people and other vulnerable groups using hard empirical research, the fact that it was carried out in collaboration with the Government gave it a credibility that resonated with policy makers and civil society. Interview respondents felt that it was also important for the GoT to carry out the feasibility study to ensure that they have ownership of the process as they would ultimately be responsible for delivering the pension. If the feasibility study had been carried out as an independent study commissioned by HAI-TZ then it would have remained a weak set of recommendations and not progressed the advocacy campaign to much extent.

HAI-TZ were also able to engage a research organisation to take forward discussions following the launch of the feasibility study, which HAI-TZ was not in a position to do because it is an international organisation and could have jeopardised the campaign. The Economic and Social Research Foundation financed a workshop and brought together representatives of the main political parties to debate the findings of the feasibility study which further raised the profile of the issue.

3.1.4 Role of the media

At the local level in **Bangladesh**, there has been some coverage of ageing issues by the media in the project areas. At the national level, media coverage has taken place for a number of years in relation to events around the International Day of Older People. In addition, initial steps were also made in engaging the media on ageing issues at national level for example through television talk shows and other UN international observance days. Despite these gains some respondents felt that the current media angle towards older people is unhelpful because it projects older people as vulnerable welfare cases rather than recognising their rights and acknowledging the intricacies of the issues. Therefore whilst the media could be very powerful for raising public awareness and in particular for engaging government officials (a media opportunity being more appealing to them than a workshop which is not in the public eye) it will be important to ensure that the media is projecting images of older people in a manner that is supportive of the wider advocacy work in Bangladesh. This could be achieved to some extent through training programmes for the media, but would need to consider the heavy financial and time resource investments required for engaging with the media.

The media has played a vital role in raising the profile of older people in **Tanzania** and with it supported the campaign towards the Universal Social Pension. Key to the media

engagement has been the ability of HAI-TZ and partners to identify and build a very collaborative relationship with one or two serious and respected journalists who are committed to ageing. The key person in this respect was Gerson Msigwa, who is a journalist with the Tanzania Broadcasting Corporation and was covering the 2010 election campaign for the opposition party. Msigwa has been working with HAI-TZ partner PADI for ten years covering older people's issues before beginning to work closely with HAI-TZ three years ago.

It is fortunate that HAI-TZ and partners have the support of a well-respected and well-connected journalist with a personal interest in ageing. But they have also made the most of this opportunity by making a concerted effort to keep him well informed with case studies and statistics and ensuring he can attend workshops, seminars and training. Following the media training, which involved journalists from across Tanzania, HAI-TZ also supported Msigwa to organise a journalist's network for ageing. Msigwa also produced three documentaries on older people's issues under his own initiative and resources which have been used widely in the advocacy campaign. Evaluation respondents felt that the positive coverage by Msigwa and colleagues has had a large influence on terminology and language used about older people in the Tanzania media.

3.2 Areas for reflection

3.2.1 Reach and sustainability

Whilst the village and ward level OPA/OCMG supported by RIC have made some immediate gains in getting access to OAA and other benefits for the most vulnerable older people, they are limited in their ability to influence long-lasting policy change decisions which are made at the national level. The formation of the National Federation is attempting to address this issue by linking the village and ward level OPAs with the union, regional and national levels. However OPAs still only exist in a very small geographic area of Bangladesh, which has consequences for both the local level work of the OCMG and the ability to create a strong movement for change that can reach the national level. For example in Gazipur district there are 45 unions but currently only five unions have OPAs. Members of the NF felt that the answer would be to expand their activities and start OPA in other areas. However considering the numbers of older people in Bangladesh and the complexity and breadth of other issues which they are competing with, mainstreaming ageing in to existing structures and debates (as through BWHC, PDIM and others) seems to be a more realistic approach in order to scale up the work in Bangladesh.

As described earlier, at the local level new partners BWHC and PDIM are piloting work on older people's issues but they are not yet carrying out monitoring or advocacy work on older people's rights and entitlements. It will therefore be important to consider how specific older people's issues can be taken to local government without becoming diluted within a broader community approach. This applies not only in relation to community level work but also within civil society coalitions at the national level, such as the Working Group on Social Protection.

It will also be important to link the National Federation with other civil society organisations to get them interested and supportive of older people's issues so that a movement for older people is working together. However there is a question as to whether the formal structure of the National Federation omits community organisations which work with older people, but are not exclusively older people associations, should be eligible to join. This issue should be considered carefully as it would be unhelpful to sideline potential support for the sake of maintaining an exclusively older people's structure.

Any policy change in relation to older people is likely to be very slow in materialising and progress and impact will likely be difficult to see, especially for OPA at the village and ward levels. As such it will be important to continue supporting OPA with guidance and focus for other activities to ensure that motivation is not lost and to bridge a gap whilst longer term goals are being pursued. For example RIC already has some established models for 'community resource mobilisation' and some of the longer established OPAs have

successfully secured one off “gifts” from local philanthropists and local government. Whilst this is a beneficial strategy for a shorter term income solution and increasing motivation and morale in the groups, it should not distract from larger advocacy goals which will have greater impact in the long term.

Furthermore the one off “gifts” should not be acknowledged as an answer to income security for older people or symbolic of a change in attitude towards older people’s rights and entitlements. As several respondents noted they felt that these gestures were merely government officials paying lip service. Similarly when one local government official was asked about mechanisms for making complaints about government services, their reply was that they were supportive of older people and provided a mechanism. When proved further this turned out to be the regular sharing meetings that were initiated by the OPA/RIC themselves.

In **Tanzania** the issue of reach and sustainability also appeared to present a challenge which some respondents were unclear about how to address. Like Bangladesh, the present coverage of OPF in Tanzania is geographically limited and HAI-TZ may need to address how they can continue to support existing OPF and age care organisations as well as scale up to reach more older people. From interviews with the OPF and partner organisations, there was a suggestion that as local governments have been ‘sensitised’ about older people’s issues they would naturally take forward the role. There was a belief that once the National Ageing Policy is legislated it would also provide a stronger legal and political environment for older people which would oblige local government to support OPF. The NAP would also include the creation of formal positions for older people in central and local government who can further push for the rights of older people. Once the Universal Social Pension is securely in place, the next advocacy goal in Tanzania was said to be the legislation of NAP.

However even if NAP does create such an enabling environment, there will still be a vital role for age care organisations to collaborate with local government in providing technical support on older people’s issues, gathering data and ensuring that social spending allocations for older people are met. This would be particularly important for weaker and less affluent local governments and also to be able to address new issues when they arise. Thus, relying on local government to realise the rights and entitlements of older people is clearly neither a realistic or long-term answer.

3.2.2 Participation and power

In the short time to carry out the evaluation, it was only possible to obtain a glimpse of the complex dynamics and relationships both within the OPAs and between the OPAs and implementing partners in **Bangladesh**. However it was observable from the group discussions and interviews with various stakeholders that there were issues around participation and hierarchical power structures in both instances.

An obvious example is that the executive committees are selected with the guidance of the implementing partner, rather than elected. The executive committee also chooses who will be in the monitoring team. The reason for this process of selection, rather than election, was said to be because they ‘did not want politics or competition which might jeopardise the group solidarity’. The fear about jeopardising group ‘solidarity’ thus seems to be more about the hierarchical power structures in the group being challenged. This attitude and structure suggests that basic unequal power relations are still very much in place.

All the OPAs which were interviewed did have Women’s Officers in the Executive Committee and at the different levels of the National Federation, however the extent to which they were able to participate, or support the participation of other older women in OPA activities was unclear and not within the scope of the evaluation to investigate in any great depth. Although some older women were usually present in the group discussions, albeit at a much lower proportion than men, their participation was generally low. It was not clear if older people were also being excluded on other grounds such as literacy, disability, ethnicity, etc.

These findings echo those of the OPA learning review carried out by HelpAge in 2010 which observed similar dynamics: 'Younger old men have more influence than older old men or women of any age... Key positions in the executive committees i.e. Chair, Vice Chair, Secretary and Treasurer are held by men... it was also revealed that people would normally not like disabled older people to become leaders. As one staff member put it 'It is socially unacceptable'¹⁸.

The participation and power dynamics also appeared to extend to the National Federation which formed its executive committees at different levels through a process of selecting the members in close consultation with the implementing partner. However as the formation of the National Federation structure is still in an early stage, it offers an opportunity to address these issues. HAI-BD has begun to do this through a participatory consultation process which attempts to build ownership and sustainability of the National Federation and facilitate executive committee members to recognise the issues themselves. Responses from stakeholders on this issue were concerning. For example, some felt that spending too long on participatory processes and constituency-building could slow down progress on advocacy and policy change. Whilst external 'direction' on the advocacy process could temporarily speed things up, is easier and probably less resource intensive, it will not address underlying power dynamics in the longer term.

It was encouraging to note that the longer established OPA were requesting more training in advocacy and political processes, as well as information about national policy and human rights. In comparison to the more recently established OPA this does suggest a different level of empowerment and awareness but also reflects that it is a lengthy process (e.g. seven to eight years).

Responses from the various stakeholders suggested that there was a lack of consensus about the role of the National Federation. Whilst some felt that the National Federation and its legal registration would strengthen their arguments and position with the local authorities, others felt that it would create additional layers of formality which could reinforce hierarchical structures and prevent progress. For example it was not clear how organisations which are not 'officially' OPA but are still carrying out substantial work with older people as part of a wider community approach could be involved in the NF. Linking the OPA with the wider community will be vital in the advocacy rather than isolating. There is a need to finely balance raising the visibility and voice of older people without isolating them from the wider community.

The issue of participation and power is not just in relation to internal group dynamics but was raised as an issue between the OPAs and their interaction with the implementing partner. The partner was seen to be imposing values and ideas rather than facilitating a process whereby older people examined and challenged their own situations and how their roles in society had been constructed. Whilst the partners claim to have a rights-based approach to development, the prevalent power dynamics suggest that this is either not the case or that it is still very early days in the empowerment process. Several telling remarks made by key stakeholders, including older people, referred to the executive committee members carrying out welfare or charity for the sick and vulnerable.

Due to time constraints, community groups supported by PDIM and BWHC could not be visited so it is not possible to comment on the extent of participation of older people in these groups. However it would be interesting to note for future evaluations or analysis of group dynamics about whether an intergenerational and/or community-wide approach enhances or inhibits older people's participation and sense of empowerment.

It was observed that whilst there is a substantial amount of information available within the HelpAge network on the practicalities of starting older people's associations and monitoring groups, they are lacking strong ideas and systematic assessment of what empowerment and participation for older people actually looks like in practice. For example, seven different levels of participation¹⁹ have been identified by development practitioners and

¹⁸ HelpAge International, Older People's Association – Thematic Learning Review, January 2011

¹⁹ See Biggs (1989), Hart (1992), Pretty (1995) and Cornwall (1995) in Veneklasen, L and Miller, V, A New Weave of Power, People and Politics, 2008 p.88

quite where older people are on this scale is difficult to ascertain. This underlying gap is impacting particularly on OPAs which are being formed in countries that do not have a traditionally strong human rights framework or participatory approach to development, such as Bangladesh.

In general OPF in **Tanzania** seemed more participatory and inclusive than in the Bangladesh context. On a surface level, this was evident by the formation of committees through election, and a commitment by partners and HAI-TZ to provide on-going advocacy training on rights, entitlements, and political and policy processes. In fact the OPF had become so good at collaborative working and involving various stakeholders in participatory decision making that they were observed to be in danger of compromising their independence. This was seen particularly in Morogoro where even the evaluation meetings involved all key stakeholders together. It would be important for the age care organisations to develop a strategy for how they envisage their relationship with local government developing in future and their role in relation to 'supply' (providing technical advice and delivering projects) and 'demand' (politicised, demanding reforms).

In relation to participation of men and women, although there was strong representation by two or three women at a higher level, and one older man and one older woman are elected to represent the OPMG, in general the participation of women appeared to be low in the meetings that the evaluator observed. Apart from a couple of exceptions, women (both older and younger ages) were not particularly vocal.

At the district and national levels, the issue of participation occurred in relation to the Tanzania Social Protection Network. Whilst the TSPN has clearly played a significant role in the campaign towards the Universal Social Pension, it was observed by some respondents that it was not really a broad based civil society social protection network and only included organisations for ageing, disability and OVCs. For example the main NGO platform in Tanzania (TANGO) was not represented. TANGO was also observed to have carried out parallel work on social protection that had not included the TSPN - indicating participation issues on both sides. Whilst there were seats on the executive committee of the TSPN which were reserved for representatives of the three main groups of organisations (disabled, OVC and ageing) the Chair and Vice-Chair positions were both held by ageing organisations. HAI-TZ was perceived to be a 'giant' amongst NGOs in Tanzania, a factor that may have inhibited other organisations with fewer resources, focus and contacts from participating.

Furthermore, the process of forming the TSPN through the CSO workshop on social protection appeared to be entirely organised and driven by HAI-TZ and was somewhat 'pre-packaged', thus not representing a true opportunity for CSOs working on social protection to join together and decide the direction of the work. Although it is recognised that at times it is important and beneficial to take action quickly rather than wait for a common argument - in this case movement on the Universal Social Pension was crucial - this does pose an issue in terms of participation and representation of wider civil society which should be addressed going forward.

Reliance on individuals was also an issue that arose during the interviews with several stakeholders and occurred at different levels. In relation to the close collaborative working with local government as described above, the age care organisations may need to be careful about closely relying on individuals who are subject to re-election. Dependency on individuals was also observed within the age care organisations where one or two strong and charismatic figures appeared to hold together their drive and direction. Although the approach in Tanzania which involves younger members of the community as well as older people should help somewhat in addressing this, there appears to be a need to identify and develop younger leaders who can take over within the OPF and age care organisations.

The issue of reliance on individuals was also apparent in relation to the role of HAI-TZ. They have clearly been instrumental and highly successful in driving forward the work in Tanzania, particularly in coordinating the Universal Social Pension campaign. Without the strong leadership, strategic guidance and coordination skills of HAI-TZ, the campaign would not have reached such success. Whilst there will always be a need for an individual or an

organisation to lead the advocacy work (both shorter term campaigns and longer term change strategy), HAI-TZ may need to reflect on their role and how they can build the capacity and skills of others to take on more of this work.

3.2.3 Coordination and focus

A significant challenge in the **Bangladesh** context was the lack of consensus around clear advocacy goal and processes. Whilst it is recognised that at local level OPAs may have different asks according to their local context, there was no overarching message which unified them in a strong movement for change. Some respondents spoke about the National Policy on Ageing being a priority goal, others about a universal social pension, others about incremental increase of the OAA and others about micro-finance for older people. Some respondents spoke about a general need to mainstream older people's issues in to government and NGO programmes and to sensitise the public.

Going forward it will be essential to identify a main advocacy goal, which can best address income security for older people within the current Bangladesh context and link to current agendas. This would then enable better planning and channelling of resources in to the advocacy processes, which presently seem disjointed and thinly spread.

A lack of coordination and planning was apparent at various levels of the advocacy work. For example, the different levels of the National Federation did not appear to be joining up and it was commented that within the NF there is weak communication from grassroots to national level and vice versa. Furthermore the NF needs to decide upon its position with regard to membership criteria and whether organisations that are not exclusively older people's organisations can join. If they decide that the NF should remain a structure that is only for older people then they will need to ensure that they are still joining forces and working closely with wider civil society. Whilst strengthening the NF is one important element of the advocacy work it is not the only part.

At the level of broader civil society the Social Protection Working Group has made some initial steps with meetings and agreeing to commission the study on social protection systems, however it was clear from several respondents that the group currently has little ownership, focus or direction and is being held together by the leadership of HAI-BD. This was believed to be because the group was initially set up as a Cordaid initiative, and also because social protection is not very prominent on the Bangladesh development agenda, thus there is a lot of uncertainty about the purpose and direction of the group. Although the safety net study may help to get a degree of clarity about next steps for the group, it was viewed that expansion and inclusion of some of the 'bigger players' such as Save the Children would be beneficial. Rather than trying to get Cordaid partners who have little experience about social protection on board, they should identify and join forces with organisations who are already interested in social protection.

Uncertainty about the role of RIC in the advocacy processes was also an issue that surfaced. They are a well-known organisation in Bangladesh with a long history of working with older people through setting up OPA and providing micro-credit. They are also involved in the establishment of the NF, as well as being the main organisation for IDOP since it began in 2007. However it was unclear to what extent they are working with other civil society organisations in Bangladesh other than the quasi-governmental micro-finance organisation Palli Karma-Sahayak Foundation (PKSF).

Uncertainty about RIC's role is undoubtedly linked to the lack of a clear advocacy goal for older people in Bangladesh. Whichever direction the advocacy takes it will be vital to present a strong and united movement with, and for, older people. If the advocacy goal is a universal social pension or a slower incremental increase in the OAA for example, it will likely take several years for any significant change to happen. Furthermore micro-finance is a huge agenda in Bangladesh, and will therefore play a key role in both the shorter term and could complement a pension in the longer term. Thus RIC's role is crucial going forward and they will also have an important role to play in providing evidence on the impact and viability of cash injection for older people from their vast experience as micro-credit providers.

Sharpening the advocacy goal and processes will be important not only for the purpose of achieving policy change but also to be able to strategically manage resources and relationships. Advocacy processes can be very time consuming and the resources and time needed for the different processes including formation and participation in coalitions, building relationships with the media, MPs, academics and other high level key stakeholders, should not be underestimated. At the time of the evaluation, HAI-BD had not had much opportunity to explore possibilities for technical and strategic support on social protection and advocacy that could be provided by the HelpAge secretariat.

4. Conclusions and recommendations

In both Bangladesh and Tanzania the Cordaid project has facilitated significant achievements towards 'Improved social and income security for older and vulnerable people' in terms of both tangible successes against the main objective and in the advocacy processes. Tangible successes in Bangladesh were the increase in the OAA allocation from 6000 million taka (2008-2009 fiscal year) to 8910 million (2010-2011 fiscal year) and increases in the number of older people actually receiving OAA, and other benefits. In Tanzania, tangible successes have included the increase in allocation of TASAF micro-finance and livelihood support projects for older people from 6016 (2903F) in 2008 to 12,411 (5862F)²⁰ in 2010, as well as government commitment and budget allocation for a Universal Social Pension, which is a major milestone in their campaign.

In relation to advocacy processes, older people's associations and civil society were strengthened to carry out monitoring and advocacy, through processes which took different formats in each country. In **Bangladesh** OPAs formed monitoring teams to carry out monitoring and advocacy and held meetings with their local government authorities to discuss their concerns. The formation of a National Federation of older people is also underway which aims to unite and strengthen older people's groups from grassroots through to national level towards greater representation and voice in decision making. The benefits of the OPA for older people who had previously been on the fringes of society were clearly perceptible not only in terms of increasing access to benefits, but also in the sense of power and inclusion that being part of the group gave them. The International Day of Older Person's was also celebrated at district and national levels in each year of the project, gathering 4000 older people together during the 2010 celebrations.

An objective of the project in Bangladesh was to strengthen civil society for advocacy engagement by attempting to 'mainstream' older people's issues in to current debate. There was observable progress in this area through the formation of the Social Protection Working Group bringing together a variety of civil society actors outside of the ageing spectrum. Several studies were produced, including on social protection, livelihoods, urban OCM and micro-finance which have provided an evidence base and 'entry point' in to debates in Bangladesh as well as helped to inform the strategy and direction of HAI-BD. The studies, as well as active participation of HAI-BD staff and partners in the activities of existing NGO networks, coalitions and debates such as the UN MDG anti-poverty campaign, have also helped to create a space at the discussion table for ageing issues in Bangladesh.

In **Tanzania** the approach at local level was to train existing OCMG who are currently monitoring health services to broaden their scope to monitor income and credit programmes. OPA also received training and support to meet with their local authorities to discuss issues of concern and demand improved services and budget allocation. One respondent noted that there had been progress in changing the mindset of older people to see the importance of advocating for themselves and recognising their voices as a more legitimate and stronger force for change. Collaborative working relationships were also formed with some local authorities in Tanzania which appeared to be helped by an underlying supportive policy framework, namely the National Ageing Policy (NAP) enacted in 2003. The Cordaid project provided a boost to the Universal Social Pension campaign in the areas of strengthening older people and wider civil society to advocate at district and

²⁰Figures provided by TASAF, September 2010

national levels, as well as garnering media support which contributed to a breakthrough in the government finally committing to budget allocation for the Universal Social Pension.

The project prepared older people to engage with decision makers beyond the local level through training and workshops and through setting up of the Tanzania Social Protection Network. A couple of specific events stood out as significant milestones in the advocacy. The first was the lobbying during the October – November 2010 election period whereupon older people and other civil society actors across Tanzania were trained and coordinated to lobby their parliamentary candidates. The second notable event was the mass 'rally' held in Dodoma at the end of June/early July 2011 during which 56 older people representing each region of Tanzania, as well as members of the wider TSPN converged upon Dodoma during the parliamentary budgetary session. The entire Dodoma event provided a much needed pivotal breakthrough.

With regard to garnering media support, the project took an approach which sought to build collaborative relationships with serious and respected journalists. They identified one committed journalist in particular and supported him to organise a journalist's network for ageing which engaged them in a continuous process of media training, workshops and attendance at seminars. Evaluation respondents felt that the positive coverage by the journalists has had a large influence in changing terminology and language used about older people in the Tanzania media and society.

Several areas stood out as needing further reflection by HelpAge staff, partners and the older people's groups that they are closely working with. In both **Bangladesh** and **Tanzania** a notable area was in relation to reach and sustainability of the monitoring and advocacy work. Relatively speaking the breadth of the work is geographically limited and is currently constraining efforts to support a larger number of older people in terms of both service delivery and building a large enough movement to influence long-lasting policy change. Recognising that HelpAge and their current partners cannot reach scale in isolation, both countries should continue to increase their relations with broader civil society organisations to expand the breadth of support for older people.

Another area in need of further reflection was in relation to participation and power of older people in older people's groups, and between the groups and partners in both Bangladesh and Tanzania. In **Bangladesh** this was particularly apparent in relation to participation and hierarchical power structures especially through the OPA and National Federation structures in which executive committees were selected or given 'external direction' in the process of formation. HAI-BD and partners may wish to review their methodologies for OPA formation and grassroots advocacy to ensure that a rights-based participatory learning approach that puts older people at the centre of advocacy is being utilised.

In general OPF in **Tanzania** seemed more participatory and inclusive than in the Bangladesh context. In fact the OPF had become so good at collaborative working and involving various stakeholders in participatory decision making that they were observed to be in danger of compromising their independence.

A final area for reflection was in relation to coordination and focus of the project. In **Bangladesh** a significant challenge appeared to be the lack of consensus around clear advocacy goal and processes. HAI-BD may wish to reflect on the lessons from this evaluation and sharpen its advocacy strategy towards specific and clear goals in relation to income security. HAI-BD should also consolidate its relationship with the HelpAge secretariat in order to take advantage of the technical support available for advocacy on social protection.

Whilst the campaign in Tanzania has been very well coordinated, focused and clearly successful, it appeared to rely on the strong leadership and strategic guidance of a few individuals. This was apparent in relation to HAI-TZ staff, staff of the age care organisations and with local government. In the short term this is not so much a problem in itself, but could present an issue going forward in terms of scaling up to reach more older people in Tanzania. HAI-TZ may wish to evaluate the extent of its involvement in the advocacy work and reflect on how it can expand the pool of leaders and strategic thinkers.

Annexes

Annex One: Management response from HelpAge International Tanzania

RE: Management letter to the Final Evaluation of the Cordaid programme Improved social and income security for older and vulnerable people

HelpAge International Tanzania is acknowledging receipt of the draft Final Evaluation report of the Cordaid programme “Improved social and income security for older and vulnerable people”.

Generally, the report is comprehensive, analytical and has captured most of the information needed for shaping our future work in related projects and our broad advocacy strategy. We appreciate that the report is making coherent comparisons of experiences in our two countries which make it possible to learn from each other and it is very well linking the contexts of our countries with the key achievements. Worth mentioning, the challenges and recommendations identified overlay ways towards our future policy effectual engagement processes.

As part of the process, we would like to put forward the following for either clarification and or improvement:

Page 7, paragraph 5 which says; *Several areas stood out as needing further reflection by HelpAge staff, partners and the older people’s groups that they are closely working with.* Can we qualify this statement by either referencing the areas in subsequent pages or tersely highlight them on the paragraph?

Page 13: 2nd and 3rd paragraph; it is noteworthy that the report has recognized some reasons for grouping older people with other key stakeholders during group discussions including the political sensitivities and time constraints.. The fact that the project facilitated direct contact of older people with decision makers at MP/ ministers level to state their cases and the report admit this to be trickling down to community level (‘ordinary’ older people given a sense of power); It is with this understanding we believe that even in the presence of HelpAge staff would not have major impact on OP freedom to respond. So we still believe that large extent what you heard from older people represent what they wanted to say. However in future with availability of time and resources we will try to create more conducive environment for older people as you advised.

Page 13 last para: A statement that *‘Monitoring and evaluation systems for the project were incomplete and had not taken place consistently throughout the duration of the project’* need to be unpacked to enable a clear identification of the gaps and so taking forward its preceding recommendation. If possible we would like the existing monitoring and evaluation framework which was used by the project to be re-assessed to identify whether the gaps lies within the framework or it was because partners found it difficult to segregate numbers for each advocacy initiative bearing in mind that the organization is employing the one programme approach (as was also identified by the report).

Page 23, 1st and 2nd paragraph: See specific comments in the report. Moreover, the management feels that other media engagement initiatives which were employed successful by project for influencing changes could be shared for learning purpose. These include direct engagement between helpage staff and media houses eg TVs and Radio and news print. Radio stations including TBC, Radio Free Africa, and five local radios offered free sessions which were used successful to talk about older people issues.

Page 24: 3rd paragraph: has identified critical challenge about the reach and sustainability of the project. In addition to what has been suggested, HelpAge will continue investing in building capacities of partners, regional and national older people networks for their continue engagement with local councils to make sure OPF are scaled up from community to district level in all districts. Older people champions identified in all regions in the country will be facilitated to continues influencing and sensitize different stakeholders for sustainability purpose. Strengthening lobbying and engagement skills of our boundary partners including the Tanzania NGOs and Social Protection networks through our current KPMG project is also envisaged to be key in supporting the OPF as well as scaling up to reach more older people

Page 26:4th para: TANGO is a network of different organisations in Tanzania where age care organizations and organization working with childrens and disabled are also members. It is true that in the formulation of TSPN TANGO staff/leaders did not attend but the 33 organizations that attended were the members of TANGO including organizations for children, disabled and older people. However HelpAge participated and presented a paper on social pension in the meeting on social protection that was organized by TANGO. The reality is TANGO leadership were still on the conceptualization process of the social protection which was more on the definitions and generic approach on social protection, In this case for strategic reason we thought it was important to adopt double approaches, ie sharp and focused approach to take the social pension agenda forward but at the same time investing some reasonable energy to the TANGO discussion on the definitions for building long term consensus.

The Chair and the Secretary general of TPSN come for the organisations which deal with more than older people . For Example the chair is from CAVUPE (Care for vulnerable people) they deal with disabled, children, women and older people. The Secretary general is from PADI (Tanzania mission for the poor and disabled). PADI works with more than older people eg has programs for disabled, children and poor people in general irrespective of their ages. We therefore feel that we may need to edit the section that states that the leadership of TPNS is from age care organizations.

Page 27, paragraph 1: HelpAge is taking steps to make sure older people and older people's organisation are well organised and skilled to campaign for their rights. Such capacity building initiatives requires organizational needs assessment and organisational development; facilitating the formation and strengthening of older people forums in more districts; encouraging more affiliate organisation; and Strengthening the Tanzania NGO and Social protection networks including facilitating the increase of member organisations in the networks. The critical strategy for help Age that embeds all what we are doing is building a vibrant older people movement with the capacity to bring required changes

Once again, the management acknowledge added value of this report and will take forward most of the recommendation for future improvements

Smart Daniel, HelpAge Tanzania, 1st November 2011

Annex Two: Management response from HelpAge International Bangladesh

Management Response to the Final Evaluation of the Cordaid programme *Improved social and income security for older and vulnerable people*

HelpAge International Bangladesh
November 2011

It was a real challenge to implement the Cordaid project '**Improved social and income security for older people**' for HAI-BD. Besides other constraints such as NGO affairs bureau approval, legal registration, late recruitment, etc., understanding the project proposal itself was difficult. Special thanks to Cordaid and Mariet for being flexible and allowing the changes in the project activities. Many many thanks to Alice Livingstone, Policy Programme Officer of HAI London for carrying out the internal evaluation and summarizing the findings. The report nicely captured the achievements and challenges of the project though there could have been more analysis if she could manage to visit more areas.

We agree with the findings of the evaluation report though we think that more could not have been done within this time period and with a small team. More organized effort is needed for creating greater impact at National level, but lack of coordination and common understanding among the HAI-BD, affiliates and HAI London office is the key for that. As a new development actor in Bangladesh, we opened many windows of opportunity for advocacy but now we need to prioritise our work.

The OCM approach is successful in monitoring safety net services and lobbying with local government. This approach enabled older people to raise their voices and reinforced the respect in the society for them. But it doesn't have wider vision of livelihood and income security. Despite many achievements of OPAs, still it is long way to go to achieve social and income security for older people. Specific and targeted livelihood interventions are needed for older people besides safety net supports.

We couldn't address the health perspective of livelihood and income security of older people enough in this project. We introduced medical voucher for older women in Polash through BWHC but in small scale.

There is lack of initiatives for older women as well as lack of participation of older women in different activities of OPAs. Moreover, we need to have proper phasing out planning and strategy for the sustainability of the OPAs.

Capacity building of OPA remains a vital issue for advocacy and sustainability of OPAs. Finding out the synergy with national priority and making the linkage with those is also very important; more evidence base is needed.

Annex Three: List of Acronyms

APSP	Africa Platform for Social Protection
BWHC	Bangladesh Women's Health Coalition
GoB	Government of Bangladesh
GoT	Government of Tanzania
HAI-BD	HelpAge International Bangladesh
HAI-TZ	HelpAge International Tanzania
MKUKUTA	National Strategy for Growth and Reduction of Poverty (Tanzania)
MOROPEO	Morogoro Elderly People's Organisation (Tanzania)
NAP	National Ageing Policy (Tanzania)
NPA	National Policy on Ageing (Bangladesh)
OAA	Old Age Allowance (Bangladesh)
OCM	Older Citizen's Monitoring (Bangladesh)
OCMG	Older Citizen's Monitoring Group (Bangladesh)
OPA	Older People's Associations (Bangladesh)
OPMG	Older People's Monitoring Groups (Tanzania)
OPF	Older People's Forums (Tanzania)
PADI	Tanzania Mission to the Poor and Disabled
PDIM	Participatory Development Initiative of the Masses (Bangladesh)
PKSF	Palli Karma-Sahayak Foundation (Bangladesh)
RIC	Resource Integration Centre (Bangladesh)
TSPN	Tanzania Social Protection Network
WA	Widow's Allowance (Bangladesh)

Annex Four: Terms of Reference for the evaluation

FINAL EVALUATION OF CORDAID PROJECT “IMPROVED SOCIAL AND INCOME SECURITY FOR OLDER AND VULNERABLE PEOPLE”

EVALUATION OVERVIEW
<p>Project name: Improved social and income security for older and vulnerable people - Bangladesh and Tanzania components (BAN602 and TAN602)</p> <p>Evaluation period: September 2009 – July 2011</p> <p>Evaluation report release date: Late September 2011</p> <p>Type of evaluation: Final internal evaluation</p> <p>Purpose of the evaluation:</p> <ol style="list-style-type: none">1. To provide HelpAge with an assessment of the progress and impact of the project against the overall objective.2. To provide an assessment of the effectiveness of the policy engagement processes3. To compare and contrast HelpAge and partners experiences in the two countries4. To contribute to shaping future work in related programmes <p>Main project objectives: Goal: Improved social and income security for older and vulnerable people Objective: Older people actively participate in and benefit from processes to improve social and income security in Africa and Asia.</p> <p>Implementing agency and partner(s): HelpAge International and Cordaid HAI Bangladesh with RIC, PDIM, BWHC HAI Tanzania with PADI, MOREPEO, SAWATA</p> <p>Project budget: €627,000 (total project budget) of which Bangladesh €197,000 and Tanzania €111,000 Project funding sources: Cordaid (donor reference: 600/10313)</p>
OVERVIEW OF PROGRAMME
<p>The programme was a two year framework for joint work between HelpAge and Cordaid to improve social and income security for older and vulnerable people in Bangladesh, Tanzania and Uganda. (Nb. the Uganda component is being evaluated under Irish Aid UGA601).</p> <p>Programme goal: Improved social and income security for older and vulnerable people</p> <p>Programme objective: Older people actively participate in and benefit from processes to improve social and income security in Africa and Asia.</p> <p>Indicators:</p> <ol style="list-style-type: none">1. New or expanded social security schemes in Bangladesh, Tanzania and Uganda2. Increased access by older people to microfinance and other livelihood support mechanisms <p>The programme has a three part approach:</p> <p>Outcome 1. <i>Older Peoples' Associations and groups creating demand for social security</i></p>

The programme will strengthen the demands of older people and other vulnerable groups for social protection at local, regional and international levels building on the OCM approach which enables older people's groups to monitor and advocate for improvement of local government's service provision and through ADA at the national and regional level.

Outcome 2. *A strengthened civil society for policy influencing on social and income security*

The programme would increase civil society's capacity for influencing and promoting improved social protection programmes by developing and linking national and regional level platforms and coalitions which will include existing and new partners of both HelpAge and Cordaid.

Outcome 3. *Integrated approach to work/income security and role of older people's associations/groups identified and shared.*

An integrated research programme would analyse the opportunities and barriers faced by older and vulnerable people to social and income security to enhance and deepen the demands for policy changes. Additionally, analysis of existing and planned social security systems would be carried out under Output 2.

SCOPE AND FOCUS

The evaluation will focus on two areas:

1. Assess progress to date against the results in the 'Monitoring Matrix'. This will largely be completed by HelpAge Policy Programme Officer (Alice) with support from HAI Bangladesh and HAI Tanzania for information gaps:
 - Provide detailed reports on progress up to the end of year 2 of the project.
 - Complete a summary of quantitative outcomes and outputs to date.
2. Assess the progress, impact and methodology of the project, comparing and contrasting the different political contexts in the two countries. Overarching questions are:
 - To what extent has the programme contributed to increasing access of older people to improved social and income security
 - To what extent and how have partners and older people been able to engage in policy processes?
 - How effective at the national and local political levels have these engagement processes been?
 - What lessons can be learnt across the two contexts in which the programme has worked?

EVALUATION PROCESS AND METHODOLOGY

The evaluation team will consist of:

- Policy Programme Officer
- HelpAge Programme Managers in the two countries

Additional inputs will come from:

- HelpAge M & E Advisor
- Director of Programmes
- Social Protection Team in the UK

The Policy Programme Officer will:

1. Assess progress to date with a documentation review (desk study) including disaggregation of data by age, sex, ethnic group, income level where possible
2. Interview HelpAge staff and programme partners in the individual countries either in person or by telephone.
3. Arrange a series of meetings with key stakeholders within the countries selected for visits. These will include at a minimum, HelpAge staff and partners, key policy makers, older people leaders and older people.

BENEFICIARY and STAKEHOLDER PARTICIPATION
<p>As the evaluation is primarily an internal process for HelpAge to assess progress and impact of the project and feed in to planning of similar programmes the main audiences for the findings are HelpAge, Cordaid and the project partners, although it will also be posted on the intranet. In compliance with HelpAge evaluation policy the evaluation report will also be posted on HelpAge website.</p> <p>The main stakeholders of the project are: older people, older people leaders, partners, HelpAge and Cordaid staff, other Civil Society, local and national officials. Representatives of all stakeholder groups will be interviewed during the evaluation process. Interviews with older people and older people leaders will aim to include both those who have participated in OCMG and those that haven't, to better understand the benefits and challenges of OCMG. It will also aim to include a balance by gender, different old age groups, income level and ethnicities/tribal groups as well as other vulnerabilities such as disability.</p>
TIMEFRAME and DELIVERABLES
<p>June - July: Preparation (documentation review, prepare framework and questions, logistics)</p> <p>w/c 25 July: Bangladesh field visit (approx 5 days TBC)</p> <p>w/c 8 August: Tanzania field visit (approx 5 days TBC)</p> <p>August: Analysis and prepare draft report of findings</p> <p>w/c 5 Sept: Share preliminary findings with Bangladesh and Tanzania programme leaders, Cordaid and HelpAge at a side-meeting in Ethiopia. Recommendations will be developed and discussed and fed in to future programme development.</p> <p>September: Finalise full evaluation report, circulate to staff and partners and make available on HelpAge intranet and website (and Cordaid intranet if appropriate?)</p>
ROLES
<p>Policy Programme Officer:</p> <p>Literature review</p> <p>Interviews</p> <p>Analysis of findings, draft report and share findings</p> <p>Produce a final report</p> <p>Country coordinators:</p> <p>Provision of documents for literature review</p> <p>Arranging meetings with local and national officials</p> <p>Arrange FGD with OP and meetings with OP leaders including translators where appropriate</p> <p>Logistics – travel and accommodation</p> <p>Feedback on first draft and joint development of recommendations</p>
EXPECTED OUTPUTS (DELIVERABLES)
<p>Meeting to discuss initial findings (September, Ethiopia)</p> <p>Full report (HelpAge Word template) and dissemination by email to partners, HelpAge & Cordaid staff, intranet, website</p>

Annex Five: List of persons interviewed and sites visited (including maps)

Bangladesh

<p>Saturday 23rd July</p> <p>Shafiqul Islam, Dhaka Ahsania Mission (Social Protection working group member)</p>
<p>Sunday 24th July</p> <p>Abdun Rouf 75, Abdul Jalil 75, S M Allouddin 64, Md. Abu Mia 60, Mofiz Uddin 70, Lehaj Uddin 80, Md. Tota Mia 73, Fulbanu 60, Johuna Katun 70, Shwarnolota 60, Lili Akter 62, Abeda 59, Fimza Begum 60, Shatish Chandra Saha 75, Habibur Rahman 64, Nasir Uddin 66. Satani para, Pubail Union, Gazipur District (Village OPA and OCMG)</p> <p>Alhaz Sultan Uddin Ahmed, Chairman, Pubail Union Parishad and Md. Alouddin Bhuyan, Member, Pubail Union Parishad (Union Local Authority)</p> <p>Md. Sanabuddin Sandar, President, National Federation, 71yrs, Hazi Md. Rafiqul Islam, Treasurer, National Federation, 64yrs and JBR Purification, Member, National Federation, 75yrs (Executive Committee members of the National Federation of Older People)</p>
<p>Monday 25th July</p> <p>Shashwatee Biplob (Social Protection Manager, HAI-BD)</p> <p>Mojibor Rahman 72, Md. Mokbul Hossain 65, Zahir Hossain 75, Md. Alamgir 65, Ms Mariam 61, Indad Ali 61, Ms Jabunessa 65, Mahtab 65, Monibala 65, Monjum Ali 75, Zahera Khatun 60, Md. Nuruddin 62, Md. Abdun Razzak 63, Mahtab 75. South Kolkanda, Rangpur District (Village OPA and OCMG)</p>
<p>Tuesday 26th July</p> <p>Srimoti Biroja Bala 65, Azizuro Islam 65, Sebol Uddin 75, A K Fazlul Haque 61, Bosonto Kumar 71, Alimuddin 75, Bachchu Mia 70, Md. Ansiur Rahman 63, Monoara 62, Rohitunness 70, Ms Funkuni Begum 65, Ms Seleha Khatun 65, Md. Hulzan Hossain 66, Ruhul Alam Chowdhury 65, Md Amzqd Hossain 61. North Panapukur, Rangpur District (Village OPA and OCMG)</p> <p>Mr Rafiqul Islam (Vice Chairman), Faisal Ahsam (Chairman), Md. Abdun Razzak (Union OPA), Md. Nunul Hossain (health inspector), Nunun Nabi (Upazilla Chairman), Sazzadun Rahman (resident medical officer). Union Local Authority</p> <p>Md. Khefabuddin Riazee 80, Md. Tayab Uddin Sarkan 65, Md. Matroubul Haq 73, Bijoy Mohota 75, Momtaz Uddin 65, Md Aminura Rahman Shah 65, Md. Abdul Latif 63, Rezina Safir 62, Rahima 60, MD. Nunul Islam 70, Md. Jainal Abedin 62, Honendeno Nath Roy 78, Md. Saber Ali 66, Sni Nadia Chamdra 66, Md. Mojiban Rahman 65, Rehena Khatun 65, Mononra Begum 65. Betgari Union Committee (Union OPA and OCMG)</p>
<p>Wednesday 27th July</p> <p>Dave Mather, HelpAge Regional Representative South Asia</p> <p>Md. Masudul Haque and Hasina Chaklader, BWHC (implementing partner)</p> <p>Advin Barun Banerjee, PDIM (implementing partner and member of Social Protection working group)</p> <p>Mr Atul, CARITAS (member of Social Protection working group)</p>

Thursday 28th July

Nirjharinee Hasan, HAI-BD Country Director

Haseeb Khan, Director, RIC (implementing partner)

Ageing Team, RIC (implementing partner)



Map source: www.infoplease.com

Tanzania

Monday 8th August

Smart Daniel, HAI-TZ Social Protection Manager and Nec Chipufufa, HAI-TZ Country Director

Theresa Edwards Minja, Chairperson, Social Protection Network & Treasurer, Care for Vulnerable People, Ramadhani Msoka, Vice Chairperson, Social Protection Network & Coordinator of Mabroho Society for the Aged, Iskaka L Msigwa, General Secretary, Social Protection Network & Coordinator of PADI and Gerson Msigwa, Journalist, Tanzania Broadcasting Corporation.

Tuesday 9th August

Edith Nchimbi 60, Emma Ngwahi 59, Msabila S Msabila, Flavian M Kapinga 63, Fransis Mbele 60, Thobias T Kumburu 76. Songea OPMG and district SP forum members. And Theresa Minja, Ramadhani Msoka, Iskaka Msigwa, Gerson Msigwa

Mr D N Kaali, Ministry of Labour and Employment and Ansgar Africanus Mushi, Social Security Regulatory Authority

Wednesday 10th August

Samson Msemembo, Peter A Mwrite, Alice M Mwipalo, Mkende Imanuel, Peter Mshighat, Alloyce K Mayoke, Peter T Mungatta, Julieth Mungata, Viviane Samson, staff members of MOROPEO, Morogoro

Thursday 11th August

Anicetus Mramba, Planning Officer, Hamze Y Mfaume, Chairperson of Social Service Committee and Muhidin Muhondo Banzi, Deputy Chair of Council. Morogoro District Council (Rural)

John Rafaeli Waziri, Ashura R Juma, Mary F Shayo, Leonedia Mbalebire, Deodatus Abakos, Selina G Mniko, Jamila O Malinza, Maimuna A Ally, Beatrice Mogela, Gerard Kessy, Godlight Lfino, Mwinyamuva Mlowa, Godfrey Taiko, Mwanaimani Simba, Frank Rashidi, Pilli Chipite. Local councillors, ward officers, OPMG and OPF members.

Joh Alloyce, Jarvis A Simbeye and Sidina Mathias. Morogoro District Council (Urban)



Map source: www.infoplease.com

By telephone

Monday 22nd August

Ingrid van Bouwdijk, Cordaid
Fenneke Hulshoff Pol, Cordaid

Thursday 25th August
Mariet Mulders, Cordaid

Annex Six: Document review

Ahmed RU and Islam SS, *Study on People's Perception of Safety Net Programmes: A Qualitative Analysis of Social Protection in Bangladesh*, September 2011

Biplob S, *A desk study on the Social Protection Situation in Bangladesh*, March 2010

Erb S, *A study on older people's livelihoods in Bangladesh*, January 2011

Erb S, *A study on older people's livelihoods in Tanzania*, January 2011

HelpAge International and Resource Integration Centre (RIC), *Older Citizens Monitoring: The Experience of Bangladesh*, April 2007

HelpAge International, *First annual report on the project 'Improved social and income security for older and vulnerable people in Bangladesh, Tanzania and Uganda'*, October 2010

HelpAge International, *Update report for the period September 2010 – Jan 2011 on the project 'Improved social and income security for older and vulnerable people in Bangladesh, Tanzania and Uganda'*, March 2011

HelpAge International, *Report and request for no-cost extension to December 2011 of the project 'Improved social and income security for older and vulnerable people in Bangladesh, Tanzania and Uganda'*, June 2011

HelpAge International, *Older People's Associations – Thematic Learning Review*, January 2011

Ministry of Labour, Employment and Youth Development, Tanzania and HelpAge International, Tanzania, *Achieving income security in old age for all Tanzanians: a study into the feasibility of a universal social pension*, May 2010.

Ministry of Labour, Youth Development and Sport, Tanzania *National Ageing Policy*, September 2003

Annex Seven: Semi-structured interview guide

	HelpAge staff	Partners	Other CSO (e.g. national platform)	Older people/leaders	Local & national gov
Could you please give us an overview of the CordAid project?	•	•			
How have you been involved in the project?	•	•			
What have been the main achievements of the project?	•	•			
What have been the challenges?	•	•			
How are the key stakeholders working together?	•	•			
What is being done to ensure the sustainability of the project/OPF/OPMGs?	•	•		•	
What support do you get from HelpAge/Cordaid?		•	•	•	
What are the main issues affecting OP in this area?	•	•	•	•	•
Since 2009 are there any new laws or policies, or changes to laws and policies which have affected older people? Specifically, have there been any changes to systems which would improve social and income security for OP?	•	•		•	•
How have OP lives/your life changed in the last two years?	•	•		•	
What has made the most difference?	•	•		•	
What do you do in the OPMG?				•	
How are the OPMG teams selected?				•	
What opportunities have the group had to advocate for OP? [Including IDOP/ADA?]				•	
What were the advocacy messages? [How was the OCM data used to support these messages?]	•	•	•	•	•
Who meets with local gov and how are they selected?				•	
What are the main achievements of the OCM work, what are the challenges?	•			•	
Have some OPMG been more successful than others? Why is this?	•	•			
How have HelpAge/partners affected your view of issues affecting older people?					•
Which government ministries/agencies are you working with at the national level? How are they involved in policy dialogue?	•	•	•	•	•
What is the role of the national platform in policy influencing? How does it link with the District level platforms?	•	•	•		•
What are the key processes which you have been involved in at the national level? What did you do? What were the results?	•	•	•		

To what extent has the national platform linked to the regional platform? What are the achievements/challenges?					•
Is it easy or difficult to get OP issues in to the media – what difference do you think the media coverage makes to the advocacy? What are the future plans for media work?	•	•	•		•