

Final Evaluation and Impact
Assessment

Building Community Organisations
to Reduce Poverty and Vulnerability
Amongst Older People and their
Families in Myanmar

20 villages in Ayerrawady and Mandalay
Divisions of Myanmar

Submitted by
Samantha Chattaraj, Independent Consultant.
March-April 2012.

TABLE OF CONTENTS

EXECUTIVE SUMMARY	3
INTRODUCTION TO THE PROJECT	7
Stakeholders and implementation arrangement.....	8
THE DESIGN AND SCOPE	9
Methodology.....	10
Sampling.....	11
Limitations	11
Structure	11
FINDINGS.....	13
Relevance	13
Effectiveness	15
Efficiency	19
Sustainability	21
Beneficiary participation	22
Monitoring and Evaluation	23
IMPACT	25
Capacity building of national NSA partner	25
Establishing 20 OPSHG.....	27
Livelihoods for older people and their families	32
Health and home care.....	36
DRR.....	37
Comparison with non project villages.....	38
LESSONS LEARNED AND RECOMMENDATIONS	41
CONCLUSION.....	46

EXECUTIVE SUMMARY

The number of older people in Myanmar is rising steadily, and socio economic changes are placing a great amount of stress on the traditional arrangement that ensured family support for older people. As per UNICEF, Myanmar needs a viable approach to respond to the changing trends in its society so that even if family support is not available, older people have access to resources to live a dignified life. Therefore, there is a need to create an enabling environment for those older people who are productive and a supportive environment for those who are dependant. The project Building Community Organisations to Reduce Poverty and Vulnerability Amongst Older People and Their Families (CORP) provided a model for self sufficiency and social protection of older people through community-based Self Help Groups led by older persons. Thus, for the first time ever, older people in Myanmar were engaged for their own development and well being through community based groups called Older People Self Help Groups (OPSHG). The 20 OPSHGs set up by this project are the first of its kind in Myanmar. The project villages are located in two townships in Aerrawaddy division: Kyait Lat (10 villages) and Pathein (7 villages);¹ and one township in Mandalay division: Pynoo Lwin (3 villages). By setting up OPSHGs as a participatory and sustainable implementation mechanism, the project focused on key areas around older people's lives such as livelihoods, health care, home care and Disaster Risk Reduction (DRR). The project sought to build national partner's capacity (NYMCA) and advocate the OPSHG model with government and other stakeholders including the NGO/INGO community in Myanmar.

The three year project started in March 2009 and its **overall objective** was to reduce poverty in rural Myanmar through establishment of community-based organisations – Self Help Groups. Its **specific objective** was that community-based Self Help Groups, supported by national Non State Actor, have the capacity to lead activities that strengthen livelihoods and reduce vulnerability among older people and their families in 20 communities in Myanmar. The project had six components: (1) building the capacity of NSA partner NYMCA on working with older people (2) establishing 20 OPSHGs, (3) livelihoods, (4) health care, (5) home care and (6) DRR. At the end of the project in February 2012, a final evaluation and impact assessment was carried out. The methodology for the evaluation and impact assessment was primarily participatory and qualitative. While the purpose of the review was to assess the performance of the project in meeting its objectives and expected outcomes, a substantial amount of work also went into capturing the impact of the project on the targeted communities and stakeholders.

The major achievements of this project are:

- (1) It has established 20 fully functional OPSHGs with over 900 members with a combined development fund of 24,739,748 Kyait (approximately 30,000 USD);
- (2) It has provided livelihood support to 352 OPSHG members and subsequent loans to 435 OPSHG and community members;
- (3) It has provided health care to close to 10,000 OPSHG and other community members;
- (4) It has trained 202 home care volunteers for giving care to 214 house bound older people;
- (5) It has set up DRR action plans and early warning system in 20 OPSHG villages.

¹ Note: during the project period Pathein was divided into two townships; and so now there are 3 project villages in the newly formed Kanjidaunt township.

RELEVANCE: This project came at a significant juncture when Myanmar was going through a transformation prompted by cyclone Nargis in May 2008 that led to a massive humanitarian crisis. That was also the phase when the call for a stronger civil society came from various parties within and outside Myanmar as demonstrated by various press reports. Thus, the project approach of establishing 20 OPSHGs to implement the project activities through a participatory way was highly relevant as it was in line with the way sustainable development at the grassroots should be. Additionally, the community based approach of this project fitted well with the general community dynamics where traditionally community members mobilize and share their resources for religious activities. The livelihood support had an especially high relevance as it provided an opportunity to older people to reduce their dependence on their families and become self reliant. Having lost their livelihoods, and with no assistance from other agencies, the livelihood programme in Kyait Lat had the most relevance to older people and their families who could recover their livelihoods due to this project Furthermore, having a Mobile Medical Unit (MMU) to extend appropriate health care to the older people and their families had high relevance, more so because there was no provision for such services otherwise. The relevance of the DRR activities is the highest in the Cyclone Nargis affected Kyait Lat villages as its acceptance was the most there because of the recent experience, and the lowest in Pynoo Lwin, where there is no record of any disaster in the recent past.

EFFECTIVENESS: The team, at least the front liners (CDOs), has been a solid foundation for taking the project activities forward. HelpAge invested adequate time and resources in training and coaching the team on OPSHGs and community bases development; which assisted them to gain a good grasp of the project activities and internalize the concept of OPSHG. Therefore, the project team was quite effective in achieving their targets and meeting their annual/monthly work plans. The partnership arrangement between HelpAge and NYMCA was very effective in assistance with paperwork, permits and authorizations. NYMCA General Secretary's expectation from this project was to "be able to have the capacity to implement projects as per international standards." However, at the end of the project the NYMCA feels this expectation was not met and communication gaps were cited as one of the major challenges of the partnership. The 6 OPSHGs visited during this review met all the criteria of a well functioning OPSHG as they are equipped with rules and regulations, active elected leaders, regular meetings, records, funds, annual plans and linkages with village leaders/government. The livelihood programme in Kyait Lat was most effective as it assisted the beneficiaries in restoring their livelihoods post cyclone Nargis, which otherwise was not possible as older people were largely excluded from recovery projects. In all three townships, the livelihood assistance provided opportunities to many older persons to switch to more age friendly livelihoods (livestock and small businesses) or to have an allied income. The Mobile Medical Unit was designed after a need assessment that identified the kind of medicines and treatment older people needed; and so was effective in meeting the common ailments of older people. Home care as a part of the overall OPSHG programme was also effective as it implied appropriate support/care given to those older people who are frail and house bound and cannot take advantage of the other activities such as livelihoods. The DRR activities are more effective in Kyait Lat, the villages that were severely affected by Cyclone Nargis than in Pathein and Pynoo Lwin. In Kyait Lat, the OPSHG members could clearly explain their course of action after early warning (through radios) is received as opposed to the other townships where OPSHGs members did not have clarity on evacuation and preparedness.

SUSTAINABILITY: Sustainability was assessed through a participatory approach where OPSHGs were asked to rate the various project activities in terms of high, moderate or low sustainability. As per the participating OPSHG members, the OPSHGs have high sustainability as they are resourced with their membership, funds, annual plans, sub committees and linkages with village authorities (along with recognition from the government) which should continue to function even after the project period. The OPSHG members further feel that the loan (micro credit) system, has ensured the sustainability of the livelihood interventions since the OPSHG members and other community members will continue to access it even in the future. However, the sustainability of the livelihood technical skills gained by the first round of beneficiaries from the trainings they attended is low as there is no system in place to refresh or provide coaching on those skills. The OPSHG members feel that even though the health care activities were the highest rated for relevance and impact, they have the lowest rate for sustainability as none of the OPSHGs know how they will access outreach health care and health education after the project

period. The OPSHG members feel that the community based home care system has a moderate chance of sustaining as even though most of the home care volunteers have the right spirit and skills to provide care to the frail and housebound older people, there is a threat that if a volunteer moves away from the village or gets busy with their lives, then a new recruit may not have adequate skill as there are no trainings available for them. The OPSHG members feel that DRR skills have moderate chance of sustaining. The early warning through the radio and public address system is easy to follow and implement at any emergency. However, the details of preparedness and evacuation may need ongoing practice/drill, in the absence of which these skills will be forgotten.

IMPACT: A core national team including front liners, management staff, support staff, with a good understanding of the “culture” of HelpAge has been established as a direct impact of this project. Partner agency NYMCA has better exposure and understanding of OPSHG and ageing in general and as a result of the cooperation in the project, a strong partnership has evolved with the Department of Social Welfare. The livelihood interventions assisted the older people and their families to improve the quality of their lives with increased access to loans and livelihood skills. According to most beneficiaries’, livelihood interventions improved their quality of life and self sufficiency through easy access to loans, improved knowledge from livelihood trainings, the ability to pay off existing debts. The Mobile Medical Unit every month assisted the older people to regain their health to quite an extent. Many older people said that even though they do not feel 100%, they still feel energetic enough to work on their farms and carry out other household chores. The OPSHG members in Patheingyi and Kyaukse mentioned a steady improvement in their health ever since MMU started as they feel more “energetic” and “happier.” The home care system for frail and housebound older persons have a high impact on the beneficiaries’ lives, as for the first time these people have a systematic and specialized support (such as physiotherapy, counseling, personal hygiene maintenance) from volunteers. Therefore, their needs for counseling, personal care, companionship and other support are being met. The impact of DRR is the most in the cyclone Nargis affected villages where people value preparedness to reduce disaster the most. Older people interviewed in the Nargis affected villages mentioned that they are now more prepared for emergencies as they can receive early warning now (as opposed to earlier when there was no such system), are aware of the items to pack such as dry food and important documents; and have a place for shelter from emergencies. However, in the other villages older people said that they will be able to make use of the DRR skills for fire incidents as those are common in their villages.

RECOMMENDATIONS

1. HelpAge International is growing fast in Myanmar as now they have new projects (supported by LIFT and KOICA) in new areas and so new staff members get recruited often. To give the new members a strong orientation and to get them started at the earliest, it is imperative that HelpAge country office develops a detailed induction programme. Senior staff members or those who have worked with HelpAge for a long time can be resource persons for various aspects of the induction training.
2. HelpAge International in Myanmar should retain the core team (especially the front liners) from CORP as experts on OPSHG who can also double up as field based resource persons for various training programmes.
3. There is a need to focus on building an effective and realistic partnership with NYMCA so that HelpAge can benefit from NYMCA's vast network of staff and volunteers across the nation; and the build on the history of their collaboration. NYMCA mentioned they would like to provide a face lift to the National Home Care Committee by changing it to a committee on ageing, so that it can start working in a more dynamic way on ageing issues. However this process will take time as it needs to be approved by NYMCA general body. It is recommended that once NYMCA makes this change, efforts are made to start small pilot projects on OPSHGs.
4. Linkage with protection cluster/working group should be reestablished as HelpAge is the focal agency on ageing in Myanmar protection cluster; and OPSHGs can be very effective community based mechanism for protection

5. To provide technical training to DSW staff and volunteers, HelpAge should develop a work plan with concrete objectives and activities each year to make the collaboration with DSW more structured. It was reported by HelpAge that DSW approached them to assist with the curriculum for a training school run by DSW.
6. Health care is definitely one of the primary needs of older people as it affects their livelihoods, independence and dignity. Given the weak sustainability of MMU, HelpAge should think about a strategic collaboration with DoH on extending outreach health care to older people in a sustainable way. Additionally in the 20 project villages, DoH programme can be activated and linked with OPSHG.
7. Based on the individual record and performance of each OPSHG, a monitoring and coaching plan should be made to gradually phase out from the project villages. A list of indicators on how an OPSHG's performance should be assessed for phasing out should be agreed on at the beginning between HelpAge and OPSHG so that there is a common understanding of this activity.
8. In future interventions with new OPSHGs, activities on gender empowerment should be included so that older women get a platform for specific gender related capacity building. HelpAge can consult agencies such as the members of the gender working group who are the leading actors on gender issues in Myanmar, and then incorporate appropriate activities in the overall OPSHG work so that gender is mainstreamed well in the OPSHG model.
9. HelpAge should invest time and resources in customizing the existing DRR model by Action Aid into an age friendly plan, and then not only implement that in its project villages, but also advocate for it in various platforms.
10. It is suggested that HelpAge invests in developing a full fledged training programme so that it can provide periodic trainings on OPSHGs to various interested agencies. The training programme can include a training module and exposure visits to established OPSHGs. The OPSHG members can become resource persons too, along with HelpAge staff.

INTRODUCTION TO THE PROJECT

The population of Myanmar is ageing fast and this demographic trend will remain one of the dominant changes that Myanmar will experience over the first half of the 21st century. With a predicted increase in older people's population up to 21% of the total population by 2050, an increasing proportion of the older people in Myanmar are found in the oldest of the old age groups (over 80 years), and an increasing proportion of the aged are females, thus increasing old age dependency ratios. With their needs presumed to have been met by the extended household, the older poor historically have been largely invisible to the government and Non Government Organisations (NGOs). Thus, with the growing older population and changes in society older people are at a greater risk of poverty and marginalization. Various need assessments by HelpAge International and other agencies (such as UNFPA) called for community based engagement with the older people of Myanmar as the need for a viable approach to respond to these trends in society was felt. The project **Building Community Organisations to Reduce Poverty and Vulnerability Amongst Older People and their Families (CORP)** envisioned addressing the issues of older people in Myanmar through a model of community based Self Help Groups led by older persons. In the past, this model has been implemented successfully by HelpAge in many countries of South East Asia (Cambodia, Vietnam, Indonesia, Thailand and the Philippines) and had a strong potential of success in Myanmar too as the cultural settings in Myanmar are similar to other countries in the region.

Thus, for the first time ever, 900 older people in Myanmar were engaged through community based groups called Older People Self Help Groups in 20 villages. The 20 OPSHG's set up by this project are the first of its kind in Myanmar. The project villages are located in two townships in Aerrawaddy division: Kyait Lat (10 villages) and Pathein (7 villages);² and one township in Mandalay division: Pynoo Lwin (3 villages). By setting up OPSHG's as a participatory and sustainable implementation mechanism, the project focused on other key areas such as livelihoods, health care, home care and Disaster Risk Reduction (DRR) for older people and their families. The project sought to build partners capacity (NYMCA) and advocate the OPSHG model with government and other stakeholders including the NGO/INGO community.

The project addressed six specific problems:

- (1) The capacity of civil society in Myanmar is weak due to Government control over this sector. While there is a framework for legal registration of NGOs, there is a continued practice of negating the role these organisations play in society.
- (2) Older people and their households struggle with low incomes. The rural elderly need to remain economically active (70% are agricultural workers) with greater numbers of younger people abandoning agriculture for wage work elsewhere.
- (3) Local health care is inadequate and does not take into account the special needs of older people. HAI's research in the cyclone-affected area noted that 74% of older people expressed the need for improved health care services. In addition, few of the older people in the target communities have knowledge of nutrition, self care, and existing health services and benefits.
- (4) Frail older people do not have access to quality caregiving and support in their communities. As younger people migrate, there will be fewer resources for older people in their old age to help them carry out daily living activities, and the potential for neglect will increase.

² Note: during the project period Pathein was divided into two townships; and so now there are 3 project villages in the newly formed Kanjidaunt township.

(5) As Cyclone Nargis highlighted, many communities are not prepared for natural disasters, placing vulnerable groups (children and older people) at greater risk.

(6) Despite these challenges of an ageing population, Myanmar lacks a policy on ageing and innovative and replicable approaches for addressing ageing issues. Although a national Policy on Ageing will not be a direct result of this project, its activities will contribute to its conception.

The project's **overall objective** was to reduce poverty in rural Myanmar through establishment of community-based organisations – Self Help Groups. Its **specific objective** was that community-based Self Help Groups, supported by national Non State Actor, have the capacity to lead activities that strengthen livelihoods and reduce vulnerability among older people and their families in 20 communities in Myanmar. The project has the following 6 results and related outputs and activities to achieve those results:

Result 1: National NSA partner with increased capacity to build sustainable community-based groups in poor communities

Result 2: 20 Self Help Groups led by older people established and strengthened to address the needs of poor older people and their families.

Result 3: Productive and diversified livelihoods for marginalised older people and their families in 20 communities.

Result 4: Improved health awareness among older people and their families in 20 communities and increased capacity of 75 health practitioners (village and township level) to deliver primary health care services to older people.

Result 5: More supportive community-based care for 200 frail and vulnerable older people.

Result 6: Reduced vulnerability to natural disasters in 20 communities (community disaster risk reduction mapping and planning).

STAKEHOLDERS AND IMPLEMENTATION ARRANGEMENT

The key stakeholder at the community level was the Older People Self Help Groups. The OPSHGs organised the older people in the project villages and carried out the planned development activities by selecting beneficiaries, mobilizing communities for their participation and monitoring activities.

At the organizational level, the key stakeholder was National YMCA (NYMCA). The YMCA has been in operation in Myanmar for the past 114 years. Their regular activities as part of 'community development', include; children's education; health care services including prevention and education programmes on HIV and AIDS; micro finance activities (without interest) including loans for older people; water and sanitation; and home care for frail and vulnerable older people. YMCA successfully implemented project activities in State/Divisions under the previous ASEAN-funded HelpAge Korea Home Care project; and thus had a long standing partnership with HelpAge. Although, originally NYMCA, as the main implementing partner was planned to lead the project activities, this arrangement was changed later (in the first two months of the project). HelpAge reported that "during the process of partners' fitness assessment in delivering a project such as this, HelpAge felt the need to lead the project activities, with support from YMCA³." This arrangement was agreed upon by both HelpAge and NYMCA following which a formal agreement was signed between both the organisations, and a letter was sent to the EU Bangkok office on 20 February 2009. Therefore, as per the revised arrangement HelpAge implemented the project with logistical support from NYMCA on issues such as required authorization from the government, village identification and rapport building with relevant authorities, recruitment of project staff, guidance with local socio-political context,

³ CORP annual report year 2 as submitted to EC.

and linkages with other local agencies. The General Secretary of NYMCA was the honorary joint director for the project, and HelpAge country team worked in close collaboration with him especially for logistical support relating to the project. Formally, the General Secretary of NYMCA allocated 5 days in a month for project coordination and was supposed to attend the monthly coordination meeting. However due to preoccupation with other commitments and time constraints both components were not always met.

At the field level, there are the YMCA local chapters in Pathein and Pynoo Lwin. The General Secretaries of both places were involved in the project through planning and monitoring activities as well as by providing guidance on paperwork and for coordination with the government, and received training as and when they were available to attend. In both Pathein and Pyn oo Lwin, a field assistant from the YMCA volunteers' network was inducted with the HelpAge team for hands on capacity building on OPSHG.

Another key stakeholder of the project was the Department of Social Welfare, which is the line department for HelpAge International's country office. The DSW has been aware of HelpAge's OPSHG model prior to the project as the key staff members of the department attended HelpAge's Regional Conference in Bali, Indonesia in 2008 and visited the OPSHG (known as OPAs in Indonesia) in Banda Aceh. Thus, the DSW was very open to having the OPSHG model implemented in Myanmar as well. The DSW provided all the authorizations, and supported the project by participating in various project events and by promoting the OPSHG model through its network of offices across the country.

THE DESIGN AND SCOPE

According to the Terms of Reference, the purpose of the external evaluation was to assess the extent to which the project met its planned objectives, targets and outputs in relation to the project design. It was also intended to assess if the project was implemented in an effective and efficient manner by all parties involved. As part of this, through impact evaluation methodologies, the external evaluation assessed the impact on target older people and their communities – specifically, changes in partner's capacity, changes in capacity of community-based groups, and changes in livelihood capacity of the beneficiaries; along with basic understanding of the impact on health, home care and DRR. The evaluation is expected to highlight: community and partner experiences, lessons learnt, successes and challenges, strengths and weaknesses, and whether the project activities achieved medium and long term sustainability. The external evaluation is also expected to provide HelpAge with an assessment of the performance of its staff and partners in the implementation and management of the project and make recommendation for improvement/changes to guide future project implementation.

The objectives of this evaluation are:

- To assess the project design, particularly its objectives, scope, approaches and implementation processes, to see if it was appropriate for the project's intended outcomes;
- To assess project components with a view to ascertain their effectiveness, efficiency, relevance and sustainability.
- To understand whether the program made significant difference in the lives of older people in project villages, older people in non-project villages will also be interviewed as part of the process of assessing impact.
- To assess the extent and depth of project impact (especially on partner capacity, community-based groups' capacity and participation, health and home care, livelihoods capacity, DRR, impact on older people's lives/well being, local/national policy for older persons) based on impact evaluation techniques
- To understand whether the program made significant difference in the lives of older people in project villages, older people in non-project villages will also be interviewed as part of the process of assessing impact.
- To assess the extent of beneficiary involvement in project implementation, including community participation in decision making, and the effectiveness of community targeting of project components;

- To assess the collaboration with partners including their role, capacity, management of the project, the strengths and weaknesses for both HelpAge and YMCA
- To review monitoring and evaluation techniques used for their relevance and accuracy and to provide recommendations for improvement
- To assess the financial management of the project, the project's cost effectiveness, and its transparency in sharing financial information with the community and the partners.
- To formulate appropriate recommendations for future project implementation and monitoring and evaluation

METHODOLOGY

The methodology for the evaluation and impact assessment was primarily participatory and qualitative. While the purpose of the review was to assess the performance of the project in meeting its objectives and expected outcomes, emphasis was also given to capturing the impact of the project on the targeted communities and stakeholders. Thus, a few participatory tools were used to ensure that the targeted communities thoughts and opinions were brought out through interesting approaches.

At the end of the evaluation/impact assessment, 6 project and 3 non project villages were visited and 21 FGD/GD were conducted with close to 300 people. In total, 24 case studies (12 on livelihoods and 12 on health/home care) were held. Additionally 12 individual interviews (including YMCA local offices, DSW and Kyait Lat township authority) and 2 group discussions (CORP project team and NYCMA board) were also conducted. Finally, 3 meetings were held in Yangon with The Leprosy Mission International, Department of Social Welfare and Department of Health

The key tools used are explained below

Table 1: Key tools used for review

Group	Tools used	Description
OPSHG committee	Social Capital analysis and annual plan analysis	As per the World Bank definition of social capital there are five components: groups and networks, trust and solidarity, collective action and cooperation, social cohesion and inclusion. Therefore, questions pertinent to each of this component were asked to OPSHGs and their inputs were analysed to see how the OPSHGs match the social capital criteria. The annual plan analysis implied scrutinizing the annual plan of last year and this year for each OPSHG to understand how they plan, implement and monitor their activities.
OPSHG members	Relevance/Efficiency/Sustainability ranking and trend analysis	OPSHG members were asked to rank the project activities as per their relevance, efficiency and sustainability and then discussions were held around the ranking.
Livelihood beneficiaries	Best picture – worst picture analysis	Each livelihood beneficiary interviewed was asked what the worst phase of their livelihoods was, how the project helped in overcoming that phase, and how the project inputs will help in their achieving their dreams or the best phase of their livelihoods.

Home and health care beneficiaries	Critical stories of change	Each beneficiary interviewed was asked to narrate their experience in retrospective so that the changes brought about the project can be captured through a story like narration.
CORP project team (including partner agency NYMCA)	Mid Term Review update, quality graph and McKinsey capacity building framework	Group discussions were held with CORP project team to apply the tools. Quality graph implied the trends of the project in terms of coordination, reporting etc. and McKinsey framework was used to assess various aspects of team's performance.

SAMPLING

Random selection was made of 25% villages by numbering each village and then drawing the names of 3 villages from Kyait Lat, 2 villages from Pathein/Kanjidaunt and 1 village from Pynoo Lwin through lottery. In this, sample was taken in such a manner that each and every unit of the population has an equal and positive chance of being selected. In this way, it was ensured that the sample would truly represent the overall population. However, the HelpAge project team in Myanmar mentioned that the first list of selected villages would have provided a lop sided picture of the OPSHG as none of the stronger OPSHGs were listed. Therefore, two villages were replaced to ensure OPSHGs at all levels (strong, medium and weak) were present in the sample. The finally selected villages are Ka Lat Yat , Ma U Kone O and Mi Chaung Chang from Kyait Lat township; Asu Gyi from Kangidaunt township; Wah Taw Ji from Pathein township; and Baw from Pynoo Lwin township.

In each of the three project townships, one non project village was selected to conduct the comparative analysis. These villages are selected by HelpAge country team as it is difficult to get permission to visit non project villages from the authorities. So, HelpAge has selected 3 villages where it was easier to get permission for visits relating to this evaluation. The 3 non project villages are Nga Pi Chaung village in Kyait Lat, Anak Su village in Pathein and Phah Thin village in Pynoo Lwin.

LIMITATIONS

This evaluation has sought to bring together many different pieces of information to capture the impact of the project interventions. Participatory tools and case studies collected as primary data in 6 villages are woven in this picture. But by its very nature, it does not have the support of 'quantifiables', of an end line survey. Therefore, many aspects of this picture merit a broader study by looking at the other project villages, which could not be done as it was beyond the scope of this evaluation. Additionally, although HelpAge provided an excellent translator, language barriers at times led to limited participation from the older people, especially in Pathein where Karen is spoken.

STRUCTURE

This report is divided into five sections:

- (1) Introduction to the project:** In this section, the programme background is presented to provide an overview of the project. This section mentions the problems addressed by the project, the overall and specific objectives, the expected results, partners and key stakeholders and the implementation arrangements with the partner.

- (2) **The design and scope:** In this section, the purpose and the methodology of the review are explained along with the limitation and the structure of the report.
- (3) **Findings and conclusions:** In this section, the relevance of the project components and the efficiency, effectiveness and sustainability of the project activities are presented. Relevance demonstrates how the project design, component and the approach matched the needs of the people. Efficiency explores the cost effectiveness of the activities along with the way the project has been implemented. Effectiveness implies whether or not the project met its indicators and objectives. Additionally, beneficiaries' participation and the monitoring & evaluation system are also discussed.
- (4) **Impact:** In this section, the impact of the project is presented based on the theory of change focusing on all six components of the project. This section is the heart of the project as it explores the benefits of the project as well as the changes the project brought to the lives of the target groups. It also provides a comparative analysis with non project villages to gain a perspective of the difference the project has made on the target villages.
- (5) **Lessons learned and recommendations:** In this section, based on the findings and conclusions, and the impact of the project, the evaluator will provide her inputs on the lessons learned based and recommendations for future initiatives for HelpAge International in Myanmar.
- (6) **Conclusion:** The consultant makes conclusion on the way forward for HelpAge.

FINDINGS

Ranked at 149 in the Human Development Index and with a multi dimensional poverty index of 0.154⁴ Myanmar is one of the poorest countries in the world. The lack of adequate policies and practices to bring the country out of the cycle of poverty (unemployment, lack of access to resources and facilities) makes the situation even more challenging. Therefore a community based project for reducing poverty has a definite relevance, implying if the activities are carried out well, the effectiveness, efficiency, sustainability and impact will be high as well. This project contributes to poverty alleviation by supporting “action oriented” and “participatory” community based initiatives for sustainable livelihoods and other social welfare led by Older People Self Help Groups (OPSHGs). .

As discussed in section 1, this project has six components; (1) capacity building of national NSA partner, (2) establishing 20 OPSHGs, (3) livelihoods support to vulnerable older people; (4) health care and (5) home care and (6) Disaster Risk Reduction. This evaluation indicates that each component has its own relevance, efficiency, effectiveness and levels of sustainability.

RELEVANCE

Relevance: *Whether the design of the project was originally, and still is, targeting the real needs and problems of the right beneficiaries.*

Capacity building of national NSA partner: Prior to cyclone Nargis in 2008, the role of civil society in Myanmar was limited to only a dozen international NGOs and some U.N. agencies carrying out programs since the mid-1990s. These agencies focused on providing safe drinking water and sanitation, supporting access to education and health care, starting community based development projects and micro-loans, and confronting the HIV/AIDS crisis.⁵ “Cyclone Nargis was a turning point for Myanmar’s nascent civil society movement, and international experts say since then the foundations are in place for further growth for humanitarian as well as development work in Myanmar.”⁶ This project came at a significant juncture when Myanmar was going through a transformation prompted by cyclone Nargis that led to a massive humanitarian crisis. That phase also called for a stronger civil society came from various parties within and outside Myanmar as demonstrated by various press reports. This project started in March 2009, less than a year after cyclone Nargis, when Myanmar was more open to INGOs working with local NGOs for their capacity building in designing and implementing various development and humanitarian projects. The local partner, NYMCA also expressed that its expectation from the project was to build its capacity so that it could implement projects as per various “international standards and donor requirements”⁷. Therefore, the timing of this project as well as its collaboration with a local partner were highly relevant to address the contextual gaps.

Being a community development project for poverty reduction, this project had definite relevance in the project area. The project has been especially relevant in the Ayerrawady delta (10 project villages in Kyait Lat) where cyclone Nargis had a devastating effect. Kyait Lat was among the most severely affected communities⁸ as it suffered from a significant loss of both human lives and productive assets and shelters, Furthermore, in 2009 the Inter Agency Standing Committee (IASC), Myanmar database showed that 30% of orphans and vulnerable children in Kyait Lat were under the direct care of older people and a post Nargis HelpAge study indicated that

⁴ <http://hdrstats.undp.org/en/countries/profiles/MMR.html>

⁵ Myanmar. The role of civil society. 6 December 2001. International Crisis Group.

⁶ <http://www.mmtimes.com/2011/news/560/news56012.html>

⁷ NYMCA General Secretary

⁸ FAO June 2008 Agriculture Assessment, PONREPP, p. 23.

37% older people went to bed hungry because of the need to share food with family.⁹ The same study concluded that older people were largely excluded from recovery projects as they were assumed to be covered by their families. Therefore, this project even though designed to be a development project, assumed the role of a recovery project as well, and being older people centric filled a huge gap in the overall recovery initiatives in Kyait Lat. Thus, NYMCA, the national NSA partner, which previously worked alongside HelpAge in the emergency response programme, also got an opportunity to go beyond the response phase and build its capacity in recovery initiatives with older people in the focus. It also got the opportunity to become one of the few NGOs in Myanmar to be working with the OPSHG model for the first time ever in the country.

Establishing 20 OPSHGs: To sustain community based development, it is imperative to empower the communities and this requires “introducing democratic organisational structures into community development work and encouraging creative and independent thinking.”¹⁰ Thus, the project approach of establishing 20 OPSHGs to implement the project activities through a participatory way is highly relevant as it is in line with the way sustainable development at the grassroots should be. Additionally, what worked in favour of this approach was that traditionally older people in Myanmar have an inclination to work together for religious purposes (Buddhist Pagoda for the Buddhist communities and Church network for Karen communities) so the community based approach of this project fitted well with the general community dynamics. Therefore, this project was relevant in tapping the potential for community based work by the older people who have been collaborating with each other for religious events. At the end of the project, the relevance for this approach remains since OPSHGs will continue to implement various project activities and will be the agents for community development through their annual plans.

Livelihood support to older people: The baseline survey clearly showed that older people work despite their age as a high proportion of them said they are responsible for their own food: Kyait Lat (42%), Pathein (25 %) and Pynoo Lwin (22%). Furthermore, lack of access to loans and age appropriate livelihood opportunities gave very little scope to older people to have feasible options for livelihoods. Therefore, this project is very relevant in providing appropriate livelihood opportunities to 352 older people, which otherwise was not available to them. Since a majority of older people are landless labourers, with declining health their capacity to work in the farms was also diminishing. Besides, lack of loans (meaning inability to purchase fertilizer and seeds) and absence of opportunities to have an allied or an alternative livelihood also restrict the lives of the older people. Therefore, interventions that provided these options meet a critical need. This project component has an especially high relevance in Kyait Lat, a place that was severely affected by cyclone Nargis. Having lost their livelihoods, and with no assistance from other agencies, the livelihood programme in Kyait Lat had the most relevance to older people and their families who could recover their livelihoods due to this project.

Health care: In the baseline survey, health care was rated as one of the top priorities for older people. Therefore, having a Mobile Medical Unit to extend appropriate health care to the older people and their families has high relevance, more so because there is no provision for such services and it assisted older people in regaining strength and vitality to carry on with their livelihoods.

Home care: House bound older persons are dependent on their children/families for home based care. Naturally, most of the house bound older persons do not get specialized care, and so to implement a model of simple community based home care has high relevance as it filled a gap by using communities own resources.

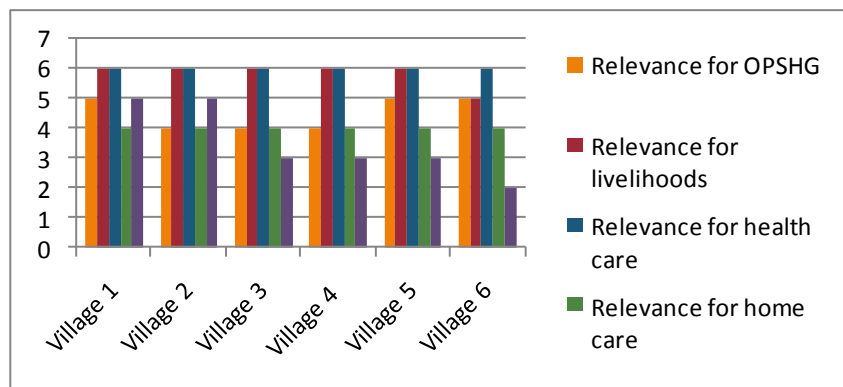
Disaster Risk Reduction: The DRR activities such as awareness generation, IEC materials and resourcing the OPSHGs with equipments for early warning and basic survival are relevant as older people are vulnerable to disasters. These activities have been relevant for the whole community as a whole since early warning reaches everyone in the villages. However, the relevancy of these activities were the highest in the Cyclone Nargis affected villages in Kyait Lat, and the lowest in the villages Pynoo Lwin. In the three project villages in Pynoo Lwin, there

⁹ The situation of older people in cyclone- affected Myanmar: Nine months after the disaster, HelpAge International , p.3

¹⁰ Aung San Suu Kyi. Myanmar. The role of civil society. 6 December 2001. International Crisis Group.

has not been any disaster apart from a few incidents of fire. Naturally the relevance of DRR activities is low in these villages as opposed to the villages in Kyait Lat where the memories of the destruction caused by Cyclone Nargis are still vivid among community members' minds.

Figure 1: Relevance of activities as rated by OPSHG members



EFFECTIVENESS

Effectiveness: *Whether the planned benefits were in fact received, whether the beneficiaries' behavioural patterns changed.*

Capacity building of national NSA partner

CORP project team: As mentioned in section one, even though NYMCA was planned to implement the project in the beginning, after the partners' fitness assessment, the partnership arrangement was changed and HelpAge implemented the project directly with logistical support from NYMCA. Since establishing OPSHGs needed specialized interventions and expertise as it was being done for the first time ever in Myanmar, it seemed logical for HelpAge to be on the ground with implementation. So, as per the new arrangements, NYMCA was responsible for logistical support to the project with avenues for their own capacity building by attending HelpAge trainings and events; and by participating in monitoring project activities. HelpAge established a project team with 1 project coordinator, 1 capacity building officer, 1 administrative officer and 1 finance officer (to be assisted by an administrative and finance assistant) at Yangon level and 6 community development officers at the field level. Therefore, the component of capacity building of partners applies to both HelpAge team and the NYMCA.

The CORP team was the core team for HelpAge International in Myanmar when it was transforming from an emergency unit to a full fledged country office. This team was also brought together to test the model of OPSHG for the first time in Myanmar. Most of the CORP project team members have gone through various phases of leadership and organizational changes. Given this background, the team, at least the front liners (CDOs) have been a solid foundation for taking the project work forward. The team acknowledged that HelpAge had invested adequate time and resources in training and coaching them on OPSHGs and other aspects of rural development which assisted them to gain a good grasp of the project activities and the concept of OPSHG. Therefore, the project team was quite effective in achieving their targets and meeting their annual/monthly work plans. Also despite the changes in leadership (especially the positions of Head of Programmes/Deputy Country Manager, Project Coordinator and the Capacity Building Officer) the organisational mission and vision, as in the "culture" of HelpAge, were maintained. In conclusion the objective of building the capacity of the project team was met as HelpAge International in Myanmar has a qualified and skillful team with the required experience to work with older people, and especially for setting up OPSHGs.

NSA partner NYMCA: In this project, the partnership arrangement was very effective in assistance with paperwork, permits and authorizations. NYMCA General Secretary expectation from this project was to “be able to have the capacity to implement projects as per international standards.” At the end of the project, the NYMCA feels this expectation was not met and communication gaps were cited as one of the major challenges of the partnership. The communication gaps took place mostly from lack of common understanding for project activities. NYMCA maintains they understand and accept the partnership model where their role is to provide logistic support. However, as per NYMCA this arrangement was not very beneficial to build their capacity as for that to happen they need to implement a project directly to get hands on experience. The NYMCA acknowledged that after placing field assistants into the HelpAge teams at the local chapters in Pathein and Pynoo Lwin, there are significant improvements in coordination and capacity building at the local levels. However, they also mentioned that the arrangement at the local levels did not have much effect on the national office as the latter was involved only with receiving reports.

HelpAge reported that NYMCA did not have adequately trained staff to implement the project of this nature, and the NYMCA General Secretary was overwhelmingly busy with other organizational commitments, and so could not give enough time to this project to attain the project’s objective for capacity building fully. HelpAge on the other hand maintains that it has made multiple efforts to improve the partnership with NYMCA. A partnership review meeting in August 2010 was held to “discuss/develop strategies to reinforce partnership.” Some of the action points agreed were that HelpAge would send progress reports and work plan to NYMCA on a monthly basis, and NYMCA would assign focal points for project coordination in local YMCA offices and would also place a field assistant each with the HelpAge teams in Pathein and Pynoo Lwin. The Capacity Building Officer seconded from NYMCA was supposed to be the focal person within HelpAge to coordinate and train/coach NYMCA staff members. However, the work load of the project consumed most of the time of the CBO and there were very limited activities in working on the strategic development of NYMCA on working on ageing in the future. In conclusion, the project objective of building the capacity of partner agency NYMCA for working with older people future was not fully met.

Establishing 20 OPSHG: The 6 OPSHGs visited during this review met all the criteria of a well functioning OPSHG as they are equipped with rules and regulations, active elected leaders, regular meetings, records, funds, annual plans and linkages with village leaders/government. The details are provided in table 2. All OPSHGs visited have methodical annual planning and deliver tasks as per their annual plans. For instance, in every village visited the annual plan with detailed breakdown of budget and timeline for activities was displayed on the wall; the OPSHG members mentioned how various sub committees take turn in implementing those activities. Their effectiveness is demonstrated through the testimonials of OPSHG members and other community members who perceived OPSHGs as agents of change and development. For instance, students in a school in Ka La Yat village remembered receiving books from OPSHG leaders in their village and hoped they would get that support in the future too. Therefore, the OPSHGs have established themselves as effective social capital, carrying out their tasks for community development, thus meeting the project objective of establishing 20 older people led community based organisations (OPSHGs) capable of addressing the needs of older people specifically along with other vulnerable community members.

Table 2: OPSHG criteria

Criteria	Questions asked	Ka Lat Yat	Ma U Kone O	Mi Chaung Chang	Asu Gyi	Wah Taw Ji	Baw
Rules and regulations	<ul style="list-style-type: none"> Do you have rules and regulations? Did you participate in making those rules and regulations? 	Yes	Yes	Yes	Yes	Yes	Yes
Elected leaders	<ul style="list-style-type: none"> Do you have elected leaders? Did you participate in electing your leaders? 	Yes	Yes	Yes	Yes	Yes	Yes
Fund	<ul style="list-style-type: none"> Is there a fund for OPSHG activities? Do you contribute to this fund? Do you get an account statement update on this fund in your meetings? 	Yes	Yes	Yes	Yes		
Trainings	<ul style="list-style-type: none"> Were you given training to understand rules and regulations? Were you given trainings on other aspects of OPSHGs? 	Yes	Yes	Yes	Yes	Yes	Yes
Monthly meetings	<ul style="list-style-type: none"> Are monthly meetings held every month? Do you attend monthly meetings? 	Yes	Yes	Yes	Yes	Yes	Yes
Attendance	<ul style="list-style-type: none"> What is the average attendance in monthly meetings every month? 	More than 75%	More than 75%	More than 75%	More than 75%	More than 75%	More than 75%
Participation of members	<ul style="list-style-type: none"> Do members participate in setting meeting agendas, decision making and work plans? 	High	Moderate	Moderate	Moderate	High	High
Services offered	<ul style="list-style-type: none"> Is your OPSHG offering special services to the members and other vulnerable groups in the community? 	Yes	Yes	Yes	Yes	Yes	Yes
Annual Plan	<ul style="list-style-type: none"> Does your OPSHG have an annual work plan? Are you aware of the tasks and objectives of this work plan? 	Yes	Yes	Yes	Yes	Yes	Yes
Visibility	<ul style="list-style-type: none"> Are there sign boards and other visibility materials giving information on your OPSHG? 	Yes	Yes	Yes	Yes	Yes	Yes
Transparency	<ul style="list-style-type: none"> Is your OPSHG transparent in record keeping and fund management? 	Yes	Yes	Yes	Yes	Yes	Yes
Linkages	<ul style="list-style-type: none"> Is your OPSHG formally linked to the village authorities? 	Yes	Yes	Yes	Yes	Yes	Yes

Livelihoods for older people and their families: The beneficiary selection for the livelihoods project was approved by all the OPSHG members in general. The OPSHG committees reported they conducted wealth ranking through a participatory way and felt the selection of beneficiaries was fair. However, in some villages, universal selection took place to keep the groups cohesion intact. This implied that a few older people in other villages who might have been poorer were left out from livelihoods assistance. Having lost their livelihoods, and with no assistance from other agencies, the livelihood programme in Kyait Lat was most effective as it assisted the beneficiaries in restoring their livelihoods. In all three townships, the livelihood assistance provided opportunities to many older persons to switch to more age friendly livelihoods (livestock and small businesses) or to have an allied income. The older people reported that there are many merchants who come to the village to buy livestock and various other items and hence there are no issues as yet with selling their crops or livestock. Thus, this project has succeeded in providing productive and diversified livelihood opportunities to 352 OPSHG members, along with technical knowledge to upgrade their skills on the livelihoods of their choice.

Health care: Given that health care was one of the top needs of the older people in the target villages (as expressed in baseline survey), the project has achieved its objective of extending appropriate health care through the Mobile Medical Unit. Therefore, the project has been effective by extending relevant care as the MMU was designed after a need assessment that identified the kind of medicines and treatment older people needed. The project provided monthly medical treatment to 9955 older people over a period of 17 months. The most common ailments were high blood pressure, diabetes, joint pains and seasonal diseases and therefore medicines were given for these common diseases. The beneficiaries reported that home visits were made for the house bound older people that proved to be very effective in extending much needed health care for many of them. Village leaders and other community members reported that the MMU was also very effective for other community members as everybody who needed medicines could approach the doctor for a check up. The other community members mainly received treatment for common ailments such as fever and cold, or stomach infection. During the interviews with the community members, nobody reported of any life saving or critical cases being addressed by the MMU. So, the MMU has been largely effective in treating common ailments, and monitoring older people's health. It is noted and acknowledged that blood pressure, diabetes and joint pains are health issues that need constant monitoring as otherwise they pose critical risks to older people (such as stroke, septicemia and siroicis' of organs) It also integrated health education with the MMU sessions, thus making the medical treatment more effective by aiming at behavioral change as a number of older persons mentioned they have been asked to quit smoking, exercise and change their diet to stay healthy. Testimonials suggest around 50% of older people interviewed have made some changes in diet (stopped eating pork or reduction of salt/sweet in their diet) and only about 10% older people have quit smoking. In conclusion, all OPSHG members consulted in the 6 villages indicated bi monthly visits by the MMU doctors providing them with medical treatment, health monitoring and education which was effective in accessing medicines and constant care that improved their health as they said they received more "strength" and "energy."

Home care: In Myanmar, home care programme was implemented before the project (not in same project villages) through the RoK HelpAge Korea home care programme with NYMCA. Thus, this project capitalized on the existing system/resources of home care by involving NYMCA home care team in the trainings of volunteers for this project. In total 202 volunteers were trained for 214 clients. Home care as a part of the overall OPSHG programme has been very effective as it implied appropriate support/care given to those older people who are frail and house bound and cannot take advantage of the other activities such as livelihoods. Home care has been effective in releasing the family members from the responsibility of constant care as they can now go away for work as they know there is a volunteer to provide specialized care such as hygiene, physiotherapy, cooking and for the other needs of the house bound older people. In conclusion, all home care recipients visited mentioned they receive regular care (ranging from three times to once a week) from their volunteers.

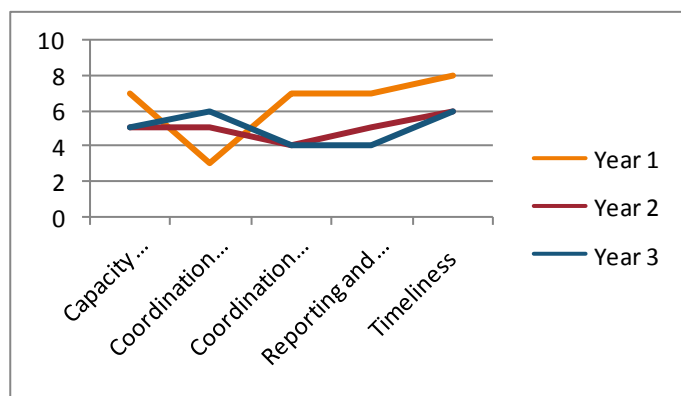
DRR: This project, with its DRR activities such as awareness generation, IEC materials and contingency plans was able to increase people's knowledge on DRR. All 6 villages visited have IEC materials on display, DRR kit, and the leaders mentioned receiving DRR trainings. The IEC materials are placed only in the meeting halls, so the visibility of these materials remained limited. Furthermore, the IEC materials were also in small fonts making them hard to read. The early warning system was being used to make announcements and play radio programmes. The first aid kits were all new and kept intact as the leaders mentioned those would be used only in times of emergencies.

EFFICIENCY

Efficiency: *Whether the same results could have been achieved at lower costs; or whether there might have been different, more appropriate ways of achieving the same results.*

Capacity building of national NSA partner: Efficiency in performance of this project component was determined by five aspects - capacity building initiatives, coordination with partner, coordination between the field offices and Yangon office, reporting and documentation and timeliness. The project team mentioned that the efficiency of the project has been chequered during the lifetime of the project as due to changes in leadership, there have been certain "slow periods" when meetings and decisions were delayed, as the process of inducting a new person was ongoing. However the project team members who have been working from the beginning of the project mentioned that they were still able to preserve stability in implementation of the activities as the guidelines and systems built in 2009 - 10 helped the project team in maintaining their timeliness in the later years, thus establishing a causal relationship between various aspects of the quality of project. The coordination with partner improved from year 2 at the field level due to the induction of two field assistants from YMCA in the HelpAge teams of Pathein and Pynoo Lwin.

Figure 2: The efficiency graph



In terms of cost efficiency, the partnership was very low cost as it involved only a small honorarium to the NYMCA General Secretary, office rent to the local chapters of YMCA in Pathein and Pynoo Lwin and other costs associated with travel and per diem during trainings and a modest salary to YMCA field assistants inducted into HelpAge team. In return, the partnership ensured that coordination with government for permission and approvals was in place, monitoring was conducted by YMCA senior staff members at the field levels so that the HelpAge field staff received guidance, capacity was built on the OPSHG model within the YMCA volunteers (especially the two field assistants working with the HelpAge team) and cooperation was there on home care activities. So, within a low cost framework, many tangible results were achieved to make the partnership highly cost efficient.

Establishing 20 OPSHG: The direct unit cost relating to OPSHG's capacity building, exposure visits and meetings was 31,396 Euro, or 1569 Euro per OPSHG. Thus with an input of only 1569 Euro per village, OPSHG's were successfully set up as effective community based organisations led by older people, which demonstrated older people's capacities to not only address their own needs but also meet the requirements of the community as a whole. The cost efficiency for this activity, as calculated during the Mid Term Review, is very high. It is a low cost intervention with high Return on Investment. High Return on Investment implies cost recovery and surpassing the investment over a period of time. The Return on Investment in terms of outcomes would be the capacity built and the impacts created as explained in the impact section later. The Return on Investment in economics terms can be calculated based on the funds raised by the OPSHG's. At the end of the project period the total fund raised by the 20 OPSHG's is 24,739,748 Kyait (approximately 22,000 Euro), so by 1 and a ½ years the total cost invested was recovered and within another 1 and 1/2 years the Return on Investment will double.

Livelihoods for older people and their families: 352 older people and their families received productive assets and technical trainings that cost 23,041 Euro (budgeted 125 Euro for 200 older people) for assets and 1,529 Euro for trainings. The Mid Term Review states that "given that more OPSHG members than originally planned (352 as opposed to 200) received livelihood asset inputs, based on their own business plans, indicate that in terms of value for money of the assets, the CORP project has been efficient." The impact section explains the various benefits of the livelihoods support, thus implying that even with a low cost intervention, there can be manifold benefits that can have a positive impact on older people's lives. The Return on Investment is calculated in terms of the loans set up with each OPSHG with the fund from this activity. HelpAge's monitoring report suggests that the total amount of 25,000 Euro invested for livelihood support (assets and trainings) to 352 older people has been returned to OPSHG's with a monthly interest of 2% and by the end of the project period the profit stands at 9,907 Euro.

The Income Generating Activities (rice banks, generator units and rice thrashing units) were set up with a unit price of 1181 Euro, and co funded by the OPSHG's for the rest of the money. The profit earned for each unit is 332 Euro annually, implying that the cost incurred by the project is recovered within 3 years.

Health care: The Mobile Medical Units (MMU) that visited the project site twice every month spent 20,720 Euro on basic medicines which was used to treat over 10,000 patients over a period of two years. This implies that only a little over 2 Euro was used per patient for an activity with high impact as the older people who received treatment received free outreach health services for the first time and thus could benefit greatly from the initiative. However, since this activity is not a sustainable model (even though HelpAge has tried to replace the services with alternative mechanisms after the project period) the Return on Investment is not applicable.

Home care: The costs associated with home care mainly revolve around the trainings of the home care volunteers. Thus, it could be looked at as a one off cost that has set up a community based mechanism for support to house bound older people. However, as indicated by the Mid Term Review, there are hidden costs associated with the time the home care volunteers provide to look after the older people. The women home care volunteers who take time out for caregiving in between their household chores and work on the farms allocate a lot of their productive time for caregiving, which adds to the cost efficiency of this activity as it implies the costs the project otherwise would have to incur to provide the same type of care giving from other mechanisms.

DRR: The total costs incurred for DRR action plan implementation is 4257 Euro, which is around 212 Euro per OPSHG. Although the costs involved are very low for setting up a community based early warning system, it probably limited the scope for mock drills and other practical application of the DRR community plans. Thus, a higher allocation of budget would have made this activity more meaningful and sustainable.

SUSTAINABILITY

Sustainability of a project depends on community involvement. Given that this project envisioned setting up OPSHG to lead community development, it was driven towards sustainability from the very beginning. The community has been well informed of the project activities as the OPSHG members mentioned that the baseline findings were shared with them, based on which the wealth ranking was conducted to prioritize beneficiaries for various support. The various OPSHG sub committees to implement and monitor various project activities ensure that there is a structure in place to sustain project interventions. However, consultations with the various subcommittee members revealed that although the framework for sustainable action is there since the OPSHGs are resourced with leaders, members, funds, annual plans and an overarching vision for collective action, the confidence on taking the OPSHG activities ahead is still low. The OPSHG members said they are confident that they will be able to implement their annual plans, but were not sure if the capacity of new leaders or members in the future will be at the same level as theirs'. In the absence of concrete succession management, sustainability becomes questionable. The sustainability of other activities such as livelihoods (loans and coaching for technical skills), the Income Generating Ventures, health and home care; and DRR are fused with the sustainability of the OPSHGs. Therefore, if the OPSHGs sustain and deliver their tasks and maintain their skills, assets and other resources, the other activities linked with the OPSHGs should also sustain. Therefore, through a participatory process, the leaders and members who attended the evaluation meetings were asked to rate the various project activities for their levels of sustainability as provided in the table below. It is suggested that those activities which are rated as moderate or low in sustainability should be monitored better in HelpAge's follow up plan so these aspects can be further strengthened.

Table 3: Sustainability rating

Project component	Sustainability rating by 75 OPSHG members	Reasons for the rating	Comments from evaluator
Establishing 20 OPSHGs and Income Generating Venture	High	<p>The 6 OPSHGs with their membership, funds, annual plans, sub committees and linkages with village authorities (along with recognition from the government) should continue to function even after the project period.</p> <p>The Income Generating Ventures such as the generators, rice thrashing units and rice banks should sustain as the OPSHGs have been managing these units for the last two years and the community understands the benefits of these ventures. However, whether or not these IGV will expand and grow will depend on the leadership of that particular OPSHG. Additionally, fund management and cash handling also need to be supervised carefully as the OPSHGs are still not fully confident on dealing with this aspect of the IGV.</p>	The evaluator agrees with this rating. The OPSHGs have gained the competency to function independently. However, there is still need for ongoing coaching and monitoring especially with the IGA and fund management.
Livelihoods for older people and	High for loans Low for technical	The 6 OPSHGs feel the loan (micro credit) system, has ensured the sustainability of the livelihoods interventions as OPSHG members and other	The evaluator agrees with this rating. Although the system of loan is based on trust and solidarity

their families	trainings	community members will continue to access it even after the project stops. However, the sustainability of the technical skills gained by the first round of beneficiaries from the trainings they attended is low. This is because the subsequent beneficiaries did not attend the trainings. Additionally, the technical hub that the project had envisioned to set up with community based resource persons for providing ongoing trainings and coaching happened haphazardly and informally, making the sustainability of skills gained from the technical trainings low.	among the older people and other community members, there are also procedures in place (business plans, providing loans in assets and not cash) to make it transparent and accountable. The technical skills can be retained only through a very structured community based coaching system, or through concrete linkages with technical agencies. Therefore, concerted efforts are needed in uplifting this aspect in HelpAge's follow up plans.
Health care	Low	The 6 OPSHG's feel that even though the health care activities were the highest rated for relevance and impact, they have the lowest rate for sustainability as none of the OPSHG's knew how would they access outreach health care and education once the MMU stopped.	The evaluator agrees with this rating as even though the project team has tried to develop linkages with mid wives and other health practitioners in some of the villages, and have equipped OPSHG's with medicine kits, there is no concrete evidence/action plan for continuation of outreach services for health care of older people.
Home care	Moderate	The 6 OPSHG's feel that the community based home care system has a moderate chance of sustaining since most of the home care volunteers have the right spirit and skills to provide care to the frail and housebound older people. However, there is a threat that if a volunteer moves away from the village or get busy with their personal issues, then a new recruit may not have adequate skill as there are no trainings available for them.	The evaluator agrees with this rating as the system of inducting a new volunteer through informal coaching by the existing volunteer may not be sufficient to give the new recruit adequate skills and confidence to provide specialized care to older people.
DRR	Moderate	The 6 OPSHG's feel that DRR skills have moderate chance of sustaining. The early warning through the radio and public address system is easy to follow and implement at any emergency. However, the details of preparedness and evacuation may need ongoing practice/drill, in the absence of which these skills will be forgotten.	The evaluator agrees with this rating and DRR needs a long process of coaching, linkages with appropriate agencies and very high level of preparedness, in the absence of which the activities will not sustain.

BENEFICIARY PARTICIPATION

The project has been extremely participatory as all project activities were carried out via the OPSHG's; and so OPSHG was an implementation mechanism. OPSHG's with elected committee and subcommittee members' ensured people were given the choice to have their own representatives. The wealth ranking to prioritize beneficiaries for livelihoods interventions ensured that it was done in a consultative way. In a few villages, all OPSHG members were selected for livelihood support. Although this step meant in the overall count of beneficiaries, older people from other villages who could be poorer were left out; but it was a decision taken by the OPSHG to ensure harmony in their groups. The beneficiaries felt having the choice of making their own business

plans to receive asset worked very well in their favour as they got a chance to express their needs and aspirations well. The conversion of the livelihoods asset grants to a micro credit mechanism was also done as per the wish of the OPSHG members as they felt having that system would ensure extending the benefit to a larger number of older people and other community members in a sustainable way. Furthermore, since many older people were hesitant to take a loan of 100 USD, the option to take lesser amounts was also decided by the OPSHGs themselves. There are also several other instances of beneficiary participation such as organizing the fund raising activities, naming the OPSHGs, deciding on the Income Generating Activities (and raising fund to co fund it). The OPSHG members also mentioned that after forming OPSHGs, they feel their participation in family and community decision making has also increased. For instance, a few village authorities attend OPSHG meetings regularly to seek OPSHGs support for community development; many family and community members approach OPSHGs for conflict resolution and access to OPSHG facilities. Nonetheless, the evaluator notes that the participation of women older members could have been more as they are still not very vocal in meetings; and have limited role in leadership. Furthermore, HelpAge perhaps needs to ensure that the OPSHGs do not become elitist in nature, meaning being controlled by the leaders. Both these aspects will be discussed in the “lessons learned and recommendations” section.

MONITORING AND EVALUATION

The HelpAge team developed a system of progress monitoring and evaluation in the first year of the project, (which was improved and built upon in the subsequent years) starting with a simple but effective baseline survey that captured the socio economic status of the older people in the project villages. Although HelpAge reported that this data was shared with all OPSHGs, there was no follow up on how that data was used by the OPSHGs. The Capacity Building Officer was the focal point for regular monitoring and evaluation, but the M & E process was made more accountable by engaging various other HelpAge staff (mid and senior level managers, finance and administrative staff) in making monitoring trips in the project villages. Staff members from HelpAge’s regional office in EAPRDC also visited project villages to provide their inputs and guide the country office on various aspects of project and grant management. HelpAge also subcontracted local NGO Network Activities Group do a short evaluation after implementing the livelihood activities in the first year. Thus, there was a fairly strong Monitoring and Evaluation system to capture the good practices and lessons learned, which has a quantitative data base system in place to remain updated on the OPSHG members socio economic status. This evaluation studied various monitoring reports to gain a deeper understanding of the challenges and the progressive strategies adopted by the project to overcome the identified challenged.

However, a few aspects of the Monitoring & Evaluation system had room for improvement. For instance, it was not clear how the OPSHG members were engaged in the M&E process. The OPSHG sub committees are responsible for various activities as well as their monitoring but apart from OPSHG meetings, the subcommittee members could not report any other mechanism for monitoring. As of now the OPSHGs subcommittee members monitor the payment of monthly fees, loans interests but are yet to build their capacity in conducting progress monitoring for transparency and accountability of the OPSHG activities. Furthermore, the data base management and tracking of the Mobile Medical Unit did not evolve as planned. In the initial stages of MMU, when the need assessment was conducted it was decided that the progress of the older people based on at least three common health indicators would be tracked, which was not recorded eventually and MMU record keeping remained limited to general data on number of patients treated and other such basic information. Thus, a deeper analysis of the health status of older people is not available.

The performance of the project could have improved by capitalizing on the recommendations made by the Mid Term Review. The group discussion with the project team indicated that the Mid Term Review report remained limited to Yangon level staff. So, only two or three recommendations were actually implemented and the rest were not implemented. Implementing the recommendations could have had a better impact on the project, as some of the gaps identified by Mid Term Review still remain unfulfilled.

In annex 1, please find an update on action taken towards the Mid Term Recommendations as provided by the project team (front liners, Project Coordinator and Capacity Building Officer) in column 2 during the time of the evaluation and by senior project management team after the evaluation was carried out in justification of the recommendations that were reported to have not been implemented by the front liners in column 3.

IMPACT

Impact: the wider outcomes for a larger group of persons or for society as a whole; the successes and failures in achieving the overall objectives, and the main reasons why.

CAPACITY BUILDING OF NATIONAL NSA PARTNER

At present, HelpAge has set up a strong presence in Myanmar, and this project has played a significant role in providing HelpAge the resources, space, time and strategies to set up a country programme in Myanmar. It has also helped NYMCA to have better understanding on ageing and have some of their staff members (especially in Patheingyi and Pynoo Lwin) trained in OPSHG development. This project has also resulted in a very good relationship with the department of Social Welfare. Each of these impacts is explained in details below.

A core national team including front liners, management staff, support staff established, with a good understanding of the “culture” of HelpAge.

To assess the impact of the project on the project team, McKinsey’s capacity building framework was applied in a project team workshop. It was found that as a result of the efforts made by this project, the project team has the required aspiration for their organisation, the skills to represent their organisation, the required systems and infrastructure in place to build on the project activities, an organisation structure (albeit a bit confusing at times) and is equipped with an underlying culture to bind them together.

Aspirations imply an organization’s mission, vision, and overarching goals, which collectively articulate its common sense of purpose and direction. It was found that HelpAge has been successful in not only building the capacity of its project team in the project activities, but also exposed the team to the overall mission and vision of the country programme; and its long term strategy. The initial orientation provided by the EAPRDC staff members, followed by ongoing coaching and various trainings organised for the staff members as well as engaging them in various strategic discussions (such as HelpAge organisational review, country plan until 2015 and various proposal development) assisted in developing the staff members knowledge and organizational aspirations. For instance, one CDO said that HelpAge not only improves older people’s life but also help them to work for their own community. Therefore, the project team’s aspiration matches with HelpAge’s country strategy that seeks to promote older people as agents of development for their overall communities.

Organizational Skills are the sum of the organization’s capabilities, including such things (among others) as representation skills, performance measurement, planning, resource management, and external relationship building. The project team has the capacity to represent HelpAge at various platforms, including interactions with the government. The team members said their performance was measured every 6 months, which formed an important basis of their growth. Annual and monthly work plans, trainings provided by various external resource persons (such as protection training by UNHCR and DRR training by Action Aid) helped them in enhancing and expanding their knowledge.

Systems and Infrastructure implies the organization’s planning, decision making, knowledge management, and administrative systems, as well as the physical and technological assets that support the organization. The project had “slow periods” when change in leadership affected the systems relating to planning, decision making, and knowledge management. It was also felt that the Yangon level staff members who joined the project team in the second year did not receive adequate induction from Yangon level management. According to one such staff member, she learned more from CDOs as her line manager was new and was on the learning curve too. However, it is well noted that due to good ground work with setting up systems and building the capacity of the front liners to

take those systems ahead independently, the project activities did not suffer much. At the end of the project period, HelpAge is equipped with a fairly decentralized system and required infrastructure (such as office space and logistics) to implement another project of a larger scale.

Organizational Structure is the combination of governance, organizational design, inter functional coordination, and individual job descriptions that shapes the organization's legal and management structure. While the team structure was more or less clear, there was some confusion in the reporting lines as the Project Coordinator and Capacity Building Officer sometimes had overlapping responsibilities and tasks. This had a negative impact on the clarity of roles and responsibilities.

Culture is the connective tissue that binds together the organization, including shared values and practices, behavior norms, and most important, the organization's orientation towards performance. At the end of the project, there is an underlying culture of not only systems and procedures, but also attitude and orientation that can be felt among the staff members. Age friendly, participatory, inclusive, collaborative are some of the key words that were used by various staff members to explain the culture of HelpAge.

NYMCA has better exposure and understanding of OPSHG and ageing in general

National YMCA and the local offices of Patheingyi and Pyn Oo Lwin have built their capacity from this project in various spheres and at various levels. While NYMCA has been mostly associated with logistical support to this project, so the impact has been limited to general awareness on ageing, the local offices have a better knowledge and understanding of OPSHG model. The local offices, in the beginning of the project were also providing only logistical support to the HelpAge team on ground. However, after the Mid Term Review the arrangement was changed and two field assistants from the YMCA network of volunteers were inducted in the HelpAge team in both Patheingyi and Pyn Oo Lwin. This change had a positive impact on the partnership as the general secretaries of YMCA from both the places mentioned that now they have at least one person in their network with hands on technical expertise for establishing OPSHGs. Therefore, both the offices have the capacity to set up OPSHGs if there is a project in the future. However, this achievement did not percolate vertically to the NYMCA, which still is not equipped with practical experience and skills. The impact of the partnership could have been more had there been a strategic framework for capacity building with planned activities and road map for the future. In the absence of which, capacity building has been vague at times with no planned agreement on the future course of action, leading to communication gaps and disappointment on both sides. To improve the situation, after a partnership review meeting in 2010 it was decided the role of the CBO would be to bridge the gap between NYMCA and HelpAge and build the former's capacity, which was not achieved as the CBO remained largely occupied with the project implementation and monitoring. The senior management team of HelpAge informed that since the newly recruited Project Coordinator could not manage the project as per expectation, the CBO was engaged more in the project implementation. This created a vacuum in the agreed role with NYMCA, thus impacting negatively NYMCA's capacity building and strategic planning on ageing.

Strong partnership with Department of Social Welfare

The Department of Social Welfare has been effectively sensitized by this project and therefore there is very high acceptance of the OPSHG model within the department specifically, and within the government of Myanmar broadly. The history of HelpAge's association with DSW (even before the project started EAPRDC had a strong rapport with DSW) created a favorable environment, which was adequately capitalized by the project team. The event "Towards a society for all ages" co hosted by HelpAge and the DSW that promoted OPSHG model on the International Day for Older Persons in 2009 and 2010 demonstrated the department's wholehearted support for this model. In fact, the OPSHG model, is one of the first models of community based organisations to be supported and promoted by the government of Myanmar. Media (supported by the government) also published articles on the OPSHG model and DSW logo has been used in the visibility boards in the project villages. The DSW head of office in Patheingyi mentioned that the OPSHG model has great potential for overall development of older persons in

Myanmar. This model has various components that match the diverse needs and capacities of older persons (age groups, physical capacity, social status, dependent/independent) For instance, those older persons who are active and healthy can access the livelihood support, and those who are frail and housebound can get home care. It is also during the course of this project and from the good rapport developed during the implementation of this project, the work towards developing the National Plan of Action on Ageing started. Overall, the impact of this project is that it strengthened the partnership between HelpAge and the Department of Social Welfare beyond the scope of line management (older persons come under Department of Social Welfare, so it's the line department for HelpAge), which has provided a platform for greater engagement on older people's issues in the future.

ESTABLISHING 20 OPSHGS

The key impact of this project has been the establishment of OPSHGs as effective and innovative social capital, which is a highly replicable model.

Social capital

The baseline suggests prior to the project, there were no community based organisations in the project villages, and thus social capital did not exist at all apart from the community based work conducted for religious events. At the end of the project, all 20 villages are resourced with effective social capital led and composed of older people. The Mid Term Review already acknowledged that the OPSHGs meet all the five criteria of social capital as per the dimensions set out by the World Bank. Therefore, this evaluation assessed each OPSHG visited by analyzing the various aspects of social capital to see where the OPSHGs fit currently.

Groups and networks - collections of individuals that promote and protect personal relationships which improve welfare

The OPSHGs have over 900 members who by their own admittance had never come together for welfare purposes prior to the project. These older people have known each other for a long time, have socialized in community events and have raised funds for religious events. However, they said they never knew that they had the potential to change their lives as well as others until they formed the OPSHGs. For instance, U Thay Aung, the treasurer in Asu Gyi village mentioned "earlier we used to stay at home and mind our own business but now OPSHG provided us an opportunity to meet each other at least once a month and become better friends."

OPSHG is also looked at as a tool for overall community development by the village authorities and other community members. The efforts to build rapport with the village leaders and involving them in various project activities have paid off as all village leaders are very positive about OPSHGs role in their community. In fact one village leader from Asu Gyi village said that he thinks OPSHG will be able to do much more for their community than he can as he does not have access to any resources and so his role is limited to just coordinating between government and communities. He narrated how his efforts to build a school in the village did not succeed as the relevant government department turned down his request due to lack of funds and asked him to raise that money from within the village. He could not mobilize the community to raise the fund as there was an absence of a platform to reach out to his community members and motivate them to contribute their hard earned money. However, now with an OPSHG, he feels he has a tool for community mobilization available which he will be able to capitalize on for various efforts around community development. He thus hopes in the future, with support from OPSHG he will be able to raise the resources to build a school in the village. Consequently, the village leaders in all the villages visited were found to spend a considerable amount of time in guiding the OPSHGs in implementing their annual plans; and depend upon OPSHGs for various community development initiatives such as building roads and bridges. For instance, over the three year period, the OPSHGs have built small scale bridges and roads in 9 villages thus benefiting over 10,000 people who use these community assets in the villages. Although not directly interviewed but as per the testimonials of the OPSHG leaders and village authorities in the villages visited,

other vulnerable groups such as children, women, Persons with Disabilities also feel that they can bank on the OPSHG for emergency loans, home care, health care and other facilities and services. As per the OPSHG records, 37 students received assistance with books and scholarships and 24 PwD (but not old) have received emergency loans for frail people.

Trust and Solidarity – elements of interpersonal behaviour which fosters greater cohesion and more robust collective action

The OPSHG leaders mentioned that at the beginning of the project they received training on leadership that inspired them to become selfless leaders so that they could inculcate trust and solidarity among the members. Thus, to show their solidarity towards their OPSHGs they donated the travel reimbursement that they received from HelpAge to attend the first ever training in 2009. With those contributions they set up their OPSHG funds. This selfless act inspired many older people to pay their membership and monthly fees. The fact that OPSHG members get an account of the expenses and balance every month also ensures transparency, thus maintaining trust and solidarity.

A unique act of solidarity among the OPSHGs in Myanmar is their fund raising activities. Each OPSHG, through creative means and with great example of initiative has raised fund for their village. In Phyo San, the members printed OPSHG details on plastic fans and sold those to the OPSHG members and rest of the villagers to raise fund for their OPSHG annual plan activities. In the very first year, they printed 500 fans @ 250 Kyait and have earned a net profit of 36,000 Kyait (45 USD) for their fund. In Mi Chuang Chan, the OPSHG printed t-shirts with message about their OPSHG and sold those t-shirts in the village to raise funds. They bought and printed the t-shirts for 1900 Kyait (2.3 USD) each piece and sold for 2200 Kyait (2.75 USD) each piece thus making a net profit of 300 Kyait (0.4 USD) for each piece. In Gwe Chaung Le, the OPSHG Secretary bought fancy items such as cosmetics, longy (sarong), slippers etc that are not easily available in the village from Yangon. She bought those items when she had visited Yangon to participate in the International Day for Older Persons' event. These items were then sold in the village and the profit went to the OPSHG fund. This OPSHG also printed .donation receipt books to be sold for 10,000 Kyait (12.5 USD) per book. In Thin Guen, the leaders and members run a small store with a stock of rice and the proceeds from selling the rice have gone to the OPSHG fund. In Kanuang village, the OPSHG has invested in a small store with basic items such as petrol, rice, noodles etc. This store runs from a member's home and the profit goes into the OPSHG fund. This store makes a monthly profit of 4,800 Kyait (6 USD). In Wah tawgyi village in Pathein, the leaders and members of OPSHG donated one day's work in the farm to the OPSHG fund. The other members sent food and water to the members who worked in the farms. They raised 15,000 kyait (19 USD) from this activity. A few villages in Pathein collected money from Christmas donation and also from selling t-shirts. The collection from Christmas was 50,000 Kyait (62.5 USD) and from selling of t-shirts 100,000 Kyait (125 USD).

Table 4: Total fund raised by OPSHG (in Kyait)

Township	Membership fee	Donation	Special activity	Loan Interest	IGV	Total
Pathein	244550	705810	2161580	2791200	2206700	8109840
Kyait Lat	636500	167750	1135038	7560840	1778360	11278400

Pynoo Lwin	154300	321200	665200	744220	3466500	5351420
Total	1035350	1194760	3961818	11096260	7451560	24739748

***Total fund available with all OPSHG is approximately to 30,000 USD**

Collective Action and Cooperation - ability of people to work together toward resolving communal issues;

As mentioned earlier, this project has been very relevant as it built on the traditional practice of collective action for religious purposes. Traditionally, the Buddhist community in Kyait Lat and Pynoo Lwin and the Karen community in Pathein spend a large amount of their time in religious activities. Thus, the project capitalized on their traditional practices, and helped them to raise their cooperation to another level where they took collective action for community development. The OPSHGs keep socio-economic data of each member and are aware of the problems that every older person faces in their village. Among other activities such as providing health care grants, scholarship to children and repairing roads and bridges, an activity that stands out for demonstrating collective action and cooperation is the Income Generating Activity that each OPSHG has started to ensure a steady and sustainable flow of funds for community development. Generator units for power supply, rice banks, rice thrashing machine and hand tractor are the key IGA that also provide services to the community members. The OPSHGs have also been able to come together to solve various critical problems. For instance, Mi Chuang Chi village, one farmer failed to return 100,000 Kyait (125 USD) that he borrowed from the OPSHG due to poor production. The farmer expressed his problem openly in the OPSHG meeting, following which all the members donated equal amount of money to replace the 100,000 Kyait (125 USD) in the OPSHG loan fund. Other instances of collective action and cooperation are the sponsoring of travel for an older woman in Wah Tau Gyi village to go to Pathein for eye surgery; and collecting money to build the thatched roof of an older widow who lives alone.

Story of change

In 2009, HelpAge consulted the OPSHGs to hear about their ideas on sustainable income generating ventures. 4 OPSHGs proposed setting up generator (including 2 hydro generators) units to supply electricity in their villages. Co-funded by HelpAge and the OPSHGs, these generator units have come a long way since their inception. These 4 units run on hydro or rice husk generated power, with minimal use of diesel. Covering a total of 200 houses in 4 villages they have generated 7057 USD or 5300 Euro, over a period of 2 years, for village development fund so far. These generator units have been able to tap the skills of various OPSHG members who previously worked as mechanics. Getting involved in a community project to develop their villages has unleashed energy, hope and confidence among older people. The village heads have also collaborated with the ventures by mobilizing communities to donate fund and labour. These generators have brought light for the first time to their villages, improving the quality of life for people of all ages. Children can study after dark, adults can do their household chores with more convenience and the whole family can get together to watch television in the evenings. From the profit earned by the generator units, the OPSHGs fund various development activities in their village. Roads have been repaired, street lamps have been put up, scholarships have been given out to needy students, and job opportunities have been created for the youth who maintain these units. The generator units are now waiting to expand so that they can provide electricity to more households. Neighboring villages are waiting to get connected to the existing generator units and OPSHGs that are still not resourced with this unit are waiting for their turn to bring light for village development. With a total investment of approximately 3000 USD or 2200 Euro (including OPSHG co fund) for each unit (equipments, trainings, travel, other costs), the total fund generated can be upto 600 USD or 500 Euro per year, meaning cost recovery is quick and the benefits are multiple and sustainable.

The building of the paddy banks in 12 villages was led by OPSHG leaders, committee members and livelihood sub-committee members with support from a volunteer engineer from HelpAge who provided monitoring and technical support in the design and construction of the paddy banks. HelpAge reports that 2141 bags of paddy were provided to OPSHGs in Pathein and Kyaik Lat. The paddy banks are an effective means of generating food and income for the communities, as paddy can be stored and sold during seasons when rice prices increase, or can be borrowed at low levels of interest compared to other local lenders. They can also be used as a source of food security in times of poor yields. All OPSHGs are lending paddy at a rate of 3 baskets of interest. This is lent not only to older persons but also other community members. The rest of the OPSHGs have set up rice thrashing unit (1 village), hand tractor (1 village) and tri bike (2 villages). By the admission of an OPSHG leader from Asu Gyi that has a rice thrashing unit, the profit from this venture is not as high as the generator units, however the full potential of this venture has not been tapped yet due to lack of time of the OPSHG members. However, as per HelpAge team, there has been a profit on the Income Generating Activities in all villages and after the cost recovery, the profits from these ventures were diverted to the OPSHG funds to ensure the implementation of the concerned annual plans.

Social Cohesion and Inclusion - mitigates the risk of conflict and promotes equitable access to benefits of development by enhancing participation of the marginalized;

OPSHGs by themselves are a platform for inclusion of older people in development activities; and for bringing them out of marginalization. The OPSHG members mentioned that although a few agencies have worked in their villages for improved water and sanitation; and at times for livelihoods, none has ever consulted them to seek their suggestions or understand their needs/capacities. Thus, older people have remained marginalized until this project provided them with a tool to come together as a group that promotes social cohesion and inclusion. In the villages visited, the election of leaders and the various democratic systems associated with OPSHGs (passing annual plans in meetings) have also provided an opportunity for participation and involvement, which most of the OPSHG members have never experienced in the past. Thus, the OPSHGs have demonstrated to older people and other community members how democratic expression of choice can lead to improved social cohesion.

OPSHG has been able to identify especially marginalized groups through wealth ranking. Therefore, there are 11% older widows, 40% older women headed households, and 7% older people with disability in the total beneficiary count. Additionally, this model has brought forward older people as key resources for the community, who with their expertise and experience can contribute to the communities' development. Thus, there is intergenerational bonding taking place as many younger community members are learning and benefitting from their contact with OPSHGs. The young home care volunteers have gained life skills, as some of them said the home care training completion certificates will help them in their job interviews; and their involvement with OPSHGs is exposing them to community based work. The home care volunteers also have access to the OPSHG loans. Furthermore, having 20 OPSHGs will ensure that in case an agency works in those villages, older people and other vulnerable members of the community will be consulted and possibly included in the project activities.

Story of change

U Le Ye Myint is a 65 years old OPSHG member. He came to Ka Lat Yat village 15 years ago with his wife and two children to work as a mechanic as his business in his native town Bogale was not going well. As a young man he used to ride a boat in Bogale and while at that job, he started handling boat engines. Later, he went to school in Yangon to learn mechanical engineering and received a diploma from a 6 month course. He had done reasonably well as a mechanic in Ka La Yat village until ageing started slowing him down and younger mechanics were getting more jobs than him. Besides, the impact of the tsunami in 2008 took away a lot of what he had earned all these years and made him hopeless. In 2009, when he first heard about OPSHG he felt it was not meant for him as he would not be able to give enough time to attend meetings and training as that would mean compromising with the time spent on business. However, as he was getting old he was not getting enough work

since he could not go to far off places, so he decided to join OPSHG and attended various trainings. The turning point came when the OPSHG was given a chance to develop a sustainable business plan for IGA. Due to his expertise and knowledge, the OPSHG decided to set up a generator unit. Thanks to U Myint's skills, the OPSHG could develop a plan quickly which got approved by HelpAge as it was a very feasible business. So, the generator unit started in Ka La Yat village in December 2009 with 30 households. HelpAge provided 17 lakhs kyait (USD 1500 approximately back in 2009) and the rest of 13 lakhs (1200 USD back in 2009) was raised by the OPSHG through donations and loans. As a result of the success with this IGA, U Le Ye Myint's expertise in setting up generator unit was widely recognized. Consequently, he was invited by World Vision to provide trainings to youth groups on mechanical engineering. U Le Ye Myint mentioned he used various participatory training tools that he learned from this project in his training sessions. Thus, this project not only helped in tapping the expertise of an older man, but has also established him as a resource person to provide skills to younger generations, thus promoting social cohesion through inter generational bonding.

Information and Communication - breaks down negative social capital and also enables positive social capital by improving access to information.

The OPSHGs have become successful platform for disseminating information to its members and other community members. For instance, the monthly meetings where the leaders update the members about the various trainings/events they attended expand the horizon for the regular members. Many OPSHG leaders said their confidence in public speaking and meeting visitors (especially government officials) was built because of this project. The events in Nay Pi Daw and Yangon; and the exposure trip of a few leaders to the Philippines and Vietnam helped them to understand that OPSHG is a regional model and has been successfully running in many other countries. Furthermore, OPSHG members with various talents such as the music band from Asu Gyi village in Pathein, or the painter from Hle Seik village in Kyait Lat also got a platform to perform. The livelihood trainings provided by Golden Plains also had a positive impact as close to 80% of the beneficiaries interviewed mentioned they found the trainings beneficial. Thus, OPSHG has increased their confidence and improved their access to information about government programmes in their villages and livelihoods techniques

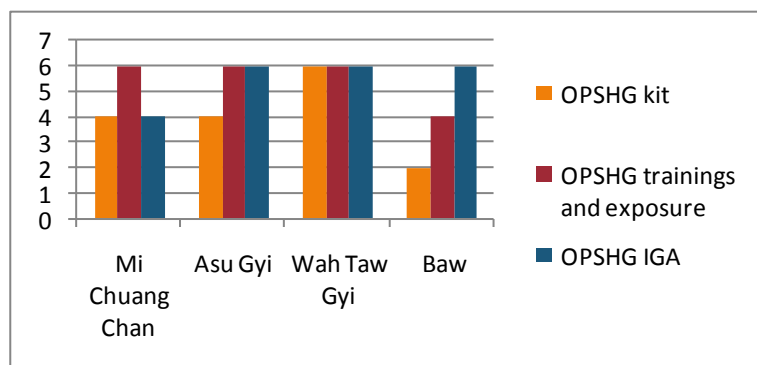
Replicable model established

The OPSHG model in Myanmar has been successfully tested in three different contexts: disaster affected communities in Kyait Lat, marginalized minority communities (Karen) in Pathein and development induced displaced communities in Pynoo Lwin. In all three contexts, the models have been implemented successfully, thus demonstrating that OPSHGs are multi dimensional; and can be both recovery as well as development projects. In fact OPSHGs in Kyait Lat have demonstrated that they can be an effective transition from emergency recovery to development projects, thus providing sustainability to recovery projects. Consequently, this project has provided a highly replicable model that can be implemented across Myanmar, and in different socio-political contexts of Myanmar.

Voice of the OPSHG

Impact rated by 50 beneficiaries in 4 villages show that they felt the OPSHG start up kit that provided them with storage boxes, stationery, display boards and membership cards helped them a lot in feeling like a group. The trainings and exposure was rated 6 on a scale of 6 by the OPSHG members in 3 out of 4 villages. However in Baw, the members felt the trainings were limited to the leaders and helped the leaders in building their communication skills, meaning that the general OPSHG members did not benefit as much from the capacity building measures as the leaders.

Figure 3: Impact rating by OPSHG members



LIVELIHOODS FOR OLDER PEOPLE AND THEIR FAMILIES

Baseline data shows that although 60% older people work, only about 11% of older people actually made a contribution to the household income as the rest of the older people either did not make a profit from their businesses or had to pay a lot of their income towards their loans. The baseline also indicated that the average income per month by the older people was very low at 20,000 Kyait (approximately 25 USD). Due to the absence of an end line survey, it is not possible to state how the livelihood support has increased the average income of older people, or quantify the contribution of older people in their household income. However from the responses of participating older people, the following can be estimated as direct impact of this project:

- At the end of the project close to 60% older people accessed low interest loans for productive assets to improve their livelihoods, thus it can be estimated that the profit older people made from having to pay significantly lower interest for their loans (OPSHG loans are 2% monthly interest compared to private money lenders' rate of 10-15% monthly interest) increased the contribution that they make towards their household income.
- The range of average monthly income varies greatly and is difficult to calculate. For instance a betel farmer earns almost 50,000 Kyait per month (62 USD) but a landless farmer is left with only 100,000 Kyait (125 USD) for the whole year after clearing out all expenses. However, in general 75% of the older people interviewed said they earn close to 30,000 Kyait per month (38 USD), which is higher than the figure reported by the baseline survey.

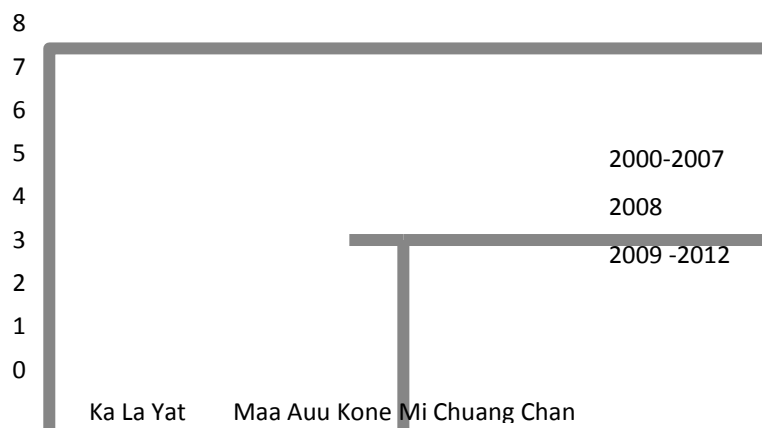
Recovery of livelihoods in disaster affected villages

Kyait Lat was severely affected by cyclone Nargis in 2008. The older people in the 3 Kyait Lat villages of Ka La Yat, Maa Auu Kone, and Mi Chuang Chan mentioned that for the first year after the cyclone, they survived on food aid from various agencies. However, soon they realized they needed to restore their livelihoods but could not do because of lack of opportunities and resources. Many started working as daily wage earners but job opportunities were limited as a lot of land owning farmers could not start farming either. Many other older people mentioned their health deteriorated fast as they felt physically weaker and could not pick up their lives after the trauma of the disaster. However, after the project intervention, which provided them both livelihood opportunities and health care, they feel they have at least been able to regain their quality of life before cyclone Nargis. This aspect has been explained in details below through a trend analysis.

A trend analysis was conducted with all 6 OPSHGs to assess how life has changed for the OPSHG members over a period of a decade, and what role the OPSHGs played vis-à-vis this project to improve or contribute to that change. The change was assessed by the following criteria: income, health, and access to facilities (health care centres and markets). The trend analysis of the past 10 years in the cyclone affected villages' show that older

people think their income, health, access to markets and resources collapsed completely following cyclone Nargis, and did not recover for at least one year after the disaster. For instance, in Maa Auu Kone, the members mentioned that upto 2007, they could earn enough to have two meals a day. However, cyclone Nargis took that life away from them. During that one year between the disaster and the start of this project, older people mostly survived on food aid from agencies, or from other community members; and some of them worked as labourers. Some land owning farmers could borrow money from the government banks but those who do not own lands could not access any loans/capital as they are not qualified to borrow from government agencies. However, even the land owning farmers (despite getting loans from government banks) could not restore their livelihoods as there were no buyers for rice upto early 2010. In 2009, they felt the situation changed as they received livelihoods inputs and could re establish or diversify their livelihoods, which ensured a steadier source of income, health and home care, DRR and last but not the least social capital through OPSHG. The figure below shows the total score for change in trend in three villages from Kyait Lat during three phases: pre cyclone Nargis (2000-2007), the year when cyclone Nargis struck (2008) and post cyclone Nargis, which is also the project period (2009-2012). Ka La Yat scored itself at 5 out of 10 in pre cyclone Nargis phase, Maa Auu Kone and Mi Chuang Chan placed itself at 6. Ka La Yat mentioned they were able to work to eat two square meals before cyclone Nargis, while the other two villages mentioned as a result of good health (since they were younger) they felt confident and energetic to work. In 2008, all three villages scored themselves at 0 or 1 due to the collapse of their economic activities shelter and the other losses from cyclone Nargis. In 2009-12, after this project started, all three villages mentioned a steady improvement in their socio-economic conditions along with health, hence a high score of 6 for Ka La Yat and Maa Aue Kone and 7 for Mi Chuang Chan. Thus, the trend analysis indicates restoration of livelihoods.

Figure 4: Trend analysis in Kyait Lat



Stories of change

Daw Nyo Tin (57 years) from Ka La Yat village lives with her 61 years old husband. Her children moved out of the house after marriage, and she and her husband worked as daily wage labourers to make their both ends meet. However, around the year 2006, after getting connected to a merchant, she started selling various clothing items to earn a living as her declining health did not permit her to toil on the farms any more. Soon, her husband too stopped working on the farms and started helping her in her business. He also made thatched roof, which is a seasonal business for three months in a year. Daw Nyo Tin said the worst time of her life was when she lost 250,000 Kyait in cash in cyclone Nargis. She had just sold all her items and kept the cash to invest for next month's business when the cyclone struck and she lost all her savings. She also lost her house in the cyclone, and had to borrow money to repair it. For 4-5 months she could not go to Yangon to buy items to start her business as not only she did not have the capital, the transportation system was not restored either. So, for one year she worked as a daily wage labourer again, along with her husband; and depended on her children for food and medicines. The house repair also put her in debt of close to 100,000 Kyait (125 USD). However, after the OPSHG

was formed in 2009, she could resume her normal life again as she was selected as one of the beneficiaries to receive 100,000 Kyait (125 USD). Now, after two years, she feels much happier as she makes a profit of 60,000 Kyait per month (75 USD) and has been able to repay her loan for house repair. Her dream now is to increase her investment to 300,000 Kyait (375 USD) so that her monthly earning increases. She is confident she will be able to increase her investment as now she can access the OPSHG loan every year.

Daw Khin Saw Mynt (62 years) is also from Ka La Yat village. She is a widow and sells goodies such as candies toys and other snacks in the village school. She lost her husband in 2007, just a year before cyclone Nargis. Her husband's treatment was very expensive and she had to borrow a lot of money to get him treated. As a result, she was in debt even before the cyclone devastated the village; and so had to depend on her children for food and other assistance. The cyclone further affected her life as she lost goods worth 10,000 Kyait (12.5 USD) which she could not pay back to the shops from where she buys her items. She also lost her house, household items such as kitchen sets and other meager things she owned. She was out of business for close to 10 months after the cyclone and survived on food aid from agencies and communities. However, after the establishment of OPSHG, she received 100,000 Kyait (125 USD) which she used to restore her business. Her dream is to have a debt free life (present debt is around 400 USD) and have a more age friendly business such as owning livestock or having her own grocery shop. Daw Mynt thinks, restoring her business to pre Nargis situation has stabilized her situation greatly as she has already bought two pigs from the profit she made from her business; thus the OPSHG livelihood programme is taking her closer to her dream.

Improved quality of life

According to most beneficiaries', livelihood interventions improved their quality of life in various ways. Easy access to loans, improved knowledge from livelihood trainings and the ability to pay off some of the debts gave a number of older people "happiness."

Access to loans: In Myanmar, the government banks provide low interest loans to land owning farmers provided they show their papers. However, these loans are available only for a limited amount of 20,000 - 40,000 Kyait (50 USD) per acre @ 2% monthly interest rate. The farmers mentioned traditionally they farm only once during the rainy season, but now to increase the production and availability of rice, government has asked all farmers in Myanmar to grow rice in summer as well. While in rainy season, 40,000 Kyait (50 USD) per acre is sufficient, in summer, the expenses are a minimum of 100,000 Kyait (125 USD) per acre. The balance 60,000 Kyait was earlier taken from private money lenders who would charge upto 15% per month, putting the land owning farmers in substantial debt. However, the land owners can now access the balance amount they need for summer farming from OPSHGs at 2% interest. Although they can access only upto 100,000 Kyait from OPSHG, they feel it still helps them in increasing profit margin since they save a substantial amount from not having to take high interest loans.

For landless farmers, access to OPSHG loan has a remarkable impact on their savings. However, at present all landless labourers (from the OPSHGs) cannot access loans the same year due to the limited funds available, which OPSHGs hope to increase in the next couple of years. Earlier, the landless labourers could access loans only from private money lenders at very high interest rates or from the landowners by offering labour in exchange. However, due to the OPSHGs, now they have easy access to loans and have been able to set up alternative or allied livelihoods.

Stories of change

U Ba Tha is a 73 year old farmer from Wah Taw Gyi village in Pathein. He owns 8.5 acres of land which he bought more than 50 years ago. His father was a landless farmer, so it was due to his immense hard work that he could own land for himself and his family members. U Tha grows paddy in rainy season and chilli in summer. For paddy

in rainy season, his investment is around 300,000 Kyait (375 USD). On an average he produces 40 baskets of rice per acre (with a total of 340 baskets for the whole land), out of which he keeps around 100 baskets per year for his own consumption; and sells the rest at 3500 Kyait (4 USD) per basket. Thus his total earning from rainy paddy is on an average 850,000 Kyait (approx 1050 USD); out of which he has to keep at least 300,000 Kyait (375 USD) for returning loans. During summer, U Tha mainly grows chili, but also has to grow paddy in at least one acre of land to meet the government rules for compulsory paddy farming in summer. Thus, at the end he is left with only about 500,000 Kyait (625 USD), which is only around 50 USD per month and not enough for a large family. So, U Tha and his family were looking for an allied income for a long time but could not get enough capital for it. The 100,000 Kyait (125 USD) that U Tha received from OPSHG was thus very cleverly invested in betel farming, which U Tha does along with his daughter. It's just been one year that he started this garden, and has already plucked 5 baskets of betel which has given him an income of 75,000 Kyait (94 USD). He can pluck leaves twice a month, thus can expect to earn upto 600,000 Kyait, in a year. He hopes to improve his family's quality of life with the additional income, which would mean education for grand children, a strong roof for his house, medicines for himself and enough food for all his family members.

U Bo Ani is a 74 year old man from Asu Gyi village in Pathein. He had inherited 60 acres of lands, which he distributed among his 9 children from his first wife. At present he is left with only 6 acres of land, which is the main source of income for his 40 year old wife and 16 year old step son. He needs a minimum of 154,000 Kyait (USD 192.5 USD) to invest in his land for growing paddy in rainy season. He took 100,000 Kyait from OPSHG and the rest from the government bank. As per U Bo Ani, although the rate of interest for both government and OPSHG loans are the same he prefers taking loan from the latter as it's less cumbersome with paperwork. Also, it is better to take loan from OPSHGs as then the interest will be used for village development; and as an OPSHG member he would thus prefer to do so.

Daw Phi Wai Phaw a 74 year old woman from Asu Gyi village who has been working as an agriculture labourer for the last 30 years. She is landless, so she works on her children's land during summer; and on others' land during rainy season. In 2009, when she received 100,000 Kyait (125 USD) from the OPSHG, she invested in her children's land for summer farming; and made a profit of around 125,000 Kyait (156 USD) which she spent on repairing her house and on food for herself. In the next year, she took another loan of 100,000 Kyait (125 USD) from OPSHG to invest in a pig, which will give her the same profit as the summer paddy in the year 2009, but would demand lesser labour.

U Shae Lon is a 66 year old landless farmer who used to work as a daily wage labourer until three years ago. However, he could not carry on his work as he had TB in 2008 which made him very sick and house bound for close to one year. From having to spend on his medical treatment, he was under debt and so did not have any capital to change his occupation. Therefore, getting selected by the OPSHG for a loan of 100,000 Kyait (125 USD) with a very low interest of 2% per month brought great amount of hope in his life. In 2009, he bought a female pig, which gave birth to 7 piglets. Within a year, he sold the pigs and received a profit of 50,000 Kyait (62.5 USD) after returning OPSHG loans and buying another pig worth 60,000 Kyait (75 USD). He used this money to buy his own food, thus reducing his dependency on his children.

Improved technical knowledge: All the beneficiaries who received loans (via productive assets) in the first year of the project (in Kyait Lat and Pathein) and second year of the project (in Pynoo Lwin) received livelihoods skills trainings from Golden Plains¹¹. The beneficiaries' rated the trainings very highly for impact as many felt they learned new and relevant techniques, easy to follow with quick impact on their profit levels. Although traditionally villagers, especially older people, know how to farm or raise livestock, according to the beneficiaries interviewed during the evaluation, they said there were many technical aspects of their livelihoods they were not aware of earlier. For instance, after cyclone Nargis, they realized they did not know how to save their livestock in disasters,

¹¹ A specialized agency providing livelihood trainings, with core competency in agriculture.

or de saline their lands. They also got insights on selecting seeds and making insecticides instead of buying expensive ones from the markets.

In Baw village, in Pynoo Lwin, the beneficiaries said they had an increase in income from farming a different variety of corn that was introduced to them in the livelihood trainings. Earlier they grew “kalar piun” corn but at the livelihoods trainings they learned that CP corn is more profitable. They also learned the techniques to grow this variety of corn efficiently. The access to loan of 100,000 Kyait (125 USD) helped them to invest in CP corn which is more expensive than “kalar piun.” In one acre of land, “kalar piun” needs an investment of 100,000 Kyait with a profit of 50,000 Kyait (62.5 USD). On the other hand, CP corn needs a slightly higher investment of 110,000 Kyait (137.5 USD) and gave them a profit of at least 100,000 Kyait. The difference in cost comes mainly from the fact that CP corn needs more fertilizer to treat the soil.

In Annex 2, case studies of best, typical and worst stories are provided to demonstrate the degree of impact of this project on various percentages of OPSHG members. Best cases are those older people who received a combined benefit of productive assets and technical trainings to improve their livelihoods and contribute to the OPSHG funds for community development. Typical Cases are those older people who access the low interest loans set up by the OPSHGs and have reduced their debt. Worst cases are those older people who remained excluded from OPSHGs or OPSHG activities; and whose primary problems or critical needs were not addressed by this project.

HEALTH AND HOME CARE

It is but natural that with age, various health related problems will emerge as indicated by over 75% of older people interviewed during the baseline who said they did “not feel well most of the times.” According to HelpAge’s need assessments on health in the target villages, “46% of older persons suffer from impaired eyesight, 52% experience chronic pain (of the joints) and 28% can only walk a few paces without assistance. With regards to daily habits 39% smoke and 32% chew betel (causes of mouth cancer and poor dentures).” Thus, having a Mobile Medical Unit that addressed the health needs identified by the needs assessment with appropriate medicines and health education had a positive impact on the health of the older people. The three top changes identified among the older people were that (1) older people knew what were their health problems (got diagnosed for the first time), (2) could control their blood pressure, and (3) became aware of the importance of good diet (with a few testimonials of changing diet). Thus it can be estimated from the analysis of the testimonials that at least 50% the interviewed older people “feel better most of the times” with MMU outreach services and home based care.

The OPSHG members in Kyait Lat mentioned that prior to cyclone Nargis they were quite healthy and physically fit as they could work on the farms all day and earn their own living. However, the “disastrous cyclone Nargis took their health away” as the trauma of losing lives and assets created a lifelong dent in their health. Nonetheless, they felt having the MMU come to their village every month assisted them to regain their health to quite an extent. Many said that even though they do not feel 100%, they still feel energetic enough to work on their farms and move on in life. The OPSHG members in Pathein and Kyait Lat mentioned a steady improvement in their health ever since MMU started as they feel more “energetic” and “happier.”

The home care system for frail and housebound older persons have a high impact on the beneficiaries’ lives, as for the first time these people have a systematic and specialized support (such as physiotherapy, counseling, personal hygiene maintenance) from volunteers. Therefore, their needs for counseling, personal care, companionship and other support are being met. The families of the older people receiving home care are “happy” and “relieved” to be have someone care for their older parent while they are at work. The home care beneficiaries’ health is monitored regularly as the volunteers measure their blood pressure every month (each OPSHG is equipped with a blood pressure measuring unit). This system has also promoted better bonding between young community members and older people.

Stories of change

U Khynt Aye is a 76 years old OPSHG member, who received both health and home care from the project. He was the first President of Maa U Kone village and attended OPSHG leaders' training in 2009. However, in 2010 he had a massive stroke, following which he had to step down from his position in the OPSHG. After the stroke, his movement was restricted, memory failed and he also suffered from depression. He said since his wife had to work in the farm to earn a living, he started feeling bored and unwanted by sitting all day at home. However, in 2010, he was selected for both home and health care. A volunteer visits him thrice every week and gives him company for a few hours. The volunteer takes care of his personal hygiene and helps him to exercise. The MMU doctor made home visits and provided him with medicines for muscle strengthening, multi vitamins and diabetes. He has been asked not to eat salty or sweet foods. At the end he said, he feels much better now than two years ago, but wonders how he will afford to buy the medicines for the rest of his life.

In Mi Chuang Chan, lives a 58 year old bed ridden widow called Daw Thaung Tin. She lives with her 41 years old unmarried sister as the rest of the siblings have all moved to other villages after getting married. Her sister works as a daily wage labourer to earn a living. Daw Tin has been paralyzed for over 10 years now due to arthritis. Therefore, she is completely dependent on her sister for daily care. This posed a problem as her sister could not stay away for long hours working in the farm, which affected her livelihoods. Thus, having a home care volunteer had a significant impact on the two sisters' life as the volunteer takes care of Daw Tin's personal hygiene and gives her company when the sister is away for work. Daw Tin's health also improved to a large extent as the MMU doctor provided her with multi vitamins and his medicines kept her diabetes and pressure in check.

DRR

The baseline indicates there was no existence of Disaster Risk Reduction prior to the project, and the disastrous effects of cyclone Nargis demonstrated the need for having a certain degree of preparedness among the community members. In the project, the DRR initiatives involved trainings and equipping the communities with IEC materials for awareness generation and equipments for early warning system. The project aimed at reduction of vulnerability to natural disasters through trainings on DRR, development and implementation of community risk assessments. The CBO received training on DRR from external agencies, which she provided in return to other concerned team members and the 20 OPSHG subcommittee members. Although IEC materials were seen in each village along with general knowledge on early warning and evacuation, the other aspects of DRR as noted in the project proposal such as disaster mitigation, response and recovery were not covered adequately. Furthermore, the DRR subcommittees were supposed to be community groups with representatives of older people, which would then guide the whole community along with older people on the village community action plan on DRR. Nonetheless, in the villages visited, the DRR subcommittee mostly comprised of the home care volunteers and OPSHG members. The OPSHG members were responsible for early warning and as per the testimony of the participants, the evacuation is supposed to be initiated by the community members themselves once an early warning is received. The OPSHG members mentioned their DRR preparedness is to ensure all important documents and dry food are kept safely. The repairing of the walking bridges and roads by OPSHGs in a few villages complement the DRR activities as movement becomes easier during emergencies because of the infrastructure. The OPSHG members said they never had a mock drill to practice their preparedness, which resulted in only theoretical knowledge on the subject. The age friendliness of the DRR system is also not clear as the IEC materials are written in small fonts and the vulnerability of older people during evacuation and preparedness is vaguely captured. Thus, the DRR activity lacked depth and substance; and seemed to have only set up a reasonably good early warning system.

As explained in earlier sections, the impact of this activity is the most in the cyclone Nargis affected villages where people value preparedness to reduce disaster the most. However, in the other villages older people said that they will be able to make use of the DRR skills for fire incidents as those are common in their villages. Nonetheless,

having the radio and the microphones (if properly maintained) can be very useful to spread urgent messages to the whole communities in an emergency. At the same time, the public address system can be very effective in disseminating other practical information. For instance, in Baw and Ka La Yat, the OPSHG play news on the radio on the microphone for the entire village to listen. Nonetheless, the DRR plans at present are at a very basic level, and until these plans are connected with higher level disaster management plans (as envisioned in the proposal) and/or other agencies DRR ongoing DRR work, the foundation laid on early warning and basic preparedness and evacuation may weaken from lack of constant engagement.

COMPARISON WITH NON PROJECT VILLAGES

To bring out the overall impact of the project on the target villages, a comparative analysis with non project villages was envisioned for the final impact assessment. Therefore, as discussed in the methodology section, one village was selected randomly in each township for the comparative analysis. However, this plan turned out to be quite difficult to implement. In Myanmar getting permits to speak with village communities is a complicated process; and to speak with community members and village authorities who do not belong to the project villages is very challenging as there is lack of willingness to speak with strangers. Besides, the risk of raising expectation through a visit to a village was also there as in a couple of cases the village authorities misunderstood the interviews for the assessment to be meetings for bringing new projects to the villages. Therefore, the group meetings and interviews had to be kept short with straight forward questions which would not raise people's expectations or would be uncomfortable to respond.

After the discussions it was found that older people face similar problems in all three non project villages and to a large extent the status of older people in these villages are the same as the project villages prior to the project interventions (as reflected in baseline). Each village visited had on an average 50 households with older people, or around 100 older people; which was at least 15% of the total population. Below a summary of their needs are provided, vis-à-vis the status of older people in the project villages.

Table 5: Comparison between non project village

Aspects of comparison	Project villages	Non project villages
Social capital through OPSHG	One of the major impacts of the project in the project villages was the establishment of OPSHGs as an effective social capital that gave older people a chance to become change agents for community development. Thus, there is social cohesion, collective action and cooperation, trust, solidarity and networking among older people and other actors in the project villages	<p>In the non project villages, it was found that the older people meet only for religious purposes. The older men and women are in touch with their immediate neighbors but are not very familiar with older people living in other parts of the village. However, they meet each other in local Pagoda/ They also do not play an active role in problem solving but at times provide advice to their communities on organizing religious events especially for raising funds and carrying out the religious prayers.</p> <p>In two non project villages in Pathein and Pynoo Lwin, the older people mentioned there are youth clubs in the village, but no other CBOs. The youth clubs get together to organise various community events and in a few occasions provided assistance to older people by helping them bring water or repair their house. However, there are no such formal linkages or networking between older</p>

		<p>people and the youth clubs.</p> <p>It was also noticed that in the non project villages, the village leaders and also the older people do not know much about the status of older people in their communities. For instance, in Ah Nak Su village, the leader or the older people could not tell how many older people live alone, or are housebound. This is in sharp contrast in the project villages where OPSHG keeps an updated record of the status of older people and their needs.</p> <p>Other aspects of OPSHGs impact s such as confidence and communication skills, record keeping, vision for community development were also not seen among the older people in the non project villages.</p> <p>Furthermore, older people reported exclusion from various agencies' programmes in their villages. For instance, in the non project village in Patehin, IDE implemented a home garden programme for both livelihoods and food security. However, older people were not targeted/included in that programme unless their families received that support.</p>
Livelihoods	<p>In the project villages livelihood support has been provided through productive assets, technical trainings and loans. The impact of the livelihood interventions has been manifold, for instance, older people have been able to restore their livelihoods from the effects of natural disaster, have been able to have an allied occupation or change to more age friendly options. In the project villages close to 80% of the older people reported to be working to earn a living, so having a set of livelihood interventions has assisted the older people to improve their quality of life.</p>	<p>In the non project villages only 20% of the older people who participated in the meetings said they work to earn a living. These 20% older people are mostly land owners, but there are also some landless labourers. Therefore, to find that 80% of the respondents mentioning they do not work, and just rest at home was in sharp contrast to the older people in the project villages. This trend can be attributed to the fact that in the non project villages, older people do not have access to easy loans, or technical knowledge to switch their occupations to more age friendly work (like farmers opening a grocery store).</p> <p>A number of older people said, they are not willing to work as their health is very poor. They do not have enough energy, or are bed ridden from joint pains/weakness and so have stopped working. Thus, they depend on their children for food and other assistance, implying high dependency ratios, which runs the risk of being detrimental to older people's living conditions as due to economic stress social/traditional norms can break down. Moreover, older people in the non project villages look passive, dependent and not in control of their lives, as opposed to the older people who received livelihood support in the project village who are brimming with self dignity and hope.</p>

Health and home care	<p>In the project villages, most older people suffer from hyper tension, diabetes, body pains and weakness. Having access to the Mobile Medical Units for regular health check ups and receiving relevant medicines helped the older people immensely. Most older people said now they are aware of the health problems they have, can monitor the vital signs such as blood pressure, and are aware of the benefits of good diet and exercise. Improved health has resulted in more energy to work for a living and to do household chores.</p> <p>Those older people who are house bound now receive regular care and company through the home care volunteers. Thus, the family members of these older people can go to work in the farms without having to worry about the well being of their older family member.</p>	<p>The health issues among older people in the non project villages are the same as the older people in the project villages. However, the older people in the non project village have not been diagnosed of their problems and so only know their illness through symptoms such as weakness, joint pains, dizziness etc. However, in Pynoo Lwin, the village has a Rural Health Centre where a mid wife provides the older people with necessary health monitoring and medicines. Therefore, this village has good access to health care.</p> <p>For home care, there is no systematic support apart from neighbors looking after those older people who need urgent care. The youth club members in a few times have also provided some support such as bringing water or medicines but those were random acts and did not stem from organised planning and linkages.</p>
DRR	<p>The project villages are all resourced with early warning system, evacuation plan and basic preparedness so that in case of an emergency the OPSHG members and other community members can receive information in time, pack their key documents and dry food and can evacuate to the nearest safe shelter.</p>	<p>The non project villages have never heard of the concept of DRR apart from the government supported fire drills that took place in some of the villages. The non project village in Kyait Lat was affected by cyclone Nargis and so is quite vulnerable and disaster prone. However, none of the community members have any knowledge on preparedness.</p>

LESSONS LEARNED AND RECOMMENDATIONS

The lessons learned and the key recommendations from this evaluation, can be used by HelpAge in Myanmar for developing their future strategies and designing their new projects/interventions. To capitalize on the momentum set by the impact of CORP project, and to ensure that the future strategies are in line with the work of the past, considering these lessons learned and recommendations will be important. For every key lesson learned, a recommendation has been provided for HelpAge in Myanmar so that the identified gap can be addressed adequately in the future.

1. Induction/on job training

During the consultation with the project team, it was identified by the team members who were recruited midway the project, their orientation or on job training was one of the weak areas as they felt they did not receive enough understanding of the project from their induction. Since establishing OPSHG and working with older people are specialized areas they needed technical trainings to get started with their tasks. A couple of new staff members said they had to depend on the front liners (the CDOs) who were working with the project since the beginning to gain a proper understanding of the activities, so the learning process was quite prolonged and their grasp on the technical aspects of the project were delayed. This had a negative impact on their work as they could not lead their project well (as demonstrated by the challenge faced by the new Project Coordinator in making good progress with project implementation because of which the CBO was engaged with additional tasks, that affected her original tasks).

Recommendation: HelpAge International is growing fast and new staff members get recruited often. To give the new members a strong orientation and to get them started at the earliest, it is imperative that HelpAge country office develops a detailed induction programme. Senior staff members or those who have worked with HelpAge for a long time can be resource persons for various aspects of the induction training.

2. Human resource base for OPSHG development

The fact that a replicable model of OPSHG is established in Myanmar with HelpAge planning to expand this model implies there will be a need for human resources with specialized expertise. In general, there is a lack of specialized expertise and a number of agencies in Myanmar are making efforts in building the capacity of staff members in various technical areas.

Recommendation: Retain the core team (especially the front liners) as experts on OPSHG who can also double up as field based resource persons for various training programmes. HelpAge already has plans for retaining a few staff members in the KOICA supported project for developing OPSHG in 43 villages. However, at least 2 CDOs will have to be dropped since there are not enough positions in the new project. However, since the KOICA project was developed prior to the end of the CORP project as a channel for expanding OPSHG in Myanmar, place for at least all the programme staff should have been made to ensure retention of all the project staff members, as a lot of time and resources have been invested in building the capacity of the CORP project team. Moreover, there should be scope for more front liners given that the new project will be implemented in 43 villages (as opposed to 20 villages in the CORP project). If the new project permits hiring of consultants, then perhaps the two spare CDOs can be hired as consultants to be absorbed later in new projects, until of course they choose to leave HelpAge on their own.

3. Road map for partnership

An effective partnership should have a road map that clearly indicates the various milestones to be achieved so that there is a common vision. In the partnership with NYMCA, there was a lack of a common

vision. Both HelpAge and NYMCA claim they have made efforts to fill the gaps identified during the course of the partnership but even then there is a lack of tangible outcome in regards to NYMCA's capacity building.

Recommendation: There is a need to focus on building an effective and realistic partnership with NYMCA so that HelpAge can benefit from NYMCA's vast network of staff and volunteers across the nation; and the build on the history of their collaboration. NYMCA mentioned they would like to provide a face lift to the National Home Care Committee by changing it to a committee on ageing, a so that it can start working in a more dynamic way on ageing issues. However this process will take time as it needs to be approved by NYMCA general body. It is recommended that once NYMCA makes this change, efforts are made to start small pilot projects on OPSHGs. NYMCA has now recruited a technical advisor who can work on developing small project proposals with guidance from HelpAge. However, it is also recommended that HelpAge and NYMCA reflect on their partnership to assess if they can actually add value to each other and can work together in the right spirit. The grievances that both partners have against each other (communication gaps, lack of time for each other, absence of an effective and tangible road map and results) should be taken into consideration and if both agencies feel that their partnership is meaningful only then they should take the steps to create a road map for the future. Furthermore, HelpAge's partnership with local chapters of NYMCA (for instance for the dry zone project) should be evaluated properly and if that partnership is being more effective than working with NYMCA directly, then maybe that model is more suitable. However, it is noted that NYMCA said they would prefer being the partner and would oversee local chapters work rather than HelpAge having direct partnership arrangement with their local offices.

4. OPSHG linkages

Although the OPSHGs are functioning very well and have excellent rapport with the village authorities, there is still lack of concrete linkages with strategic partners to address various issues older people face. HelpAge has reported many agencies have shown interest in establishing OPSHGs, however, linkages could have been fostered with agencies on other areas too apart from replication. For instance, child protection, gender, health, income generation, training and advocacy are some of the key areas that OPSHGs can do a lot of work if they are linked with appropriate agencies.

Recommendation: Linkage with protection cluster/working group needs to be reestablished as HelpAge is the focal agency on ageing in Myanmar protection cluster; and OPSHGs can be very effective community based mechanism for protection. It is noted that globally HelpAge is working in very close collaboration with the protection cluster. In Myanmar too, HelpAge invested a lot of time and effort in setting a foot inside the protection cluster after cyclone Nargis. So, a need to reinvest time to bring up the profile remains. Similarly OPSHGs can also be connected with other relevant agencies focusing on livelihoods, health and service delivery; and OPSHG leaders can become resource persons for OPSHG development at the grassroots.

The partnership with TLMI can become more effective if the home care volunteers are linked with TLMI community based rehabilitation programme. This will ensure that home care volunteers can give more specialized physiotherapy to their clients.

5. Stepping up the collaboration with DSW

HelpAge's collaboration with DSW is one of the best between an INGO and line department in Myanmar. The DSW is accepts the OPSHG model and HelpAge's work on ageing in general and is very keen on developing technical expertise in this area. However, by DSW's own admittance, they have very limited human as well as financial resources. Nonetheless, with the changing socio-political situation in Myanmar

it is very likely that DSW will get more attention and investment. The Head of office of DSW for Ayerrawady Division mentioned that there is a growing interest in DSW's activities as the government seeks to invest more in human resources. Therefore, HelpAge should explore a more strategic collaboration with DSW so that the department's capacity can be adequately built for addressing the needs of a growing population of older men and women

Recommendation: To provide technical training to DSW staff and volunteers, HelpAge can develop a work plan with concrete objectives and activities each year to make the collaboration with DSW more structured. It was reported by HelpAge that DSW approached them to assist with the curriculum for a training school run by DSW. DSW staff members mentioned at present the course on older people has psychology and counseling in their syllabus but the training materials for older people are the least advanced compared to child protection (with Save the Children), disability (TLMI) and gender. Therefore, HelpAge can explore assisting this establishment with a strong training course in care for older people, especially home care for the house bound. Also there is a potential to link this training resource with HelpAge and YMCA home care volunteers so that the existing or newly recruited volunteers can get periodical training in a sustainable way.

6. Designing an appropriate framework for collaboration with the Department of Health

The collaboration with the Department of Health was initiated to implement some of the project activities such as training of government health staff members and designing the MMU. However, at present, there is no further linkage with the DoH to take the work with older people forward. The representative from the DoH mentioned there is a National Programme for elderly health care, running for over 10 years and funded by WHO. Thus, the department has adequate technical expertise in geriatric health and has a well designed outreach programme that is being implemented in 80 townships. However, the funding of this programme is dwindling now as WHO is cutting down on fund allocation. The DoH feels if adequate fund is raised to implement the already designed National programme properly then the status of health care of older people in Myanmar will improve drastically.

Recommendation: Health care is definitely one of the primary needs of older people as it affects their livelihoods, independence and dignity. Given the weak sustainability of MMU, HelpAge should think about a strategic collaboration with DoH on extending outreach health care to older people in a sustainable way. Additionally in the 20 project villages, DoH programme can be activated and linked with OPSHGs. Therefore, in the future HelpAge and DoH should map activities for greater and concrete collaboration for sustainable health care for older people.

7. Further monitoring of OPSHGs

The OPSHGs are strong and well functioning. However, they are still in the process of becoming fully independent. Therefore, at this point complete withdrawal from the OPSHGs may lead to their gradual break down. The project could have kept the last three to six months for phasing out by observing OPSHGs performance rather than implement any activities with them. This would have helped the OPSHGs in becoming more independent. Nonetheless, since HelpAge has already been approved for a KOICA funded three year long project that has monitoring the current OPSHGs as one of the project components, there is adequate time to plan a good phase out strategy.

Recommendation: Based on the individual record and performance of each OPSHG, a monitoring and coaching plan should be made to gradually phase out from the project villages. A list of indicators on how OPSHGs performance should be assessed for phasing out should be agreed on at the beginning so that there is a common understanding of this activity. In the monitoring plan, the performance of the township level OPSHG committee should also be included. Below is a set of suggested broad indicators that HelpAge can use for making the OPSHG phase out plan.

1. OPSHG leaders and sub committee performance
2. OPSHG fund management (including cash handling, bank accounts etc) and progress monitoring
3. OPSHG annual plan implementation and drafting every year
4. Linkages (especially for health, livelihoods such as vaccination and DRR)
5. OPSHG meetings (attendance, agenda, fund raising, decisions taken)
6. Succession management

8. Inclusion of gender related work

Women members consist of 59 % of OPSHG members, yet the activities of OPSHG had a blanket approach in terms of gender related work. Consequently women member in general are still not very articulate and still lack in certain capacities (such as leadership and awareness). It is important to include gender empowerment components while working with older people, as older women continue to face gender related issues even after becoming old. Besides, focusing on older women with the gender lens will provide HelpAge with evidence of issues and strategies for advocacy with agencies working on gender.

Recommendation: In future interventions with new OPSHGs, activities on gender empowerment should be included so that older women get a platform for specific gender related capacity building. HelpAge can consult agencies such as the members of the gender working group who are the leading actors on gender issues, and then incorporate appropriate activities in the overall OPSHG framework so that gender is mainstreamed well in the OPSHG model. Furthermore, in the 20 OPSHGs there are a few dynamic women leaders who can become effective resource persons for promoting gender related work both in new and existing OPSHGs.

9. Age friendly DRR

The DRR activities although well implemented in meeting the purpose of raising awareness on the issue and in placing an early warning system within the OPSHG villages, lack elements of age friendliness. The DRR materials and activities have been replicated from Action Aid's DRR project which is a good practice of collaboration. However, perhaps the project team could have developed strategies to make the generic DRR activities age friendly by making additions and improvisation such as IEC in large fonts and more graphics, addressing the various disabilities and abilities of older people in the evacuation plans, making sure the community knew how to address older people's problems during and after emergencies etc. HelpAge reported that their regional office in Chiang Mai has developed such materials, which can perhaps be used for future DRR awareness generation initiatives.

Recommendation: HelpAge should invest time and resources in customizing the existing DRR model by Action Aid into an age friendly plan, and then not only implement that in its project villages, but also advocate for it in various platforms. HelpAge reported it is a member of a consortium on DRR along with Action Aid and other agencies, where HelpAge will provide the technical assistance on inclusion of older people. Therefore having a model of age friendly DRR that will demonstrate how inclusion of older people can take place in various cycles of DRR will also assist HelpAge in playing an effective role in the DRR consortium of agencies.

10. Training resource pack for promoting OPSHG model

HelpAge has been able to promote OPSHG model through various platforms including the events in Nay Pi Taw and Yangon; and the media coverage of those events. Consequently, HelpAge reports there is a demand for replicating the OPSHG model among many agencies. However, despite having various training materials on OPSHG, and documentation of good practices in establishing OPSHG, there is no

comprehensive training module or a training programme on OPSHG that HelpAge can share with other agencies. This is hindering OPSHG's expansion in Myanmar.

Recommendation: It is suggested that HelpAge invests in developing a fully fledged training programme so that it can provide periodic trainings on OPSHG's to various interested agencies. The training programme can include a training module and exposure visits to established OPSHG's. The OPSHG members can become resource persons too when an agency establishes an OPSHG in a new village.

CONCLUSION

The project's **overall objective** was to reduce poverty in rural Myanmar through establishment of community-based organisations – Self Help Groups. The project has largely succeeded in setting up community based systems/mechanisms which will assist older people and other vulnerable members to reduce their poverty levels. However, the long term impact on poverty reduction by the OPSHG's should be studied over time. The project's **specific objective** was that community-based Self Help Groups, supported by national Non State Actor, have the capacity to lead activities that strengthen livelihoods and reduce vulnerability among older people and their families in 20 communities in Myanmar. The project has been successful in setting up 20 highly effective OPSHG's that are social safety nets and efficient social capital, thus providing various services and resources for livelihoods, health/home care and DRR to reduce the vulnerability of older people and other community members. The capacity of HelpAge country office has been established adequately, with a strong connection with the government. However, the partnership with NYMCA requires more attention and strategic thinking.

The relevance of working with older people in Myanmar will continue to grow, and therefore, the OPSHG model has a massive potential for growth and expansion in the future. As discussed in the impact section, the CORP project has been instrumental in not only establishing the OPSHG model as a viable platform for community development led by older people, but also has played a key role in establishing HelpAge's country programme in Myanmar. Therefore, this project has a substantial effect and impact and will be held as HelpAge's flagship project in Myanmar that transformed the image of older people from passive receptacles of welfare to active agents of change.

During the time of this evaluation/impact assessment, HelpAge had already started a project supported by KOICA for expanding OPSHG in new areas. Therefore, it is clear that HelpAge has a strategy to promote and replicate the OPSHG model; and has the support of the local government in doing so. While undoubtedly there are many achievements around the OPSHG's to take forward as captured in this report, there is also scope for further improving the OPSHG model. The recommendations forwarded by this report provide a basis for HelpAge to reflect further and find out how the OPSHG model can be made more dynamic and inclusive so that OPSHG's can truly unfold as a platform for empowering older people and other vulnerable members of the community. Therefore it is important that HelpAge conducts a reflection session and incorporate the recommendations provided by this report to step up its work with OPSHG's.

There is also a need for reflecting more on working with local partners. As of now, the partnership with NYMCA is still at a very primary stage in terms of taking on the work of OPSHG's. HelpAge will definitely need to invest more time and efforts on various technical aspects associated with building national capacity by meaningfully engaging motivated local partners (apart from its staff members) on OPSHG model. More actors, resources, training programmes, investments and a national strategy are imperative to expand the OPSHG model.

Finally, the impact of this project indicates that there is a need for bigger investments from donor agencies to scale up the model to its potential. There is a need to promote the success of this model among donor agencies investing in Myanmar through proper documentation, advocacy, social marketing and proposal development. In conclusion, it is hoped that the OPSHG model (in its entirety or as part of inclusive strategies) continues to grow in Myanmar so that older people, and other vulnerable members of the community continue to benefit from them.

Submitted by Samantha Chattaraj, 10 April, 2012