

Final Project Evaluation of Community Humanitarian and Recovery Response, West Darfur, Sudan

Implementers: HelpAge International, Sudan Country Programme
Project funding: AECID (Spanish Agency of Cooperation for International Development)
Project duration: 1 December 2011 to 30 November 2012
Project budget: €397,873
Evaluation period: April 2013



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List of Acronyms

AECID	Spanish Agency of Cooperation for International Development
BCC	Behaviour Change Communication
BMI	Body Mass Index
CFP	Complimentary Feeding Programme
DAC	Development Assistance Committee (of OECD)
EC/EU	European Commission/Union
EPC	Elderly People Committee
FAO	Food and Agriculture Organization
FMoH	Federal Ministry of Health
GAM	Global Acute Malnutrition
HAC	Humanitarian Aid Commission
HAI	HelpAge International
HCP	Health Care Provider
HED	Health Education Department
HH	Household
HIS	Health Information System
HIV/AIDS	Human Immune-deficiency Virus/Acquired Immune Deficiency Syndrome
IDP	Internally Displaced Person
IEC	Information, Education and Communication
IGAs	Income Generating Activities
KAP	Knowledge, Attitudes and Practices
MAM	Moderate Acute Malnutrition
M&E	Monitoring and Evaluation
MUAC	Mid upper arm circumference
NFIs	Non Food Items
NGO	Non-governmental Organisation

OECD	Organisation for Economic Co-operation and Development
OPC	Older People Committee
OPSC	Older People Social Centre
SAM	Severe Acute Malnutrition
SHHS	Sudan House Hold Survey
SFP	Supplementary Feeding Programme
SMOH	State Ministry of Health
TN	Total number
UN	United Nations
UNHCR	United Nations Higher Commissioner for Refugees
UNICEF	United Nations Children Fund
WFP	World Food Programme
WHO	World Health Organisation

Acknowledgement

The evaluation consultant would like to acknowledge the support he received from the staff of the State Ministry of Health, HelpAge International, and World Food Programme in conducting this evaluation.

The consultant expresses his special appreciation to Conny Demontis (Programme Officer, London)), Job Ikwawe Ouma (Acting Darfur programme Manager, West Darfur)), and Ruth Nkulu (Ex Health and Nutrition Coordinator, West Darfur) who provided useful information and insights as the team progressed from gathering information to drawing conclusions and making recommendations. They successfully managed to arrange for the logistic arrangements, the site visits, the meetings and the discussion with the community members and the service providers.

The time and assistance provided by Omer Ibrahim (National Programme Coordinator, West Darfur) are greatly appreciated, without his assistance this evaluation wouldn't have been accomplished so smoothly.

Finally, our special thanks go to those managers of the different Directorates at the SMOH for the valuable information they gave, the time they reserved for the interviews and discussion and for the patience and openness they showed. Special thanks to the service providers and community coordinators and the community members who graciously allowed us time to discuss and know about contributions.

EXECUTIVE SUMMARY

The purpose of the evaluation is to examine to what extent the activities of the project “Community Humanitarian and Recovery Response” contributed to improving the physical and economic status of older people in West Darfur State in Sudan. The project basically used two components 1) improving health and nutrition status of older people by food demonstration, 2) Improve accessibility of older people under nutrition programme to assets and enhanced skills for viable small businesses.

The project was targeting approximately 10,000 older persons as direct beneficiaries with approximate 60% older women in 12 IDP camps in West Darfur (Krinding I, Krinding II, Riyad, Durti, Ardamatta, Madina Hujaj, and Abuzar) in and around El Geneina town, and in the rural camps of Habilah (Madaress & Al Salam), Kerenek, Mornei, Sisi, and Gokar with thematic interventions in health, nutrition and livelihoods.

HelpAge implemented the project in collaboration with line ministries Ministry of Health (MoH), Ministry of Social Welfare (MoSW) and Ministry of Agriculture (MoA), beneficiaries, Older Peoples Committees (OPCs) and Community volunteers.

The evaluation took place during the period 17 March – 15 April 2013; and was conducted by external independent consultants. The evaluation methodology included review of relevant documentation, structured interviews with key informants and stakeholders, field visits to camps and Older People Social Centres and interviews and focus group discussions with community members.

Summary of Key Findings

Given the complexity of the project design and the West Darfur state post-conflict context due to the diverse cultural believes of the target communities, HelpAge has done remarkably well. There have been substantial improvements in majority of project elements. Nevertheless, the evaluation consultant concludes that if the project has more attention to sustainability of IGAs interventions, by focusing more in improving capacity of beneficiaries to manage IGAs and set rigorous monitoring and evaluation system to provide regular and ad-hoc support for IGAs clients, implementation would have been more focused on the immediate actual needs and the achievements would have been greater, and the intervention would be sustainable.

The project components have progressed at different pace. In general, food demonstrations and distribution of SFP baskets components have progressed at a higher pace compared with IGAs interventions that started late.

The evaluation consultants found that the selected Income Generation Activities were relevant to the beneficiaries' context and they are culture sensitive and they responded to most of their daily household financial needs. Beneficiaries also reflect their satisfaction of the level of participation in designing and selection of IGAs according to their previous experience and familiarity with setting. Neither training nor capacity building were received by beneficiaries on IGAs management, which negatively affect the sustainability of these activities. Since IGAs started late during the last month of project duration (November 2012), no one can judge at this stage if the IGAs improve the economic status of targeted older people. IGAs markedly improved the self-esteem of older people and increase their productivity by increasing their engagement in community life. That was observable more in older women as they reflect that IGAs increase their productivity, activity increase independency.

The evaluation reflect the success of the food demonstration sessions were focused on helping individuals and communities to better understand and act upon their needs and roles. HelpAge used different approaches to reach older men, women. These awareness raising sessions were facilitated by Older People Committee and caregivers, those trained to deliver the basic health, hygiene & nutrition. This successful approach deal with older people as influential agents of behaviour change as perceived in their communities.

Recommendations and Lessons Learned

At programme and policy level, it is recommended to continue the project implementation in a sustainable manner with a multi-sectorial approach; however an improved quality of proposal development and prior need assessment should be maintained. In addition, a better advocacy efforts and coordination with SMOH to ensure that health and nutrition of elderly people is a priority in terms of policy, guideline and protocols for services. A comprehensive approach to ensure future sustainability is recommended through partnership with competent and accountable national actors and greater community participation.

At OPSC facility level, reconstruct of facilities with fixed materials is highly recommended in addition to building capacity of all staffs tailored to work needs.

At community level, it is recommended to conduct frequent awareness campaigns in areas such as value of volunteerism, participation of non-elderly community members, and value of IGAs programme. Furthermore, strengthening of the successful home care givers programme for home bound older people is also recommended. This is particularly through advocacy among community and stakeholders such as Ministry of Health, Ministry of Social Welfare and Security, National NGOs to understand the value of this programme and promote more community participation in this area.

Positive lessons learned from the project include the success of the home-care givers component, linking discharged malnourished subsequently with the IGAs programme, and building strong social networks among older people.

Negative lessons learned from the programme included the dependency of the programme on availability of expatriate staff on the ground to run the activities, for instance, the livelihood component was delayed in implementation because of late recruitment of the expatriate IGAs coordinator. Another negative lesson is the premature termination of project before the true impact of IGAs appears that require at least 3 years.

INTRODUCTION

General Background

West Darfur State is located in the western part of the Sudan and covers an area of 79,460 km, bordering Chad from the West, the Northern Darfur state in the north, Chad & Central Darfur state in the south and Central Darfur in the west. The state is composed of eight localities (Mahaliya). Out of these localities, seven are primarily rural in composition while only one Al Geneina is urban centre.

The Demographic and Socio-economic Features

West Darfur is the least populated of the three Darfur with a total population of 1.38 million (in 2010) that is expected to reach 1.57million by 2015 (using 2.6% official growth rate). Out of the total population 58% live in rural areas, 21% live in urban areas and 21% are nomadic. Armed conflict caused significant population displacement with about 41% of the population residing in internally-displaced persons (IDP) camps and hard-to-reach areas. The fluid security situation in some areas is leading to a lack of access to essential services for vulnerable populations, especially in locations with high IDP concentrations. Most of the population is agro-pastoralist

Population	2008	2010	2015	%
Total	1,042,878	1,097,814	1,248,155	100%
Male	531,868	559,885	636,559	51%
Female	511,010	537,929	611,596	49%
< 16 years old	521,439	548,907	624,078	50%

Health & Infrastructure

The WHO Health Resources Availability Mapping System shows gaps in access to, and utilization of, health services. On average, 69% of health facilities are functioning: hospitals (100%), primary health care centres (92%) and basic health units (52%). Rural hospital coverage is 50%. Functioning levels are not the same for all facilities and some are performing at their lowest capacity. Only 46% of functioning primary health care centres have the recommended number and type of health workers. Immunization services are provided by 79% of functioning health facilities.

The Project Goal and Specific Objectives:

The Project Goal: To contribute to the overall recovery of vulnerable Internally Displaced Populations (IDPs) in the 12 IDP camps in West Darfur

The Specific Objectives:

1. To improve the physical and economic status of 10,000 older people in 12 IDP camps

Two results will accomplish this specific objective as follow:

The Expected Result and the Planned Activities (Log frame):

A set of activities were designed to be implemented towards achieving the intended objectives; and to ensure that the expected results were accomplished.

Result 1: 2,000 older people have improved health and nutrition status and 10,800 people benefit from food demonstrations

The planned activities:

1. Two day long staff orientation session.
2. Providing 2000 WFP supplementary food baskets (SFP) to EVI older people who are malnourished.
3. Food demonstration sessions for 10,800 older people on knowledge of basic health, hygiene, nutrition and environment. One session per month. Incentives for older people committee (OPC) members.
4. Monthly health monitoring camp during food distribution; incentives are provided for home base careers and a health kit.
5. Identification of 100 home care volunteers to look after estimated 200 recipients (home bound Older People) through a participatory process.
6. Trainings to home care volunteers on Older People (OP) care. Two training sessions each of three days long.

Result 2: 500 Targeted older people under nutrition programme have access to assets and enhanced skills for viable small businesses

The planned activities:

1. Selecting 500 vulnerable older people for small business development
2. Preparing feasible business plans (individuals or groups) that are age appropriate.
3. Providing business assets as per approved feasible business plans

The Project Target Communities and target Area

The project was targeting approximately 10,000 older persons as direct beneficiaries with approximate 60% older women in 12 IDP camps in West Darfur (Krinding I, Krinding II, Riyad, Durti, Ardamatta, Madina Hujaj, and Abuzar in and around El Geneina town, and in the rural camps of Habilah (Madaress & Al Salam), Kerenek, Mornei, Sisi, and Gokar) with thematic interventions in health, nutrition and livelihoods. Health and nutrition interventions were covering provision of Supplementary Food Packets (SFP) to the most malnourished older people with a target of 2,000 older people every month. Approximately 10,000 older beneficiaries were also targeted for monthly demonstration sessions on nutrition, health and environmental hygiene in HelpAge's social centres. The project was also enhanced by including home care service for homebound frail older persons and monthly health check-up during distribution days in the social centres and livelihood activities for older people in the nutrition programme. Livelihoods component aimed at promoting income generation for older people's self-sufficiency through provision of age friendly small businesses for 500 older people from nutrition project and supporting them with intensive technical to support in establishing their small business.

The Implementing Party

HelpAge implemented the project in collaboration with line ministries Ministry of Health (MoH), Ministry of Social Welfare (MoSW) and Ministry of Agriculture (MoA). Beneficiaries, Older Peoples Committees (OPCs) and Community volunteers participated in the planning, implementation and monitoring. Initially the project staff was trained on the project and the beneficiaries and other partners received orientation sessions.

HelpAge as an international NGO has accumulating experience in working with and for older people. Its vision is of a world in which all older people can lead dignified, active, healthy and secure lives. HelpAge works with its partners to ensure that people everywhere understand how much older people contribute to society and that they must enjoy their right to healthcare, social services and economic and physical security. HelpAge has been working in Sudan for more than two decades and has been working in

West Darfur since 2004. With an estimated case load of more than 20,000 older people, the overarching strategy for HelpAge in West Darfur is to ensure the protection of its beneficiaries through presence, advocacy, and direct interventions. The major thematic areas of intervention are: health care and nutrition, livelihoods, shelter and distribution of Non Food Items. This was translated in its programme towards protection of older people. HelpAge is a pioneer agency in advocacy for the needs of older people through a referral mechanism within the cluster system, especially the protection cluster.

All the above have contributed to build the capacities of HelpAge as a reputable and credible implementing agency, who often introduces scientific approaches and strategies that lead to achievement of sound full results.

EVALUATION OBJECTIVES AND METHODOLOGY

Evaluation objectives

The purpose of the evaluation is to assess to what extent project activities contribute to improving the physical and economic status of target older people in West Darfur State the impact of the project and the level of achievement of the project's objectives and results. Specific objectives include:

1. To assess the impact of the project and the level of achievement of the project's objectives and results.
2. To what extent whether activities contributed to improving the physical and economic status and protective environment of the targeted beneficiaries
3. To provide an overview analysis of the humanitarian situation in Darfur and an extent to which the project has been able to adapt its interventions to the changing context.

Evaluation methods

A final project evaluation is conducted considering the OECD/DAC evaluation criteria (with modifications) to examine the project's Relevance, Impact, Effectiveness, Equity & Accessibility, Efficiency, Sustainability, and Accountability (below table). This is in addition to analysis of the intervention logic (Log-frame), observation of Older People Social Centres (OPSCs)

Relevance	<ul style="list-style-type: none">• Were activities proposed relevant in addressing the identified needs of older persons and their households in the given context? Was stakeholder's participation in the design and in the management/implementation of the project, the level of local ownership, absorption and implementation capacity adequate?• Was the analysis of lessons learnt from past experience, and of sustainability issues carefully considered in the proposal?• Was the project relevant and complementary to other agencies nutrition programmes in the targeted locations? Was duplication of efforts avoided?
Impact	<ul style="list-style-type: none">• What has been the impact of the project at different levels (direct and indirect beneficiaries, and other stakeholders)? And to what extent were the objectives achieved?• How has the project impacted men and women differently Did the project provide equal opportunities for both women and men?• Has the impact of the project been facilitated/constrained by external factors?• Have there been any unintended or unexpected impacts, and if so how have these affected the overall objective?

Effectiveness	<ul style="list-style-type: none"> • Did the project achieve the intended results and outputs? In particular, how did the delivery of food baskets improved the health and nutrition status of older people? How did the food demonstrations sessions improve older people's knowledge of food preparation, hygiene and nutrition for older people? • What is the beneficiaries and stakeholders perception on whether the planned benefits have been delivered and received? • Highlight challenges and success in providing supplementary feeding baskets to the housebound category, who tend to be some of the most vulnerable people among our beneficiaries and to provide recommendations for future programmes.
Equity and Accessibility	<ul style="list-style-type: none"> • Were project activities accessible to and used by the most disadvantaged? • How different was accessibility to the project activities for men and women?
Efficiency (Value for Money)	<p>The consult will assess how well the activities transformed the available resources into the intended results in terms of quantity, quality and timeliness. Comparison should be made against what was planned.</p> <ul style="list-style-type: none"> • Did the project provide maximum value for money in terms of: <ul style="list-style-type: none"> - Efficient control of costs (procurement, staffing, logistics etc.) - Cost per beneficiary reached in comparison with interventions by others • Where benefits/outcomes are quantifiable in monetary terms, how do these compare to costs and could alternative strategies have provided a better benefit to cost ratio? <p>On the quality of day-to-day management, the consultant will consider:</p> <ul style="list-style-type: none"> • operational work planning and implementation (input delivery, activity management and delivery of outputs), and management of the budget (including cost control and whether an inadequate budget was a factor); • relations/coordination with local authorities, institutions, beneficiaries, other donors; • the quality of information management and reporting, and the extent to which key stakeholders have been kept adequately informed of project activities (including beneficiaries/target groups); • quality of monitoring: its existence (or not), accuracy and flexibility, and the use made of it; adequacy of baseline information
Sustainability	<ul style="list-style-type: none"> • What plans are there for the future of the project after funding ceases? • How sustainable and replicable are the project interventions are? • With regards to the home base care component of the project, how was the beneficiaries' capacity developed to continue addressing the needs of older people in this regard?
Accountability	<p>The evaluation should also provide an assessment of HAI's Accountability in areas such as beneficiaries' participation in the project and to evaluate also how their feedback has been integrated?</p>

Data collection methods:

Secondary data review, Semi-structured discussions/interviews with key informants and stakeholders, Field visits, Focus Group Discussion

Data Collected

The two types of data were collected (qualitative & quantitative Data):

1. Secondary data review:

The following documents were collected and revised: the project proposal, annual project reports, IGA reports and other documents related to implementation of the project in West Darfur State.

2. Qualitative & quantitative primary data:

- In-depth-interviews using semi-structured questionnaire with key informants and stakeholders, including officials from clusters West Darfur State MOH, HAC, UNICEF, WFP, SMOH staff and HelpAge Staff (Annex 2)
- Field visits to the following project target areas Krinding II, Riyad, Ardamatta and Abuzar in El Geneina locality. In addition to Madaress & Al Salam in Habila locality. The purpose of field visit was to interview stakeholders at the field level including older people community coordinators leaders, service providers and the project beneficiaries
- Focus Group Discussion (FGD) one of the qualitative data collection methods. These include; (a) elderly people under SFP people, (b) elderly people connected with home care givers, (c) community volunteers group, and (d) local elderly beneficiaries.
- 16 focused-discussion groups for nutrition and IGAs beneficiaries were conducted in all visited site in Al-Genina & Habila with a total number of 400 beneficiaries. (Annex 2)

FINDINGS

RELEVANCE

The project is meeting the fundamental principle of humanitarian work and following the HelpAge mandate as humanitarian actors in West Darfur State. The project is relevant where it respond to the nutritional & livelihood need of older people as one of the most vulnerable groups of IDPs according to international guidelines. The project is meeting the national standard of MOH in provision of nutrition services, delivering the services in well-equipped facilities as well as at home. In choosing to operate by local staff (Community Health Worker) with support from the HelpAge, the project addressed capacity building of community health workers and extension workers as recommended by National Human Resource for Health Policy (NHRH-2011). To add depth to breadth the project encourage voluntarism and community engagement which goes with national policy of humanitarian work and voluntarism, thus reflect relevancy of the project intervention to national policies and strategies.

HelpAge nutrition programme in Darfur targets cases of moderate (MUAC 16.0–21.0 cm) and mild (MUAC 21.1–22.0 cm with social risk factors) acute malnutrition. Moderate malnutrition cases are admitted to the supplementary feeding programme (SFP) and mild cases are admitted to the complementary feeding programme (CFP). Severe malnutrition (MUAC below 16.0 cm) cases are referred to the hospital.

Determining the number of beneficiaries and the focus on the SFP component was based on nutrition anthropometric survey conducted by HelpAge in November 2011 which showed a MAM rate of 5.3% and a SAM rate of zero (GAM is 5.3%) among older people. The 2011 survey showed a percentage of 28.4% of older people with high nutritional risk. During 2012, this project only supported and received funding for the SFP component which targets the moderate acute malnutrition (MAM) of 5.3%.

Majority of interviewed beneficiaries (approximately 90%) stated that the selected IGAs were generally relevant to their context and these activities were culture sensitive and they responded to most of their daily household financial needs. Linking IGAs with nutrition intervention is of a good value and one of the interventions that were identified by the National Poverty Reduction Policy as tools for poverty reduction. The input of the project is

relevant to the needs of the beneficiaries and target groups, as the services meet the objectives of the project document and expected results.

Considering the above facts, the project was found to be relevant in its strategic approach and implementation, addressing clear needs and responding to the target groups, the national authorities and the international conventions and mandates. It is important to mention that HelpAge is the only organisation providing specific services towards older people as target group.

IMPACT

Impact of the project is obvious on physical and nutritional status of older people; its impact extends beyond the beneficiaries to their household and the communities. The project has positive impact on different aspects of beneficiaries' life, their social, environmental and health. Project's outcome indirectly improves the quality of life (physical, psychological and environmental), physical aspect due to nutritional intervention, environment aspect due to food demonstration as well as psychological aspect as a result of IGAs interventions.

On reviewing the project data (secondary data), the achievement is 33% (1,004 cases against target of 3,041) for recovered cases for all centres (program target is >75%). Men represent 33% of recovered cases compared to 67% women. Although the livelihood component has attained 100% achievement rate by targeting 500 beneficiaries, the project should have been targeted all recovered malnutrition cases (1,004), therefore the corrected achievement rate is approximately 50%. In this aspect, men represent 35% compared to 65% women. Regarding the homebound older people, achievement is 98% (26% men and 74% women).

Positive impact has been achieved in nutrition status of wide range of beneficiaries as result of food demonstration sessions. For example ; *Aisha Ibrahim a 69 years old women from Habila stated that: I was perceived eggs and corn a harming agent affect my hearing so I avoided them in my daily meal till I received the education sessions and correct my wrong perception. Hamza Touga Ragab, a 75 years old male from Habila said that: he was suffering from weight loss for years; he perceived the weight loss a normal thing of ageing process, until he was admitted in project SFP centre, where he started to gain 4 KG in 3 months.*

IGAs intervention increase productivity of older people and improve their self-esteem. They actively participate in responding to their household need. for example: *Yagoub Hassan Ali , a 71 years old man received petty trade project, he said that the income of his project cover the school fees of his two sons in addition to the medication cost of his ill wife.* But economic Impact for majority of IGAs still ambiguous, since IGAs implementation started late within the last month of the project duration, although no genuine reasons for such delay.

EFFECTIVENESS

The effectiveness is perceived as measuring the extent to which the interventions achieved its purpose or whether it is expected to happen on the basis of the intended outputs. The timeliness is implicit within the criterion of effectiveness. Obvious delay were experienced, with no genuine reason related to IGAs, while the nutrition programme started early with the first month of the project and it was continuously running during the project implementation period (1 December 2011 to 30 November 2012). However, interruption of general food distribution (GFD) to the IDPs, provided by World Food Programme (WFP), affect the nutritional status of target beneficiaries, since they use to share the provided food quantity with other household who denied their food ration due to registration problem, the issue has been addressed by many beneficiaries in the focus group discussion. In addition to that no standard national or international for management of malnourished older people in the project centres, example no criteria for admitting elderly malnourished person to TFC and no standard criteria for discharge, however sitting of such guideline is responsibility of national authority (MOH) but HelpAge can provide the requested technical assistance.

In addition to SFP, other planned activities were found suitable and acceptable by the interviewed individuals –selected from the target groups- who confirmed that they benefited from the food demonstration sessions to promote their health. The objective of the demonstration sessions were focused on helping individuals and communities to better understand and act upon their needs and roles. HelpAge used different approaches to reach older men, women. The Project worked with OPC (who elected by beneficiaries & caregivers in all centres) helping to create an environment that supports positive change. These awareness raising sessions were facilitated by OPC and caregivers, those trained to deliver the basic health, hygiene & nutrition (food demonstration). The key objectives continue to focus on increasing individual/community knowledge with regards to their

health – in terms of knowledge about the nutritional need, hygiene and healthy environment. This successful approach deal with older people as influential agents of behaviour change as perceived in their communities. By improving their knowledge, older people became pro-active agents of change and ensure they are involved in health related decision.

Equity and Accessibility

From observation and feedback form beneficiaries and staff, both men and women had an equal opportunity and access to the project services, however the findings from secondary data shows more women were admitted to the nutrition and subsequently to the livelihood component. Of the 3.041 admitted to the nutrition (SFP) programme, men represent 32% compared to 68% women. Equity was considered and addressed in IGAs design which reflects positive impact in improving the nutrition status of housebound group of older people.

Regarding the accessibility, the evaluation team found that the project is planned in appropriate manner, as different site locations of Older People Social Centres were selected in close consultation with the communities & OPC. These centres were accessible to the target beneficiaries, although accessibility to some of the project services, hampered for home bound elderly people as reported by the beneficiaries and old people committee.

Efficiency (Value for Money)

It was emphasized to measure the outputs qualitative and quantitative achieved as a result of inputs. This generally required comparing approaches to achieving an output, to see whether the most efficient approach has been used.

Project management has been good; as HelpAge is international NGO had experience in project implementation and project management. In addition, the existing and functional financial management of HelpAge has facilitated proper financial management and internal control of the project resources. These have ensured that the value of money spent, on each implemented activity, was obtained. The financial system prevented conflict of interest, where the payments were reviewed versus the planned activities, before being effected, by the project management team; which has clear defined roles.

The consultant reviewed the organization structure, which was found well established and clearly define the roles and responsibilities of each level (Headquarter, Country office & field office). This proved that segregation of duties was maintained, which resulted smooth financial and administrative project management.

One way of measuring efficiency was the availability of efficient monitoring system. In this connection, the consultant found that no effective monitoring system in the project, no clear monitoring & evaluation plan, no assigned person responsible of data collection and analysis no regular site visits were planned or conducted. There were regular reports prepared but not shared with field partners on regular basis.

Generally speaking, HelpAge has a sound management system need some improvement in its monitoring part to allow for prompt trouble shooting, problem solving and introduction of timely corrective and rectifying measures.

Accountability

HelpAge established Older People Committees (OPC) from the target beneficiaries to contribute to the implementation of activities, to mobilize the communities in support of the project activities and to coordinate with local stakeholders. The members of these committees were working on voluntary basis. Evaluation team found that the beneficiaries who represented by EPC were heavily involved in the project, their point of view were regularly considered by the field staff especially during IGAs implementation and volunteers selection for home visit.

Summary of constraints

- The biggest constrain is the inability to continue the programme by managing the unsustainability of fund which will drive the path of the project away from its future vision.
- The termination of the programme has led to disruption of networks of volunteers and older people, and it is expected that the incidence and prevalence of malnourished people will increase and performance indicators deteriorate.
- GFD by WFP is not sustainable especially in Habelah (because of registration and verification issues related to WFP)
- Lack of optimal involvement of all community members in older people issues i.e. poor community consultation
- Although the older people committee (OPC) is selected from the community itself, there is a degree of mistrust from the older people community on the OPC. This may be

due to OPC poor response capacity and limited resources (OPC is just acting as a mediator or transmitter between HelpAge and community).

- Food sharing practices (although the programme tried to address this problem)
- Number of community staff is not enough
- Lack of technical support (especially veterinary services) to IGAs beneficiaries (in Genina and Habilah)
- No incentives (cash or in-kind) for older people committee
- Weak monitoring system and technical supervision by country office and SMOH
- Main challenges for delay in implementation of project specific IGAs:-
 - Delay in technical agreement with HAC Government
 - Delay in process of recruitment of NPC (national program coordinator) started in July 2012.
- International staff of IGAs not recruited
- Need assessment before distribution of IGAs took long time due to technical issues.
- High turnover of both international and national staff.
- Evaluability of the programme because of termination of project more than 3 months prior to evaluation period and loss of programme memory because of staff termination.

As I suggested in the earlier comments, I have moved the whole section below down as it is confusing to have it before the general findings

ADDITIONAL FINDINGS

The Older People Social Centres (OPSC)

The beneficiaries are generally satisfied about the conditions of the OPSC facilities; however improvements are required in some areas:

- Reconstruct with fixed materials in some locations
- Rehabilitation of latrines and provision of clean water inside the centres
- Continue support the social activities in the centres (e.g. provision of tea and other refreshments) so as not to lose the network of volunteers and beneficiaries
- Provide all centres with IEC materials (in some centres such as Alsalam at Habila no IEC materials were observed)

MUAC

As reported by facilities staff, the use of MUAC is easier and more effective than using body mass index (BMI) because of difficulty and lack of staff capacity to use BMI. Even, there are scientific arguments in favour of MUAC versus BMI. Using MUAC is therefore more relevant, however, some reports from staff indicated occasional inconsistency in MUAC readings between 2 persons in one time or the same person in 2 different occasions.

The community members (older people and their families) are also unsatisfied and unconvinced with admission criteria (including MUAC) to the nutrition programme. They perceive that the selection and admission criteria are not proper as the programme may identify who they think malnourished as non-malnourished and vice versa. These findings were not observed by consultant team members when they previously evaluated other nutrition programmes of under 5 years children. Objectively, the consultant views these findings as a result of lack of proper community awareness on the objective of the programme as a rehabilitation programme and not a general food distribution for elderly.

Another finding is that the MUAC tape used is that of children and not the older people MUAC tape. The problem with this is a possible confusion by the staff since the colour codes in children MUAC is based on cut-off points of children that are different from the cut-off points of adults (would result in potential elimination of malnourished elderly from the programme). Even the length of the children tape is most of the time not enough to cover the length of the elderly arm. This is important to accurately identify the middle point of the arm, where MUAC measurement is taken most accurate.

Health & Nutrition Education

All interviewed beneficiaries reported they received educational messages on health and nutrition in the past when the programme was running. That was provided by HelpAge staff & community volunteers. The types of education messages are shown in tables XX below. Note that survey respondents were allowed to choose multiple answers as appropriate; therefore the total may be more or less than 100%.

Health and nutrition messages received	Frequency (N=248)	Percentage (%)
Food preparation and storage	212	85.5%

Health and nutrition messages received	Frequency (N=248)	Percentage (%)
Identification of malnutrition	109	44.0%
Prevention of malnutrition	232	93.5%
Admission criteria in nutrition programme	97	39.1%
Health care (e.g. eye care)	111	44.8%
Personal hygiene	237	95.6%
Environmental hygiene (Clean compound)	54	21.8%
Diarrhoea and it's prevention	178	71.8%
Malaria and it's Prevention	136	54.8%
HIV/AIDS	32	12.9%

The received messages were perceived as useful by the community. According to some individuals, they have led to some behavioural change especially in personal hygiene.

Income Generating Activities (IGAs)

The evaluation team conducted 7 focus group discussions with more than 100 IGAs beneficiaries, in the all visited sites in EL Genina & Habila localities. The evaluation aimed to examine relevance, beneficiaries' participation, and type of received support, capacity building, impact, sustainability and beneficiaries' recommendations.

Majority of interviewed beneficiaries (approximately 90%) stated that the selected IGAs activities (annex 4) were relevant to their context and these activities were culture sensitive and they responded to most of their daily household financial needs. They also reflected their satisfaction of the level of participation in designing and selection of IGAs according to their previous experience and familiarity with setting. Participation and relevance of IGAs resulted in increasing the ownership sense among beneficiaries. That was clearly reflected by the case of *Arbab Gumaa Adam, a 65 male from Habila, he said; I got petty trade activity which is my job for 40 years before the crisis. The project rapidly developed, I use to get good revenue lead to sustain my activity and to respond to the majority of my household needs.*

In another hand some of them (estimated as 7%) have other opinion as they think their needs and opinions were not considered as a result they have been provided with IGAs

not relevant to their experiences. That obviously stated by *Fatima Yagoup Adam*, a 77 years old female from *Ardemata* center, she said: *I got water donkey cart, although I was interested in farm garden activities were I expert. Other IGAs beneficiaries in Ardemata and Abu Zar camps, who got Animals breeding, complain of absence of any form of veterinary care for their animals further more they have no previous experience in animal breeding activities.* Lack of experience in addition to absence of veterinary services resulted in death of their animal and failure of their IGAs.

All the interviewed beneficiaries were approved that neither training nor capacity building were received, which negatively affect their activities. The negative impact was obvious in case of beneficiaries who have no previous experience in the received activities, *i.e. beneficiaries who got animal breeding activities while their previous experience were in farming projects.* All of them expressed their need and interest in training on IGAs management.

Since IGAs started late during the last month of project duration (November 2012), No one can judge at this stage if the IGAs improve the economic status of targeted older people (the related specific objective as in the project document). IGAs psychological and physical impacts on older people were obvious; IGAs markedly improve the self-esteem of older people and increase their productivity in the community. That observable more in older women *and they become more active and productive and they feel independent.*

The IGAs sustainability seems as not fully considered during the implementation of the activities, The IGAs will not be sustained, as stated by the beneficiaries. The below table summarizes the main issues with most IGAs.

IGA	Major Remarks (feedback from beneficiaries)
animals breeding	dead from different diseases
petty trade (onion, sorghum, okra, sugar)	little quantity to enable a reasonable profit and sustainability
Commercial/Water donkey cart	poor quality of the cart no assistance for repair the donkeys type was not the best for heavy work
Animals breeding (goats)	Beneficiaries were satisfied in this
Farm Garden	Seeds were provided too late, after rainy season, work is not suitable for elderly
butchery project	Beneficiaries were satisfied in this

Lack of IGAs capacity building intervention and deficiency of monitoring system were challenging the sustainability, for example ; only one monitoring visit from HelpAge senior project staff in El-Genina, were conducted to Habila centers to monitor the implemented IGAs.

Livelihoods activities from strategic point of view is a successful intervention , have a great intrinsic and extrinsic impacts on both older men and women, but some improvement needed to achieve its goal, according to older people the following should be consider in replication of the IGAs intervention in the future

- Increase capital budget for petty trade activities.
- Provision of medical veterinary care for animal breeding project.
- Decreased number of shared beneficiaries in one project for example (27 person shared one farming project as in Habila).
- Revisit the criteria selection of beneficiaries to consider the physical ability of beneficiaries and relevancy of IGAs.

Role of the community in the programme:

The community participated in the project only through volunteers from the older people themselves. Their roles included identification of potential beneficiaries, food distribution, home care provision to house-bound older people, and older sick referral and health education. The volunteers complained of lack of enough number, no incentives (cash or in-kind) and little appreciation.

What is considered a negative value to the project is the limited involvement of the non-older community in the project. Furthermore, the community leaders complained of little consultation by HelpAge regarding programme activities especially IGAs.

RECOMMENDATIONS & LESSONS LEARNED

RECOMMENDATIONS

At programme and policy level:

- Greater advocacy efforts among humanitarian community to address especial needs of older population in humanitarian context
- Conduct comprehensive need assessment to cover all malnourished people in targeted area.
- Continue the project implementation in a sustainable manner
- Running of all nutrition components to include severe and mild malnutrition (not only moderate malnutrition)
- Multi-sectorial approach to the nutrition programme
- Better bridging of relief activities to recovery
- Better advocacy and coordination with SMOH to ensure that health and nutrition of elderly people is a priority in terms of guideline and protocols for services
- Improve surveillance and monitoring systems
- The policy that consider future handover of project to national actors

At OPSC facility level:

- Reconstruct with fixed materials
- IEC materials
- Enhance capacity building activities for CHWs, Extension workers, on MUAC and admission, discharge criteria
- Use adult MUAC tape rather than children one

At community level:

- More awareness in areas of:
 - Value of volunteerism and independency in humanitarian aid
 - Participation of non-elderly community members
 - Admission and discharge criteria from nutrition programmes
 - IGAs are not regularly distributed similar to food distribution
- Strengthen the home care givers programme for home bound older people through capacity building activities and advocacy among community and stakeholders such as Ministry of Health, Ministry of Social Welfare and Security, National NGOs to understand the value of this programme and promote more community participation in this area.
- Strengthen health & nutrition education to the whole OP through awareness campaigns, educators, IEC materials, etc.
- Strengthen incentive scheme to EPC, OPSC guards (in-kind incentives)
- Expansion of the IGAs projects as it could be an effective solution for malnutrition and livelihood:
 - Increase number of IGAs beneficiaries
 - Better matching of IGAs with individual characteristics (interest, ability, experience)
 - More sustainable and high quality IGAs
 - In selecting IGAs, variability & productivity should be maintained

- Provide technical assistance (agricultural, veterinary, marketing etc.) to IGAs beneficiaries

Other recommendations

- Enhance the health programmes especially chronic diseases and eye care programme
- Non-food items especially shelter to prepare for coming rainy season
- Establish a research unit at national (or international) level to develop and formulate sound evidence-based guidelines to older people health, nutrition, livelihood etc.

LESSONS LEARNED

The programme had several associated lessons that could be learned and could be useful and replicated even to other parties not involved in the programme. Some positive lessons include:

- The success of the home-care givers component, which sensitized the community towards supporting home-bounded elderly people.
- Malnourished elderly people who are discharged from the nutrition programme (cured) were linked subsequently with the IGAs programme.
- The EPCs in some centres continued holding social meeting and support hospitality provided to OPSC (e.g. tea, water, common meal etc.)

There are also some negative lesson could be learnt from the programme:

- The dependency of the programme on availability of expatriate staff on the ground to run the activities, which was faced by high expatriate staff turnover rate and failure to fill all the required positions (the project failed to recruit an expatriate person to follow the IGAs component).
- IGAs requires at least three years to pick a real impact, therefore project proposals with IGAs component should be planned over not less than three years.

SUSTAINABILITY

The sustainability criterion was used to highlight the possibility of continuation of interventions after ending of the external support. Factors impacted the sustainability are the ownership by beneficiaries, policy support/consistency, appropriate approach, socio-cultural issues, gender equity and institutional capacity.

The evaluation consultant found that the training of the communities, the involvement of the OPC in the implementation of the project activities and the establishment of the IGAs, all these created the sense of ownership of the project among the target groups. The sense of ownership negatively impacted by termination of the project, which resulted in frustration of the volunteers (OPC) and HA field staff, in addition to disruption of social networks of volunteers and beneficiaries.

Among the community, from the termination of the nutrition programme (SFP) on November 2012 until the evaluation time on April 2013, there has been some deterioration of nutrition status of some individuals and appearance of negative compensatory mechanisms such as firewood works (difficult and inefficient for elderly people).

The sustainability of the nutrition programme requires multi-sector, multi-agency approach, which should be considered during early stage of project cycle. This can be achieved through organizing OPC and provide proper capacity building for them in addition to create partnership of local & acceptable NGOs. Based on consultant evaluation, OPC not well oriented of the project, need some sort of training on program management.

The evaluation team found that for the future of the project, 3 national NGOs which come later after termination of programme are ready to participate in the project which are Older People Association, ROAD, and Pioneer; however the sustainability of the programme if handed over to them or to SMOH in the future is still questionable and not a grantee.

APPENDICES

Annex 1: Terms of Reference for Final Evaluation

Community Humanitarian and Recovery Response – West Darfur, Sudan

Reference Number: SUD414	Donor Reference: 11-CAP1-0406
Project duration and evaluation period: 1 December 2011 to 30 November 2012	Implementing agency and partner(s): HelpAge International – Sudan Country Programme
Evaluation report Release date: February 2013 (TBC)	Project budget: €397,873
Type of evaluation: Final Project Evaluation	Project funding sources: AECID (Spanish Agency of Cooperation for International Development)

1. OVERVIEW OF PROGRAMME

HelpAge International has more than 25 years of experience working with and for older people. Our **vision** is of a world in which all older people can lead dignified, active, healthy and secure lives. We work with our partners to ensure that people everywhere understand how much older people contribute to society and that they must enjoy their right to healthcare, social services and economic and physical security. Our work is strengthened through our **global network** of like-minded organisations – the only one of its kind in the world.

HelpAge has been working in Sudan for more than two decades, in both emergency and development projects. In August 2004, in response to conflict and massive displacement, we began an emergency response in West Darfur. With an estimated case load of more than 20,000 older people, the overarching strategy for HelpAge in West Darfur is to ensure the protection of its beneficiaries through presence, advocacy, and direct interventions. The major thematic areas of intervention are: health care and nutrition, livelihoods, shelter and distribution of Non Food Items. HelpAge has set up 18 Older People Social Centres (coordinated by Older People's Committees) across 12 IDP camps to provide a protective environment to older people and their families. In these centres, networking sessions, counselling, and awareness raising events as well as adult education and recreational care are carried out every month. Additionally, HelpAge advocates for the needs of older people through a referral mechanism within the cluster system, especially the protection cluster.

Since 2009, HelpAge International has been receiving funding from AECID to support the implementation of supplementary and complementary feeding programmes for older people. However, recognising that in order to sustain an improvement in their nutritional status older people also need to have access to a sustainable livelihood, in 2011 HelpAge developed the project **Community Humanitarian and Recovery Response – West Darfur, Sudan** which in addition to supplementary feeding included a component of feasible and age-friendly small businesses to provide older people with an income. The project was implemented in 12 IDP camps in West Darfur (Krinding I, Krinding II, Riyadh, Durti, Ardamatta, Madina Hujaj, and Abuzar in and around El Geneina town, and in the rural camps of Habilah, Kerenek, Mornei, Sisi, and Gokar). The **overall objective** of the project was to contribute to the overall recovery of vulnerable Internally Displaced Populations in West Darfur. The **specific objective (purpose)** was to improve the physical and economic status and protective environment of 10,000 older people in 12 IDP camps. The project has two results: older

people have improved health and nutrition status; and improved access to assets and enhanced skills for viable small businesses.

2. THE ASSIGNMENT

HelpAge International is looking for a Consultant to submit an expression of interest for a final evaluation of this one year project. The evaluation will be conducted in West Darfur. Due the limited access to some of the IDP camps, the consultant will not be able to visit all 12 locations covered by the project. Travel will be limited to four IDP camps in and around El Geneina town, which are easily accessible by car, and one IDP camp in a rural area (either Mornei or Habilah) which can be reached with the UN Humanitarian Air Service.

3. PURPOSE OF THE EVALUATION

The purpose of the evaluation is to assess the impact of the project and the level of achievement of the project's objectives and results. In particular, whether activities contributed to improving the physical and economic status and protective environment of the targeted beneficiaries. Also the evaluation is to provide an overview analysis of the humanitarian situation in Darfur and an extent to which the project has been able to adapt its interventions to the changing context.

4. SCOPE AND FOCUS

The evaluator will assess the following

Relevance

- Were activities proposed relevant in addressing the identified needs of older persons and their households in the given context? Was stakeholder's participation in the design and in the management/implementation of the project, the level of local ownership, absorption and implementation capacity adequate?
- Was the analysis of lessons learnt from past experience, and of sustainability issues carefully considered in the proposal?
- Was the project relevant and complementary to other agencies nutrition programmes in the targeted locations? Was duplication of efforts avoided?

Impact

- What has been the impact of the project at different levels (direct and indirect beneficiaries, and other stakeholders)? And to what extent were the objectives achieved?
- How has the project impacted men and women differently Did the project provide equal opportunities for both women and men?
- Has the impact of the project been facilitated/constrained by external factors?
- Have there been any unintended or unexpected impacts, and if so how have these affected the overall objective?

Effectiveness

- Did the project achieve the intended results and outputs? In particular, how did the delivery of food baskets improved the health and nutrition status of older people? How did the food demonstrations sessions improve older people's knowledge of food preparation, hygiene and nutrition for older people?
- What is the beneficiaries and stakeholders perception on whether the planned benefits have been delivered and received?

- Highlight challenges and success in providing supplementary feeding baskets to the housebound category, who tend to be some of the most vulnerable people among our beneficiaries and to provide recommendations for future programmes.

Equity and Accessibility

- Were project activities accessible to and used by the most disadvantaged?
- How different was accessibility to the project activities for men and women?

Efficiency (Value for Money)

The consult will assess how well the activities transformed the available resources into the intended results in terms of quantity, quality and timeliness. Comparison should be made against what was planned.

- Did the project provide maximum value for money in terms of:
 - Efficient control of costs (procurement, staffing, logistics etc)
 - Cost per beneficiary reached in comparison with interventions by others
- Where benefits/outcomes are quantifiable in monetary terms, how do these compare to costs and could alternative strategies have provided a better benefit to cost ratio?

On the quality of day-to-day management, the consultant will consider:

- operational work planning and implementation (input delivery, activity management and delivery of outputs), and management of the budget (including cost control and whether an inadequate budget was a factor);
- relations/coordination with local authorities, institutions, beneficiaries, other donors;
- the quality of information management and reporting, and the extent to which key stakeholders have been kept adequately informed of project activities (including beneficiaries/target groups);
- quality of monitoring: its existence (or not), accuracy and flexibility, and the use made of it; adequacy of baseline information

Sustainability:

- What plans are there for the future of the project after funding ceases?
- How sustainable and replicable are the project interventions are?
- With regards to the home base care component of the project, how was the beneficiaries' capacity developed to continue addressing the needs of older people in this regard?

Accountability

The evaluation should also provide an assessment of HAI's Accountability in areas such as beneficiaries' participation in the project and to evaluate also how their feedback has been integrated?

Assessment of HelpAge International's role

The project was implemented directly by HelpAge. The evaluator should provide an assessment of HAI's role within the Nutrition Cluster at Geneina and Khartoum level with regards to thematic and technical expertise, contribution to meetings, level of awareness of other NGOs on older people's nutrition issues as a result of our engagement as well as regarding HelpAge's staff's capacity in relation to the project focus, implementation and management approaches.

Lessons Learned and Recommendations

The consultant should identify lessons relevant to planning, implementing or evaluating the project – capturing achievements as well as challenges and gaps. Where possible, combine them with action-oriented and specific recommendations that can be taken forward. Further, the lessons learnt must cover the relevance and effectiveness of the project interventions and its delivery, which in essence should review implementation and management approaches adopted by HelpAge with regard to this project.

Lessons learnt will be shared widely within the organisation, but also with external stakeholders including UNICEF (cluster lead), cluster members, WHO, other organisations and agencies working in the target area and beyond, and government stakeholders (Ministry of Health and Ministry of Social Welfare).

5. EVALUATION PROCESS AND METHODOLOGY

The methodology used should be participatory and include all stakeholders and beneficiaries in the process. As much as possible, the evaluator will utilise tools that do not require high levels of literacy and adapt those tools to ensure full participation of people with disabilities. Tools should be developed in consultation with HelpAge. The consultant should consider approaches and data collection tools used for nutrition surveys to develop the final evaluation methodology.

The concluding exercise of the evaluation will consist in an open workshop with all stakeholders and beneficiaries to discuss and share reflections on findings.

Reference documents – project proposal, project reports, survey reports, minutes of nutrition cluster meetings.

Note: All data must be disaggregated by age and sex even if gender is not a major focus.

6. TIMEFRAME and DELIVERABLES

A clearly set out final report in a reader-friendly format. The report should include, but not be limited to the the following:

- Executive summary of the main findings (maximum 2-3 pages)
- A clear set of conclusions emerging from the evaluation work (max 2-3 pages)
- Lessons learnt with regard to relevance of activities (for beneficiaries), appropriateness (of interventions in the given context) and HelpAge's ability to deliver (max 3 pages)
- Recommendations for the future (max 2 pages)
- Relevant annexes with supporting documentation that might include approach, methodology, people consulted, project sites visited, interview tools used for different stakeholders, summary of FDGs hel. The evaluation must also produce at least two case studies.

The main text of the evaluation report should not be longer than 20-25 pages, excluding the executive summary, and annexes.

Dissemination of Evaluation Findings.

The findings of the evaluation will be presented through the Nutrition Cluster meeting both at El Geneina (West Darfur) and Khartoum level, as well as camp level meetings to feed back to beneficiaries. If the consultant is recruited from London a debrief will also take place in HelpAge's Head Office.

The response - Following the completion of the report, records will be kept by HelpAge on the management response to the final evaluation findings, including what was found to be useful and what was contested. This information will be shared with the donor

Timeframe – The evaluation is expected to take place in March (20-25 days), depending on approval of visa and travel permits from the Sudanese Government if required. The evaluator will submit the final report as per plan to be agreed with HelpAge International.

7. CONSULTANT'S PROFILE

7.1 Core competencies

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

7.2 Education and Experience:

- The evaluator should possess relevant qualifications in Nutrition or Public Health or other relevant fields.
- The evaluator should possess considerable field experience in the implementation and review of emergency nutrition and health programmes in conflict and development context, including cluster surveys, evaluation and report writing.
- Strong knowledge on rights based approaches to programming
- Experience in using participatory approaches
- Skills in quantitative and qualitative survey and PRA/PLA are necessary.
- Fluent in English
- Knowledge of Arabic and Spanish is desirable.

8. EXPRESSION OF INTEREST

All interested consultants/firms are requested to submit their application which should include:

- a) A cover letter explaining their competences to meet the requirements of the assignment
- b) A CV of the lead consultant
- b) Explain in details the methodology to be used in carrying out the assignment
- c) Provide a detailed budget in USD (Indicate daily rates) excluding cost of flights and accommodation which will be provided by HelpAge International
- d) Provide timeline for the assignment and when ready to undertake the assignment.
- e) Provide two evaluation reports of similar work undertaken in the recent past (Not more than 2 years)

9. TAX LIABILITY

Settlement of any tax liability arising from this agreement will remain the responsibility of the consultant.

Deadline for application: 31st January 2013

Please send your application by email to **Conny Demontis, Programme Officer** cdemontis@helppage.org

Annex 2: Data Collection tools

Guide to interview Elderly People (Nutrition)

Relevance:

- 1- To what extend the project activities relevant in addressing your needs as older person and your households in the IDP camp context?
- 2- Was stakeholder's participation in the design and in the management/implementation of the project, the level of local ownership, absorption and implementation capacity adequate How many partners working in the nutrition cluster
- 3- From your point of view, to what extend the project relevant and complementary to other agencies nutrition programs in the targeted locations? As a cluster lead how can you avoid duplication of efforts?

Impact

- 1- What is the impact of the project on elderly people as direct beneficiaries (consider relevant cluster impact "*health or nutrition or livelihood*")
- 2- What is the impact of the project on household of elderly people as indirect beneficiaries
- 3- What is the impact of IGA project on the community and the local market (Example for more elaboration)
- 4- Is there any project has similar impact on elderly people
- 5- Does the impact of the project different for women & men (elaboration through data and example)
- 6- Is there any external factor effect the impact of the project? In what way? is it facilitate or constrain the impact
- 7- Is there any unintended outcome for the project? If yes , give example ?

Effectiveness

- How the delivery of food baskets did improve the "health or nutrition or protect" status of older people?
- How did the food demonstrations sessions improve older people's knowledge of food preparation, hygiene and nutrition for older people?
- As cluster lead, what is your perception on whether the planned benefits have been delivered and received?

- From your perception, what is the challenges and success in providing supplementary feeding baskets to the housebound category, who tend to be some of the most vulnerable people among our beneficiaries (Give example support your experience)
- What are your recommendations for future programs?
- Were there any duplications or overlaps among the implemented activities?

Sustainability:

- 1- As cluster , do you have plans for sustainability of the project's intervention , if the project stop?
- 2- How sustainable and replicable are the project interventions are?
- 3- With regards to the home base care component of the project, how was the beneficiaries' capacity developed to continue addressing the needs of older people in this regard?
- 4- What evidences that the project interventions succeeded in:
 - Promoting sense of ownership among the beneficiaries to the project interventions and that they are actively and effectively participated in their implementation.
 - Ensure that the project interventions are supported by government policies.
 - Adopting appropriate approach in its interventions.
 - Maintaining environmental sustainability.
 - Not to breach or conflicted with norms and values of the target populations
 - Maintaining gender equity in the project interventions.

Guide for focus group discussion with IGAs beneficiaries

- 1- To what extent the project activities relevant in addressing your needs as older person and your households in the IDP camp context?
- 2- According to your knowledge, was elderly people participate in the design and in the implementation of the project, the level of local ownership, absorption and implementation capacity adequate?
- 3- Concerning IGA's interventions, tell us about your experience :
 - a. The capacity building you received if any.
 - b. Do you involved in the project selection.
 - c. Is it relevance to your context
 - d. What is the impact of IGA project on your household and you community and the local market (Example for more elaboration).
 - e. Do you feel the IGA project that you got it sustainable
 - f. Do you feel that you may need any further help to run the selected project
 - g. Concerning the fund you received is it enough for the project
 - h. Did you get the guidance and monitoring you need to run the project
 - i. From you experience , what do recommend for future intervention in IGAs field
 - j. Does the IGAs impact different for women & men

(Hint, ask the question for women & for men, then analyze the difference)

Key questions for interview with Key Informants

Name:

Title:

Agency:

Contact (Email & Cell phone):

Relevance:

- 1- To what extent the project activities relevant in addressing the identified needs of older persons and their households in Darfur context?
- 2- Is there is any monitoring mechanism developed by project to ensure the involvement of local stakeholder? If yes tell us about ?
- 3- Was the analysis of lessons learnt from past experience, and of sustainability issues carefully considered in the proposal? Give example
- 4- To what extent the project relevant and complementary to other agencies nutrition programs in the targeted locations? How can you avoid duplication of efforts ?

Impact

- 8- What is the impact of the project on elderly people as direct beneficiaries (consider health , nutrition and livelihood perspectives)
- 9- What is the impact of the project on household of elderly people as indirect beneficiaries
- 10- What is the impact of IGA project on the community and the local market (Example for more elaboration)
- 11- Does the impact of the project different for women & men (elaboration through data and example)
- 12- Is there any external factor effect the impact of the project? In what way? is it facilitate or constrain the impact
- 13- Is there any unintended outcome for the project? If yes , give example ?

Effectiveness

- How the delivery of food baskets did improve the health and nutrition status of older people?
- How did the food demonstrations sessions improve older people's knowledge of food preparation, hygiene and nutrition for older people?
- What is the beneficiaries and stakeholders perception on whether the planned benefits have been delivered and received?

- From your perception, what is the challenges and success in providing supplementary feeding baskets to the housebound category, who tend to be some of the most vulnerable people among our beneficiaries (Give example support your experience)
- What are your recommendations for future programs?

Efficiency (Value for Money)

- 1- What approach adopted by the project to produce outputs in cost effective manners?
- 2- Does the project have comprehensive financial management policies, procedures and systems to maintain internal controls to ensure that value of money is obtained?
- 3- To what extend segregations of duties is maintained in financial management?
- 4- What measures were made to avoid conflict of interest in overall managerial aspects?
- 5- Does the project implement a sound monitoring system that allow for prompt troubleshooting, problem solving and taking of corrective action ?
- 6- Does the project runs its operations with a minimum required number of staff and other operation costs were deliverables (outputs) achieved on time and on budget?
- 7- Were interventions implemented based on the comprehensive information gathered during the pre-implementation phase?
- 8- Were there any duplications or overlaps among the implemented activities?

Sustainability:

- 5- What plans are there for the future of the project after funding ceases?
- 6- How sustainable and replicable are the project interventions are?
- 7- With regards to the home base care component of the project, how was the beneficiaries' capacity developed to continue addressing the needs of older people in this regard?
- 8- What evidences that the project interventions succeeded in:
 - Promoting sense of ownership among the beneficiaries to the project interventions and that they are actively and effectively participated in their implementation.
 - Ensure that the project interventions are supported by government policies.
 - Adopting appropriate approach in its interventions.
 - Maintaining environmental sustainability.
 - Not to breach or conflicted with norms and values of the target populations
 - Maintaining gender equity in the project interventions.

Annex 3: List of persons interviewed and sites visited

Key Informant Interviews

Individual interviews based on a questionnaire (in Annex 4) were held with 14 HelpAge staff and 6 external informants. The key informants interviewed were:

HelpAge International (London)

1. Conny Demetrios Programme Officer cdemontis@helpage.org

Sudan Country Office (Khartoum)

2. Badrelden Shatta Country Director
3. Job Ouma Ikwawe Acting Darfur Programme Manager
4. Ruth Nkurlu Health & Nutrition Manager (Skype interview)
5. Abdallah Ali Yagoub Country Finance Manager

Sudan Field Offices (Genina – Habila)

6. Omer National programmes coordinator
7. Zohal Ex Nutrition Officer
8. Mohamed Abdullah
Abdullah Habilah Base Coordinator
9. Abdullah Extension Worker
10. Ali Community Liaison Officer
11. Awatef Community Health Worker
12. Yagoub Community Health Worker

External informants

13. Dereg Humanitarian Director HAC
14. Abdelaziz PHC Director SMOH
15. Zienab Nutrition director SMOH

Selected Visited Project Sites

Ardamata, Abuzer, Riyadh, Krinding 2
Habila (Salam, Madares)

Community members

	Community member by gender	TN	Men	Women
1.	Elderly People committees	51	17	34
2.	Beneficiaries of nutrition programme	248	126	122
3.	Beneficiaries of IGAs programme	101	71	30
	TOTAL	400	214	186

	Community member by age group	TN	60 - 69	70 - 79	80 and above
1.	Elderly People committees	51	17	27	7
2.	Beneficiaries of nutrition programme	248	97	117	34
3.	Beneficiaries of IGAs programme	101	28	64	9
	TOTAL	400	142	208	50

Annex 4: The activities carried out and degrees of implementation

R1: Targeted older people have improved health and nutrition status

Results	Activities carried out	Degrees of implementation	Observations
R1.1	two day long staff orientation	A total of 42 (19 F and 23 M) staff was trained on how to deliver the programme activities.	Training was conducted for two days in a classroom setting and further follow-up in the field to check how trained staff applies the skills and eventually on the job training was done where there were weaknesses.
R1.2	Providing 2000 WFP supplementary food baskets to EVI older people who are malnourished:	3,041 (2,188F+853M) were provided with monthly WFP SFP baskets.	3,041 is the total number of newly admissions for entire project period. Maximum length of stay in the programme was 12 weeks.
R1.3	Demonstration sessions for 10,000 older people on knowledge of basic health, hygiene, nutrition and environment:	9,834 (6398F+3436M) older people attended nutrition and health education sessions	The number covered older people in the nutrition programme and other older persons attending the social centres.
R1.4	Monthly health monitoring camp during food distribution	Health monitoring camps were carried out every month during distribution days where rapid physical examination was observed for clinical signs of illness. MUAC screening and weights were also measured to determine any change in the nutrition status. Homebound were also reached from their homes.	Those with clinical signs were referred to nearest primary health centres for diagnosis and treatment.
R1.5	Identification of 100 home care volunteers to look after estimated 200 recipients (house bound OP)	A total of 98 (64F+34M) home care givers were identified and trained to look after 196 (145F+51M) homebound older persons.	Each home care giver was provided with health care kit to aid his/her work of caring for homebound and supporting other house chores.
R1.6	Trainings to home care volunteers on OP care	98 (64F+34M) home care givers participated in a 3 day training on provision of home care service, roles and responsibilities.	Training was conducted in four selected locations in the field.

R2: Targeted older people under nutrition programme have access to assets and enhanced skills for viable small businesses

Results	Activities carried out	Degrees of implementation	Observations
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R2.1	Selecting 500 vulnerable older people for small business development	500 older people were selected from 12 IDP camps for small businesses.	
R2.2	Preparing feasible business plans (individuals or groups) that are age appropriate.	Feasible plans were prepared through participatory planning	
R2.3	Providing business assets as per approved feasible business plans	Beneficiaries are provided with initial assets to start their businesses	Please details in the table below
R2.4	Providing quarterly coaching in each OPSC for running the business successfully	Training was conducted at the beginning and regular supervision visits were conducted to coach and guide	

Annex 5: Income Generation Activities (IGAs):

Camps	HH	Kind of Small business Project
Admanta	55 (44 female ,11 male)	Commercial donkey cart 18 HH
		Animals breeding (goats for 9 HH)
		Water donkey cart for 20 HH
		Petty trade 8HH (Onion n ,sorghum ,okra ,sugar)
Morni	140 HH(91 Female ,49 male)	Petty trade 50 hh (26 female ,17 male (Croups ,millet, sorghum),
		Farm Garden for 90 HH (60 Female ,30 male)
		Bread making 3F
		Water cart 5 h (3 F,2 M)
Sisi	15 HH(10Female ,5 male)	Goats breeding for 10 HH (8 F,2 M)
		Petty trade 2F ,3 M (oil, millet, sorghum, sugar)
Riyadh	40 HH (33 F,7 M)	Animal breeding 5 HH (4 F,1 M)
		Petty trade (Sugar, Tea and soap,Oil) 24 HH (22 F,2 M)
		butchery project 5 M
		Donkey cart 6 HH Riyadh (6 female)
Hajajj	10 HH	Animal Breeding 5 beneficiaries
		Petty trade(Oil, Millet ,dry okra ,tea) 5 HH
Kreink	75 HH (60 female ,15 Male)	Animal breeding 30 HH Goat 25 Female ,5 Male)
		Petty trade (Crops Oil, Millet ,Onion) 25 HH (23 Female,2 Male)
		Donkey cart 10 HH (4 Female ,6 Male)
		Sheep Breeding 10 HH (8 Female ,2 Male)
Habilla	40 HH(31 F ,9 M)	Animal breeding 6 female
		Petty trade Oil ,sorghum ,millet (20 Female ,5 Male)
		Water Donkey Cart (5 Female,
Dorti	20 HH (17 F,3 M)	Goats Breeding
Goker	10 HH (8 Female ,2 Male)	Donkey cart 4 HH (2 Male ,2Female)
		Petty (Oil, sorghum ,sugar, 6 HH (Female)
Krinding 1	45 H (40 F,5 M)	Animal breeding for 35 HH (30 Female ,5 Male)
		Petty trade (Oil, sorghum, dry okra, dry tomatoes) for 6 HH
		Donkey cart 4 HH

Krinding 2	20 HH (13 F,7 M)	Animal breeding for 11 Beneficiaries (12 Female ,1 Male)
		Donkey Water 9 HH (6 Male 1 Female),.
Abozir	30 HH(21 F,9 M)	Goat breeding for 21 HH,
		9 HH Petty trade (Oil ,Millet ,sorghum ,sugar)