"Increased access of vulnerable groups, older people and persons with disabilities to humanitarian assistance"

&

"Protection of older people and persons with disabilities through humanitarian actions in Pakistan"

Final Evaluation Report

January 2014

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1. Executive summary

Pakistan is one of the South Asian countries with the highest annual average number of people physically exposed to floods. 2012 was the third consecutive year of flooding in Pakistan, affecting more particularly areas of Southern Punjab, Sindh and North-eastern of Balochistan. Many of those affected by the previous floods had not fully recovered from previous years. As in many other emergency situations, marginalization and exclusion of the most vulnerable groups and people with specific needs were amongst the protection risks identified during the humanitarian assessments, in particular for older people and people with disabilities[1]. HelpAge has been active in Pakistan since 1995, responding to emergencies in the country since 2005, following the Kashmir earthquake. HelpAge has since increased its humanitarian activities, addressing the devastating floods from 2010 as well as to the ongoing IDPs crises. With a presence in Sindh, HelpAge was therefore ready to intervene to the emergency in this province from September 2012.

Caritas funded HelpAge International to respond to the affected population, from February to August 2013, in the districts of Shirkapur and Jacobabad, in Sindh Province, where 4.7% of the population are estimated to be aged 60 and over[2]. The objective of the intervention was to increase the protection and the inclusion of vulnerable groups, in particular older people and people with disabilities. This project targeted 11,000 older people and people with disabilities in Sindh Province, with a total budget of 130,734 Euros. This project included advocacy activities, the provision of assistive devices and the delivery of psychosocial support services. The project was implemented through a local partner, the Goth Seenghar Foundation.

In July 2013, Caritas France funded HelpAge for a new protection project, running from July to November 2013, in the same districts of Shirkapur and Jacobabad. This project targeted 600 older people and people with disabilities, with a total budget of 88,000 Euros. The project included activities aiming to provide sustainable source of livelihood for older people and people with disabilities in flood affected areas, and to make humanitarian organisations' interventions inclusive and accessible for older people and people with disabilities.

The final evaluation lasted 2 weeks and is based on a mixed methods approach of documentation review, interviewing individuals, holding focus group discussions, and conducting an end of project review with the Caritas 2 project's team. Most of the desk review and reporting were conducted in London, whereas information and data collection were undertaken in Pakistan (Islamabad and Sindh province).

The projects were generally successful, especially in Caritas 2, with some creative approach in advocacy, accountability to beneficiaries and expected sustainable impact on livelihoods. The Caritas 1 project was implemented through a local partner which was a challenge for the HelpAge team to ensure the delivery of the activities within the agreed period, and with the expected quality level of intervention and reporting.

The activities have addressed the protection needs of floods affected older people and people with disabilities (increased mobility, increased well-being, empowerment and visibility of the most vulnerable, income support) though the likely impact of the psychosocial activities remains unclear. It is too early to be able to assess the global impact of advocacy as some activities were still underway at the time of the evaluation (Inclusion and Accessibility Audit Tool, Caritas 2 project). However, the impact on individual

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[1] MIRA Report, Pakistan Floods, September 2012,
https://assessments.humanitarianresponse.info/files/2012_09_Pakistan_MIRA_Report.pdf
[2] Pakistan Emergency Situational Analysis, A profile of District Jacobabad and of District Shirkapur, September 2012.

beneficiaries has been clear and positive, with more respect and self -respect, although there are expectations about continued support such as additional capacity building activities.

HelpAge has achieved positive results in a short period of time, beneficiary participation has been excellent and feedback mechanisms innovative and efficient. There are now ongoing efforts to ensure that strengthened OPAs and LSOs will be able to continue the activities at field level, as well as to ensure a better inclusion in future emergency response delivered by partners through the actions in progress at national level (Caritas 2 project). The specific strengths of the intervention have been:

1. Innovative accountability mechanisms
2. Participatory approach at all levels of intervention
3. Capacity building of OPAs
4. Use of poultry to address both protection and livelihood needs.

The main recommendations for HelpAge Pakistan are to improve technical guidance for its field based teams, in particular for the design and monitoring of an advocacy strategy, the delivery of psychosocial activities and the specific disability-related vulnerabilities. The experience of the local implementing partner for the first phase response has been challenging. It is highly recommended to recruit and deploy a team of experts for direct management and implementation of the activities. This recommendation is particularly valid at the beginning of the project, building the response based on the technical expertise and management competencies of HelpAge and, eventually, with the technical support of the emergency teams based in regional and headquarter offices. Stronger monitoring of the activities implemented is also recommended, in particular for the psychosocial support, the provision of assistive devices and the advocacy work.

Figure 1. Map of Sindh province, Pakistan. The projects were implemented in Jacobabad and Shirkapur districts.
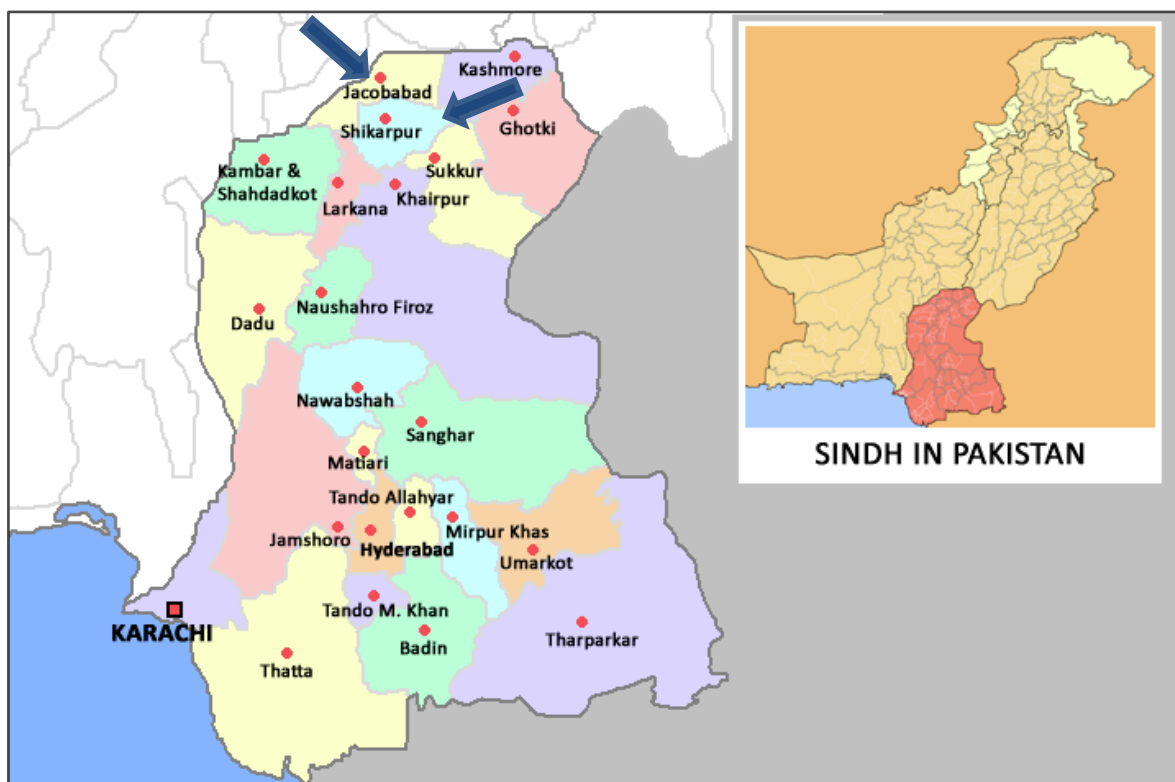
2. Acknowledgments

I wish to express my gratitude to all of those who have contributed their time, knowledge and experience to this evaluation, including HelpAge staffs, local partners and Older People Associations, international agencies, and government bodies. I would like to offer particular thanks to the HelpAge team in Pakistan for their much valued input, especially Ajeeba Aslam - Country Director, Mahmood Ahmed - HelpAge Senior Manager, Shahzado Khaskheli - Programme Manager, and Zahida P. Mirani - Programme Officer.

3. Abbreviations and Acronyms

ADL	Activities of Daily Living
ADTF	Age and Disability Task Force
DRR	Disaster Risk Reduction
FGD	Focus Group Discussion
GSF	Goth Seenghar Foundation
IDP	Internally Displaced Persons
IRC	International Rescue Committee
KI	Key Informant
LFA	Logical Framework Approach
LSO	Local Support Organisation
MIRA	Multi-sector Initial Rapid Assessment
NFI	Non Food Items
NGO	Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Action
OP	Older People
OPA	Older People Association
OFDA	Office of United States Foreign Disaster Assistance
PwD	People with Disabilities
SADD	Sex and Age Disaggregated Data
SRSO	Sindh Rural Support Organisation
ToR	Terms of Reference
UC	Union Council
UN	United Nations
WASH	Water Sanitation and Hygiene

4. Evaluation methodology

The Final Evaluation included two protection projects funded by Caritas France, from February to August 2013 and from July to November 2013, in Sindh Province, Pakistan.

The purpose of the Final Evaluation were, as per the Terms of Reference provided, to review progress and achievements towards project indicators, objectives and goals, to assess capacity building and sustainability of Older People Associations (OPAs), to assess the general sustainability of the project, and to inform future endeavours with recommendations based on the findings. The primary users of the Final Evaluation are the HelpAge managers in Pakistan, the Ageing and Disability Task Force (ADTF), the project donors – Caritas France, as well as field teams working on the project. This final evaluation was conducted by the HelpAge Emergency protection coordinator, based in London. Therefore, findings and recommendations will also be used at global level as lessons learnt and good practices for future humanitarian responses.

The evaluation used a mixed methods approach of documentation review, interviewing individuals, holding focus group discussions, and conducting an end of project review with the Caritas 2 project's team. The evaluation was conducted from mid-November until beginning of December, 2013, with most of the desk review and reporting conducted in London, information and data collection undertaken in Pakistan (Islamabad and Sindh province).

<u>Key activities</u>

The evaluator spent 3 days in Islamabad for briefings and key informant interviews, and 6 days in the field for focus group discussions, key informant interviews and direct observation:

- Desk review of project documents and secondary data
- Key Informant Interviews of 5 HelpAge staffs in Pakistan (in Islamabad and Sindh province)
- Key Informant Interviews of 7 partners in Pakistan (Islamabad and Sindh province)
- A end of project review with the Caritas 2 project's team (Shirkapur)
- 7 Beneficiary Focus Group Discussions (Jacobabad and Shirkapur districts)
- A presentation of findings to the emergency manager and country director in Islamabad.

Key and project documentation review:

- Proposals of Caritas 1 and Caritas 2 projects (narratives, LFAs and budgets)
- The Needs assessment report of Flood affected district Shirkapur (October 2012)
- The Baseline survey of persons with disabilities (PwD) and older people (OP) in Jacobabad and Shirkapur districts of Sindh Province (March 2012)
- The Mid-Term report of Caritas 1
- The Grant Agreement between HelpAge International and Goth Seengar Foundation (Caritas 1 partner)
- The Terms of Reference of the Ageing and Disability Task Force
- The projects' data and information collection tools
- The projects' databases (beneficiaries of Caritas 1 and Caritas 2)
- HelpAge-Sindh Rural Support Organisation end of Age friendly project report, Sindh (August 2013)
- The Pakistan Emergency Situational Analysis of Shirkapur and Jacobabad districts (Sindh province)
- Protection Cluster Bulletin Pakistan (June-August 2013)
- MIRA Report, Pakistan Floods 2012 (September 2012)

- OCHA Situation Report (October 2013)
- OFDA/USAID proposal on livelihood restoration and disaster preparedness following the Sindh floods, 2011.

Interviews with key project actors:

A set of guiding questions was prepared for interviews with key Caritas Projects staffs. Inquiries were based on the main questions in the Final Evaluation ToR with additional probing questions added as needed. The 3 HelpAge Project management staff were interviewed in Islamabad and Sukkur (Sindh province), as well as the Caritas 1 project manager staff of the partner GSF in Sukkur. A key informant interview was also conducted in Islamabad with the ADTF Coordinator in charge of the development of one of the two components of the Caritas 2 project.

Interviews with key partners:

Key Informants interviews were conducted with partners interacting with the Caritas 1 and 2 projects, in Islamabad and Sindh province. Partners were asked about their knowledge around the projects, their contributions to the activities, details about coordination and communication, and their views on the successes and challenges of the projects.

End of project review:

The evaluator conducted a 2 hours session with 12 members of the Caritas 2 project team in Shirkapur (Sindh province), the last day of the project implementation. The team was divided in 2 groups and was asked to analyse the successes and challenges of each activities of the project, considering the appropriateness, timeliness, effectiveness, impact and sustainability. Based on their experience, the field staffs were also asked to provide recommendations for future interventions.

Focus Group Discussions:

A total of 7 FGD were conducted with 6 OPAs members, beneficiaries of Caritas 1 and 2 projects, as well as with 1 group of transgender people, beneficiaries of Caritas 2 project. A total of 80 persons were met in FGD, including 74 older men and women. The focus groups were almost always organised taken into account the gender, except once with an OPA in Jacobabad district. The experience showed that women were more able or willing to express themselves in separated groups. A semi-structured questionnaire used 11 questions as guidelines focusing on: 1) communication with the project teams and participation in the activities of the projects; 2) impact of implemented activities on beneficiaries and family members; 3) analysis of the more and less positive aspects of the projects; 4) understanding of current and future roles of the OPA and HelpAge. Additional questions were added, in particular to the Committees or Presidents of OPAs, as required.

5. Context, project and intervention

Sindh Province, Pakistan in 2012

Pakistan is one of the South Asian countries with the highest annual average number of people physically exposed to floods. If the country suffers every year from massive monsoon rains, causing rivers and streams to overflow, the country has faced three consecutive flood events from 2010 to 2012. The floods of 2010

affected about 20 million people. The 2011 floods affected about 9.2 million people and destroyed standing crops on about 1.9 million acres. In 2012, monsoon rains once again inundated huge areas of Southern Punjab, Sindh and North-eastern parts of Balochistan province, affecting 4.85 million people and devastating cropped area of about 1.2 million acres.[3] The worst affected areas in Sindh were the Districts Kashmore, Jacobabab and Shirkapur, with significant casualties, loss of shelter and livelihood, and damages to public and private infrastructure such as roads and bridges.

The Southern province of Sindh has the second largest population of Pakistan's five provinces. It has a population of 40 million, with a gender ration of 112 men to every 100 women, with half of the population living in rural areas.[4]

Caritas funded HelpAge International to respond to the affected population in the districts of Shirkapur and Jacobabad in the Sindh Province. The population in both Shirkapur and Jacobabad districts is over 1.62 million according to the census report of 1998 (the estimated population of both districts for 2010 is over 2.16 million according to the Pakistan Emergency Situational Analysis). Like majority of districts in Sindh, Jacobabad and Shirkapur districts are mainly rural areas, 75% of the population living in rural areas. In both districts the literacy ratio is low (31.9% in Shirkapur and 37% in Jacobabad). 4.7% of the population in Shirkapur and Jacobabad is estimated to be aged 60 and over.[5]

Figure 2. **Sex and age disaggregated data of the estimated population of Districts Shirkapur and Jacobabad, 2010**[6]

	Shirkapur		Jacobabad			
	Male	**Female**	**Male**	**Female**	**Total**	**%**
0-4	101,701	99,793	81,732	78,398	361,624	16.7
5-14	188,627	152,219	154,104	129,113	624,063	28.9
15-49	262,898	265,727	228,155	215,535	972,315	45.0
50-54	18,651	16,202	15,495	13,432	63,780	3.0
55-59	10,889	10,051	9,939	8,249	39,128	1.8
60-64	12,554	10,379	9,834	8,476	41,243	1.9
65-69	5,776	5,423	5,088	4,365	20,652	1.0
70-74	6,127	4,943	4,777	4,239	20,086	0.9
75+	4,965	4,482	4,822	4,543	18,812	0.9

HelpAge International in Sindh Province, Pakistan

HelpAge International is operational in the District of Shirkapur since 2010. In October 2012, HelpAge conducted a Rapid Needs Assessment in order to identify the need of the people affected by flood in this district. The findings showed that many shelters and basic infrastructures were destroyed by the flooding leading to situation where families were living outside, without any shelter, water, sanitation and hygiene facilities. This was resulting in lack of privacy and protection issues, in addition to serious hygiene and health issues, such as the multiplication of water borne diseases. The loss of livelihood was also identified as one of

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[3] http://www.ffc.gov.pk/download/Annual%20Flood%20Report%202012.pdf
[4] http://en.wikipedia.org/wiki/Sindh
[5] Pakistan Emergency Situational Analysis, A profile of District Jacobabad and of District Shirkapur, September 2012.
[6] Ibid

the major issue requiring immediate intervention. Finally the assessment raised the concern of lack of information and lack of access to assistance, in particular for the most vulnerable groups of the affected population.[7]

The Caritas funded projects

In February 2013, HelpAge International received a grant from Caritas France to implement a protection intervention in order to increase protection and inclusion of vulnerable groups, in the districts of Shirkapur and Jacobabad in the Sindh Province, in particular older people and people with disabilities. The project included activities aiming at:
- supporting older people associations (OPAs) and local support organisations (LSOs) to organise advocacy platforms for vulnerable groups in order to access to humanitarian assistance
- improving the access to information regarding available assistance
- improving the mobility conditions of older people and people with disabilities
- improving the psychosocial well-being and dignity of older people and people with disabilities
- sensitizing humanitarian actors on the needs and vulnerabilities of older people, people with disabilities and other vulnerable groups.

HelpAge International identified the Goth Seenghar Foundation, a local NGO based in Sindh province, to implement the project in both districts. This project was initially funded for a 5 months period, from February to July 2013, but was extended to August 2013.

In July 2013, Caritas France agreed to fund a new 3 months project implemented by HelpAge, in the same areas of intervention than the first project, aiming to improve the protection of vulnerable groups, in particular older people and people with disabilities excluded from other humanitarian interventions. The project included activities aiming to provide sustainable source of livelihood for older people and people with disabilities in flood affected areas and to make humanitarian organisations' interventions inclusive and accessible for older people and people with disabilities. This project was extended for one additional month, ending in November 2013.

6. Achievements towards goals and outcomes

The table 2 presents the indicators and results of both projects' Logical framework approaches (LFA), based on the final version of each proposal, and taking into account the no cost extensions agreed with Caritas France. The analysis of the achievements towards goals and outcomes is mainly based on data and information collected through key informant interviews, focus group discussions, as well as data base analysis and review of projects reports. The final activity report was only available for the first project that ended in August 2013. HelpAge technical staffs that were deployed in the field for the first project were not in post anymore at the time of the evaluation.

<u>Figure 3</u>. Indicators and results, final version - Caritas 1 and Caritas 2

Project 1: Increased access of vulnerable groups, older people and persons with disabilities to humanitarian assistance (February -August 2013)	
Intervention logic	Objectively verifiable indicators
Principal objective: Improved access of	

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[7] HelpAge International, Needs Assessment report of flood affected district Shirkapur, October 2012.

vulnerable groups in humanitarian programmes post 2012 floods in Sindh province, Pakistan	
Specific objective: Increased protection and inclusion of vulnerable groups, specifically older persons and people with disabilities through humanitarian action in Sindh province	By the end of the project 11,000OP and PwD benefited from humanitarian assistance

50% increase of complaints regarding exclusion of vulnerable groups received at protection cluster level by 3rd month

Community level data is available in 16 union councils regarding vulnerable OP and PwD by month 3 |
| **Results** | |
| R1 Representatives of OPAs and LSOs trained in SADD collection are organised into 16 platforms advocating for vulnerable groups' access to humanitarian assistance | 108 representatives of 38 OPAs and 16 LSO trained in SADD collection, rights of OP and PwD and monitoring by 2nd month

16 advocacy groups / Advocacy platforms for inclusion of OP and PwD are established in 16 Union Councils

108 OPAs and LSOs' members actively participating in identification of vulnerable groups affected by the 2012 floods by month 2nd

50% increase of referrals made by the Monitoring and Referral Network to clusters at the district level by end of project |
| R2 Affected communities especially OP and PwD have increased access to information regarding assistance and complaint mechanisms | 13,900 persons (6,814 women/girls; 7,086 men/boys) of vulnerable community members (by type of vulnerability and gender) are knowledgeable of assistance available and their rights to access this assistance

50% increase in the number of complaints received in 16 UCs by female and male OP and PwD by end of the project

100% complaints made in 16UCs are dealt with by end of the project |
| R3 Improvement in mobility conditions of OP and PwD resulting in increased capacity, autonomy and well-being | By the end of the project 2,000 individuals have increased mobility capacity

Increased number of 2,000 people are able to perfom activities of daily living (ADL) independently by month 4 |
| R4 Improvement in the psychosocial wellbeing and dignity of OP and PwD through psychosocial support | 20% of the target group affected by floods (by gender and age) receive psychosocial support by month 5

Evaluation shows that 80% of beneficiaries are |

	less isolated and better integrated into their communities
R5 Humanitarian actors (government and non-governmental bodies) are sensitized on the needs and vulnerabilities of OP, PwD and other vulnerable groups	60 cluster representatives sensitised by month 2 50 government officials sensitised by month 2

Project 2: Protection of older people and persons with disabilities through humanitarian actions in Pakistan (July - October 2013)	
Intervention logic	Objectively verifiable indicators
Principal objective: Improved protection of vulnerable groups in humanitarian programmes in Pakistan	
Specific objective: Increased protection and inclusion of OP and PwD through humanitarian action in Pakistan	By the end of the project 600 OP and PwD benefit from inclusive livelihoods support activities By the end of the project a validated "inclusion and accessibility audit tool" is available with ADTF for use by the humanitarian organisations
R1 OP and PwD in flood affected Jacobabad and Shikarpur have a sustainable source of livelihoods	600 OP and PwD have received poultry raising training By the end of the project at least 80% of the beneficiaries (480 OP and PwD) have started earning a livelihoods from poultry raising
R2 Humanitarian organisations in Pakistan make their humanitarian interventions inclusive and accessible for OP and PwD	Inclusion and accessibility audit tool with a set of guidelines on its application is available (hard and soft copies) 1 Tool dissemination report By the end of the project 2 requests received from humanitarian organisations for the inclusion and accessibility audit

Project 1: Increased access of vulnerable groups, older people and persons with disabilities to humanitarian assistance (February - August 2013)

This protection project was implemented by HelpAge through a local partner, Goth Seenghar Foundation (GSF). GSF was selected by HelpAge following an assessment undertaken with 4 different local organisations located in Sindh province. This new partnership showed itself to be a challenge to realise the activities and reach the objective of the project in time. An initial baseline was conducted by GSF from February but the activities were implemented in the field from April-May only.

Principal Objective: Improved protection of all vulnerable groups in humanitarian programmes post 2012 floods in Sindh province, Pakistan

Specific Objective: Increased protection and inclusion of vulnerable groups, specifically older persons and people with disabilities through humanitarian action in Sindh province

Indicator 1: By the end of the project 11,000 Older People and People with Disabilities benefited from humanitarian assistance

More than 2,000 older people and people with disabilities received direct services and assistance from HelpAge and its partner. Through the strengthening of the OPAs and LSOs, it is possible to estimate that a minimum of 11,000 older people and people with disabilities benefited from greater recognition of their specific needs and vulnerabilities. However, there was no mechanism in place to measure that they effectively benefited from humanitarian assistance by the end of the project.

Indicator 2: 50% increase of complaints regarding exclusion of vulnerable groups received at protection cluster level by 3rd month

This indicator must be understood in referring to protection cluster's members. Despite challenges to get direct access to international NGOs, one OPA was successful with Save the Children and IRC to get support with vaccinations and cash for work for the vulnerable persons of its community.

An Information directory of humanitarian organizations was provided to OPAs and LSOs in May 2013. Therefore affected population were able to contact the humanitarian stakeholders to complain about the lack of support in their area.

Indicator 3: Community level data is available in 16 union councils regarding vulnerable OP and PwD by month 3

Data on OP and PwD were collected by OPAs and LSOs in their respective villages, covering the 16 union councils in May 2013.

8,057 vulnerable people were identified in the 16 UCs, including: 5,835 older people, 2,104 people with disabilities and 118 widows.

Result 1: Representatives of OPAs and LSOs trained in SADD collection are organised into 16 platforms advocating for vulnerable groups' access to humanitarian assistance

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Indicator 1.1: 108 representatives of 38 OPAs and 16 LSO trained in SADD collection, rights of OP and PwD and monitoring by 2nd month

108 representatives from 38 OPAs and 16 LSOs were trained on various topics by resource persons identified within the targeted community. A training of trainers was conducted in April 2013, covering: the sex and age disaggregated data collection at community level, the rights of older people and people with disabilities, monitoring and evaluation, and identification and referral of cases to relevant humanitarian actors.

Three days training for the representatives were conducted twice on month 3, in April 2013. 95% of the targeted representatives attended the full training sessions, including the three topics mentioned in the indicator 1.1.

While the OPAs representatives clearly saw the trainings as an effective way to strengthen and enable them to advocate for older people and people with disabilities' rights, it has been acknowledged by both the HelpAge team and the beneficiaries of trainings that refreshing sessions would have been required.

Indicator 1.2: 16 advocacy groups / Advocacy platforms for inclusion of OP and PwD are established in 16 Union Councils

13 advocacy platforms were established at community level, involving 31 OPAs and 13 LSOs. The indicator of 16 advocacy platforms in 16 Union Councils was not achieved as LSOs were functional in 13 UCs only in the project implementation areas. In order to ensure better efficiency the team project decided to focus on 13 UCs, gathering together OPAs in the UCs where LSOs were present to establish a total of 13 advocacy platforms.

The result 1 and related indicators did not mention any requirement in terms of gender balance. Only 10% of the members of the advocacy groups are female. This limitation is due to cultural restrictions, a lower level of education amongst women and certain reluctance from women to participate in this type of activities. However, older people and people with disabilities, male and female, are well aware about the advocacy activities led by the OPAs. The OPAs' members met, for whose the OPA was involved in the advocacy platforms, defined the role of the OPA as "*a platform to raise issues and get assistance*" and "*raise awareness and ensure coordination among older people*". Issues and priorities are discussed and defined within the OPA, involving all the members, including women. It appeared that OPAs recently established were less organised and less able to manage advocacy activities at an external level than the ones created few years ago, for instance with humanitarian NGOs and / or authorities. The most recent ones focus mainly on raising awareness among the community to improve care and support for older people and people with disabilities. This also confirms the need for additional trainings and capacity building activities.

Some advocacy groups met with district authorities at the time of the evaluation, in particular to improve health access and medical care for older people, as well as to get reduced transportation fees. Members of the advocacy platforms and OPAs representatives are very aware that the advocacy activities require time and follow-up, and that "*changes cannot happen in one time*".

Indicator 1.3: 108 OPAs and LSOs' members actively participating in identification of vulnerable groups affected by the 2012 floods by month 2nd

98 OPAs and LSOs members, including 17 women, were trained on data collection at community level (91% of the target), in April 2013 (month 3). The vulnerable groups were identified in accordance with the protection cluster criteria, targeting generally the flood affected population and, in particular, women head of households, children, older people, people with disabilities.

The involvement of OPAs and LSOs in the identification of vulnerable groups affected by the 2012 floods made them more legitimate vis-a-vis international NGOs, facilitating the referral mechanism from the OPAs to the international humanitarian actors as well as the advocacy activities.

HelpAge was really well prepared to ensure that the most vulnerable would be identified, with regular control field visits (20% of the identified cases were verified by the HelpAge project support officer) and the establishment of a complaint mechanism. The verification undertaken by HelpAge always confirmed the identification made by the OPAs' members. In addition, older people and people with disabilities met all agreed with the identification made by the OPAs.

The main challenges noted are a low literacy level which complicated the written referral, in addition to a lack of resources and means in place to ensure a proper follow-up of the referrals made.

Indicator 1.4: 50% increase of referrals made by the Monitoring and Referral Network to clusters at the district level by end of project

This indicator cannot be measured adequately. Too few examples of successful referrals have been documented. In Shirkapur district, one OPA was able to get measles vaccinations from Save the Children and cash for work from IRC. According to the project team, more than 200 individual or collective cases were referred in both districts of Shirkapur and Jacobabad to various cluster groups (including protection, food security, shelter, NFI, health and WASH), and an estimated 10 to 20% effectively received the requested assistance.

Considering the fact that the Monitoring and Referral Network was operational from the end of May 2013 – due to the initial delay met to start the activities with the implementing partner GSF – and that the project ended in August 2013, we can indeed conclude that this activity was successful. However it demonstrates that there is a need for a longer term commitment which would allow monitoring of the referrals, a formal documentation of the referrals, and an analysis based on baseline and end-line data.

Result 2: Affected communities especially OP and PwD have increased access to information regarding assistance and complaint mechanisms

Indicator 2.1: 13,900 persons (6,814 women/girls; 7,086 men/boys) of vulnerable community members (by type of vulnerability and gender) are knowledgeable of assistance available and their rights to access this assistance

Several tools were developed and disseminated to ensure knowledge and awareness about available assistance and rights to access those services in the areas of intervention, in Shirkapur and Jacobabad districts.

The creation of the "Information Directory of Humanitarian Organizations", listing information and contact details of 40 humanitarian organisations working in the districts of Shirkapur and Jacobabad, has proved to be a very innovative and effective tool for both information and accountability towards the affected community. Provided to OPAs, LSOs as well as to humanitarian actors and authorities, this booklet provided the required information to the community about the programme implemented in their geographical areas, while supporting a transparent coordination and communication system between the humanitarian stakeholders and local authorities.

Banners were put up in central places in villages to inform on the assistance and services provided by HelpAge and its partner.

Leaflets were also disseminated in both OPAs and UN clusters to raise awareness on rights, needs and capacities of older people and people with disabilities in the community.

HelpAge set up a complaint mechanism, sharing phone and email contact details to the population through the banners posted in the village.

Women met demonstrated a lower level of knowledge about the assistance available but were aware about their rights to access the available services. They also explained that they went through their OPA's representative to get information and claim their rights. This mechanism was apparently satisfying for both women and men met in the community.

Indicator 2.2: 50% increase in the number of complaints received in 16 UCs by female and male OP and PwD by end of the project

The affected communities, in particular older people and people with disabilities through the OPAs, have demonstrated that they were well aware about the complaint mechanism and the way to be in contact with HelpAge when required. Most of them explained they were sharing their concerns, and eventually complaints, to the HelpAge and its partner's social mobilisation teams during field visits which were regular. Some of them, in particular women, mentioned that they would make their requests to the OPA's representative who they consider as being their main focal point to get feedback.

The Information Directory is also used by OPAs representatives to contact other humanitarian stakeholders, requesting the intervention of the actors in their villages and / or a justification for the absence of intervention in their areas.

Indicator 2.3: 100% complaints made in 16 UCs are dealt with by end of the project

All complaints and concerns were dealt by field teams during field visits. Only one official complaint was made to HelpAge, using the complaint mechanism phone number. The OPA's members were not satisfied by their representative, accusing him of abuse of power, contacted HelpAge to get support. They confirmed they received the adequate support, with a visit of HelpAge team to organise the election of a new representative.

This indicator has therefore been achieved during the period of project's implementation.

Result 3: Improvement in mobility conditions of OP and PwD resulting in increased capacity, autonomy and well-being

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Indicator 3.1: By the end of the project 2,000 individuals have increased mobility capacity

More than 2,000 individuals have received assistive devices and got improved mobility conditions in districts of Shirkapur and Jacobabad (2,038 OPs and PwDs). The identification of the beneficiaries was conducted by the OPAs and LSOs representatives and the lists were then shared with the physiotherapist hired for this project. The beneficiaries were all people with disabilities, out of them 46% being aged 50 or over. The impairments were mostly physical; that explains that the three main devices distributed were 1) wheelchairs, 2) walking sticks, 3) toilet chairs.

Older people and people with disabilities met in the community all mentioned "*assistive devices*" and "*wheelchairs*" when they were asked about the interventions implemented by HelpAge and its partner GSF. The tangible assistance provided is considered by the population as being a very good way to improve the capacity and the participation of people with disabilities within their family and community. Some of them gave examples of people who used to stay at home all day long before receiving a wheelchair, "*sitting alone in one place*".

Coordination and communication with the Social Welfare Departments of Shirkapur and Jacobabad, responsible for people with disabilities in the community, were also very effective. Representatives were involved in the identification of the needs and invited to participate in distributions.

The identification of the beneficiaries was carried out in May and June 2013. Most of the assistive devices were distributed few days before the end of the project, allowing no time for post distribution monitoring. If

it is therefore difficult to conclude that the project resulted in increased capacity, autonomy and well-being of OP and PwD, despite some positive feedbacks collected during the field visits. HelpAge was very aware about this weakness and since included monitoring activities in other projects.

> *Indicator 3.2: Increased number of 2,000 people are able to perfom activities of daily living (ADL) independently by month 4*

It was acknowledged by all, including the project teams, beneficiaries and communities, as well as partners, that the provision of assistive devices contributed to the increased capacity, autonomy and well-being of people with disabilities, in particular in geographical areas where no other humanitarian agency were responding to the specific needs of PwDs. However it is worth noting that some materials didn't always prove to be the most relevant ones. For instance many people with disabilities were unable to use the wheelchairs by themselves, due to other impairments (eg upper body) or to the geographical environment. Tricycles were initially identified as an appropriate response but were replaced by wheelchairs. Tricycles were indeed unavailable in the market at the time of the project implementation.

As explained above (indicator 3.1), the identification was carried out in May and June 2013 and the assistive devices were distributed few days before the end of the project, allowing no time for post distribution monitoring. If an increased level of participation in the community was observed, the lack of monitoring added to some devices which proved to be not fully appropriate, like wheelchairs, don't allow us to conclude that 2,000 people were able to perform activities of daily living independently by the end of the project.

> *Result 4:* Improvement in the psychosocial wellbeing and dignity of OP and PwD through psychosocial support

> *Indicator 4.1: 20% of the target group affected by floods (by gender and age) receive psychosocial support by month 5*

This indicator must be understood as referring to the 2,000 individuals targeted in the result 3. The target was therefore reached, 550 individuals having received psychosocial support after identification by psychosocial workers between May and July 2013. Out of the 550 individuals, 78% were aged 50 or over (eg 430 older people). 60% of the persons having participated in the psychosocial activities were women.

The psychosocial support was mainly delivered through individual counselling, in addition to some family counselling and social activities in groups. The most serious cases were referred to psychologists in the districts of Jacobabad and Shirkapur, representing nearly 30% of the persons identified by the psychosocial team. There was no monitoring of the referral mechanism and no example available of people having met a practitioner beyond the activities implemented by the project team.

Figure 4. Profiling of the beneficiaries of the psychosocial support
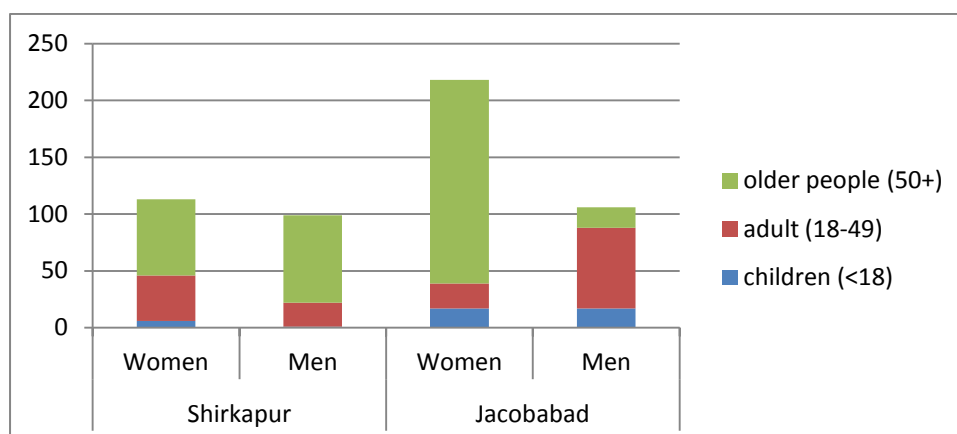
The assessments undertaken by the psychosocial workers showed that the vast majority of the adults and older people suffered from stress and anxiety, while children were mainly diagnosed with mental health disorders.

A differentiation should be made between "mental health" and "psychosocial issues" as the former requires clinical cares, and there are very few facilities and qualified practitioners in the area of intervention to provide an adequate response, while the latter can be addressed by HelpAge and other partners.

> *Indicator 4.2: Evaluation shows that 80% of beneficiaries are less isolated and better integrated into their communities*

This indicator cannot be evaluated as there was no proper monitoring of the psychosocial activities. Some successful examples were obtained from the project team but they are not significant enough to estimate a percentage.

Given that the identification started in May, the psychosocial support activities were implemented from June to August only. This is a very short period to achieve such a percentage. Feedback from the communities themselves, through focus group discussions, confirmed that people consider the activities as having been implemented on a too short period to enable some changes in the perception and feeling of isolation and integration into the communities.

Result 5: Humanitarian actors (government and non-governmental bodies) are sensitized on the needs and vulnerabilities of OP, PwD and other vulnerable groups

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> *Indicator 5.1: 60 cluster representatives sensitised by month 2*

The indicator must be understood as referring to UN cluster members. Workshops and one to one meetings were conducted to sensitise cluster members (international and national actors) on the needs and vulnerabilities of OP and PwD. 34 members of INGOs and 142 members of LNGOs attended workshops in both districts of Shirkapur and Jacobabad. With the additional one to one meetings, more than 60 clusters' members were sensitized by the end of the project.

The sensitization activities targeted the protection, WASH, health and Shelter clusters' members. The Multi-sector initial rapid assessment form (MIRA) included data collection on OP and PwD.

However, despite activation at province and districts levels, the clusters' meetings were not regular. Participation of international actors was also weak. This was a challenge to conduct adequate advocacy work within the cluster system.

Indicator 5.2: 50 government officials sensitised by month 2

17 Government officials attended sensitization workshops on the needs and vulnerabilities of OP and PwD. Officials met in Shirkapur and Jacobabad acknowledged a good communication and coordination with HelpAge and its partner. There is a significant difference between the indicator and what was achieved by month 2 and even by the end of the project. This difference is due to internal dysfunction at district level, where authorities are committed in various roles and responsibilities that prevent their availability for sensitization and awareness raising activities. Furthermore the political context, with 2013 General Election, prevented their participation.

Sensitization was a big component of the advocacy undertaken by HelpAge, its partner, as well as the OPAs and LSOs. However a formal advocacy strategy could have been designed in order to have a clear strategy and enabling proper follow-up actions, including the monitoring of the commitments of the various stakeholders.

Project 2: Protection of older people and persons with disabilities through humanitarian actions in Pakistan (July – November 2013)

Principal objective: Improved protection of vulnerable groups in humanitarian programmes in Pakistan

Specific objective: Increased protection and inclusion of OP and PwD through humanitarian action in Pakistan

Indicator 1: By the end of the project 600 OP and PwD benefit from inclusive livelihoods support activities

More than 600 OP and PwD were included in the livelihoods support activities. This indicator was therefore surpassed regarding the quantity of beneficiaries, meeting all the criteria established in the initial proposal including: older people and people with disabilities affected by floods, older couple or OP living alone, family member of PwD, women headed households/widows or women with no earning in hand.

However the livelihoods support activities did not provide benefit to OP and PwD at the end of the project, due to young hens which were not producing eggs yet.

Indicator 2: By the end of the project a validated "inclusion and accessibility audit tool" is available with ADTF for use by the humanitarian organisations

The Inclusion and accessibility audit tool was developed and made available at the end of the project but one last round of validation by key stakeholders, through UN clusters, was planned in December 2013 before the final release of the tool making it available for use.

Result 1: OP and PwD in flood affected Jacobabad and Shikarpur have a sustainable source of livelihoods

Indicator 1.1: 600 OP and PwD have received poultry raising training

850 older people and people with disabilities received poultry raising training in both districts of Jacobabad and Shrikapur, in September and October 2013. 11 transgender persons aged from 38 to 55 years old were

also included in the project, the initial assessments having highlighted a particular vulnerability and exclusion of this group from the humanitarian assistance. Apart from the younger transgender people, beneficiaries were aged between 50 and 93 years old (average age: 63 years old).The majority of the beneficiaries were women (66%), many of them being widows (65% of the selected women). Out of the 850 beneficiaries, 10% were presenting impairment.

The project team was able to negotiate better prices in the market at the time of the project implementation. That is the reason why the number of beneficiaries was increased compared to what was initially planned. This indicator has therefore been surpassed with all the criteria established in the initial proposal respected: older people and people with disabilities affected by floods, older couple or OP living alone, family members of PwD, women headed households/widows or women with no earning in hand.

It is worth noting that all the beneficiaries were identified by the OPAs. HelpAge teams carried out a systematic checking of the selection and confirmed the specific vulnerabilities and needs for assistance through the poultry activities. People met in the communities, men and women, always confirmed they had agreed with the selection and referral ensured by the OPAs' representatives.

> *Indicator 1.2: By the end of the project at least 80% of the beneficiaries (480 OP and PwD) have started earning a livelihood from poultry raising*

By the end of the project none of the beneficiaries had started earning a livelihood from poultry raising as the hens provided were too young to produce eggs. The eggs production was expected to start one month after the end of the project, from end of November 2013.

The average laying hen naturally produces more than 280 eggs a year. Eggs being sold at USD 0.1 (10-12 PKR), it provides an annual income of USD 28 per hen and per year, ie USD 308 per beneficiary per year (USD 25 / month) as the poultry set included 1 cock and 11 hens. Experience from previous similar projects implemented by HelpAge and its partner Sindh Rural Support Organisation (SRSO) has showed the poultry raising was a very effective and sustainable activity, even if it cannot cover all the expenses of a household. It is also interesting to note that the majority of the beneficiaries have another income generative activity (farming, handicraft, tailoring…).

Despite the fact that the poultry raising was not a source of income yet at the end of the project, feedback from the beneficiaries were however very positive. Communication between HelpAge and the community was smooth, with frequent and regular visits from field teams, so the beneficiaries understood the situation and the fact they had to wait for few weeks before getting eggs. In addition, HelpAge liaised with technical officers from the Livestock Department at district level to ensure a continuous support from the local authorities beyond the lifeline of the project.

> *Result 2:* Humanitarian organisations in Pakistan make their humanitarian interventions inclusive and accessible for OP and PwD

> *Indicator 2.1: Inclusion and accessibility audit tool with a set of guidelines on its application is available (hard and soft copies)*

The Age and Disability Task Force (ADTF), a consortium of 11 agencies dedicated to age and disabilities issues, and hosted by HelpAge International in Islamabad for 2013-14, was designed to take the lead on the development of the tool. It was a very strategic decision, ADTF being well-known since 2009 as being a

strong asset in the humanitarian sector, raising awareness on rights of OP and PwD in emergencies as well as providing technical support to humanitarian agencies.

ADTF sought to follow a consultative process. A consultant was hired by ADTF and a technical committee was established with 3 members of the consortium (HelpAge, Handicap International and Leonard Cheshire Disability). Several meetings were held with the other members of the consortium, the protection, WASH and Shelter clusters, the DRR forum, and the Social and Child Welfare departments in Sindh and KPK provinces.

WASH and Shelter were the two sectors identified for the development of an inclusion and accessibility audit tool, those sectors being considered as responding to the primary basic needs in emergencies.

The consultative process led to some unexpected delays. Draft copies of the tool, including a set of guidelines on its application, were available at the end of the project. However the final version was planned to be made available 2-3 weeks after the end of the project, last presentation and consultation being planned in cluster meetings beginning of December 2013.

It was noticed that the term "audit" led to a kind of reluctance of agencies to participate in the process. It was therefore decided to rename it as "Inclusion and Accessibility Evaluation Tool".

> _Indicator 2.2: 1 Tool dissemination report_

As explained above (Indicator 2.1), due to the delay to finalise the tool based on a proper consultative process, the dissemination report was not done by the end of the project in November 2013.

The dissemination was planned in December 2013, targeting all UN clusters, the Pakistan Humanitarian Forum, and donors.

> _Indicator 2.3: By the end of the project 2 requests received from humanitarian organisations for the inclusion and accessibility audit_

By the end of the project, in November 2013, the identification of humanitarian organisations for the inclusion and accessibility audit (or "evaluation") was in progress but not final.

Two Pakistanis organizations requested the audit at the end of the project: the Rural Development Project in KPK province and the Mojaz Foundation in Punjab province. Discussions were also starting with CRS, another INGO and partner of the donor's project Caritas France. CRS would be an ideal candidate for the tool, being operational in both shelter and WASH in the same geographical areas than HelpAge in Sindh province.

The first evaluation were planned to be conducted in December 2013 by the consultant. Future requests and evaluations will be ensured by the ADTF directly.

7. Evaluation findings

The evaluation findings adhere to the terms of reference of the project evaluation, including the following topics and questions:

- *Relevance:*
- Did the objectives were in line with the Project Documents, the needs in the target area and target beneficiaries?
- Assess the extent of application of strategic approaches in the project.
- *Effectiveness:*
- Did the project achieve its objective and generated any impact? (technical quality, effectiveness and appropriateness of the methodologies and approaches)
- Were there any unexpected outcomes, good practice?
- *Efficiency:*
- Were financial resources and inputs converted to results/outputs? Could it have been done better, more cheaply and more quickly?
- Assess the efficiency of project management.
- *Management and partnership:*
- Assess the degree to which partners at all relevant organisational levels have obtained ownership of the project and involvement in project delivery.
- How effectively did ADTF contribute to project implementation and information sharing?
- *Sustainability:*
- Is the project sustainable? Livelihood and advocacy activities?
- Were risks and assumptions valid? Did mitigation strategies accommodate possible developments in the project operating environment?

Relevance

The objectives of the projects were (1) to improve access of vulnerable groups in humanitarian programmes post 2012 floods in Sindh province and (2) to improve the protection of vulnerable groups in humanitarian programmes in Pakistan. Both projects did address the needs in the areas affected by the floods in 2012 as well as more generally in Pakistan for a better inclusion of older people and people with disabilities in the humanitarian response.

The target beneficiaries were the vulnerable groups, in particular older people and people with disabilities. In both projects, activities targeted the most vulnerable older people and people with disabilities, seeking to improve their protection as well as their inclusion in the humanitarian response. There is no other agency working for older people and people with disabilities in the geographical area of the project implementation. It was therefore relevant to focus on those particular groups, in addition to the fact that it is in line with HelpAge's mandate and expertise. The inclusion of some transgender people in the livelihoods activities, as another excluded group of the available humanitarian assistance, demonstrated the willingness to respond as much as possible to the protection and the inclusion needs of the most vulnerable people in the community.

The projects were designed based on a two-fold approach, (a) the direct delivery of services and assistance and (b) capacity building and advocacy work for the inclusion of older people and people with disabilities in humanitarian intervention and available services at district level. This strategy was definitely the most

relevant. The needs being indeed broad (ie shelter, WASH, livelihoods, protection, health, etc.) and HelpAge being unable to address all those needs to the whole floods-affected older people and people with disabilities, it was a very strategic approach to ensure that some support would be immediately made available when not covered by other stakeholders, while facilitating the process of inclusion and referrals to other operational actors. The capacity development of both communities (OPAs and LSOs) and stakeholders (humanitarian actors and authorities) was also fully relevant to ensure that awareness and knowledge on the specific needs and rights would be reinforced at all levels.

Effectiveness

The initial assessment was led by the local partner GSF with severe delay impacting on the delivery of the activities of Caritas 1 project. Indeed this delay reduced the duration of the activities implementation in the field which would have required longer term commitment and monitoring, such as psychosocial activities and assistive devices.

The targeting of beneficiaries was very well executed, ensuring that the most vulnerable older people and people with disabilities would be identified with a participatory approach in the communities. The use of OPAs was instrumental in reaching the most vulnerable people and prevented any tensions in the communities. The targeting and criteria, in addition to the active participation of the OPAs and accountability mechanisms, also ensured that the benefits were spread out to as many as possible with no opportunity for individual benefit accumulation.

The overall technical quality of the project is good. Some activities have proved to be very well implemented and monitored by field teams, like advocacy and livelihoods. However, psychosocial activities have shown some weaknesses in terms of: adequate response to needs (eg referral to external practitioners without any follow-up by the project team), lack of clarity between mental health and psychosocial issues with no available clinical care for the former, and a too short duration of the activities to expect a real impact on well-being. If feedbacks from beneficiaries and partners were positive regarding the provision of assistive device, we can note two flaws impacting on the technical quality of the activity: some devices were not adequate to improve the capacity and autonomy of people with disabilities (eg wheelchairs for people presenting upper body impairments) and there was a lack of post distribution monitoring which prevented any required adjustment to needs.

The impact of the projects for the beneficiaries and the wider communities is globally positive. Some unexpected outcomes and good practices resulted from innovative approaches and activities. The livelihoods activities had a very positive impact in the social life of vulnerable older people and people with disabilities, supporting their role and place within the family in addition to the expected generated incomes. The "Information Directory of Humanitarian Organizations" is a very innovative and effective tool for both information and accountability towards the affected community. It has been used by OPAs to get assistance and information while encouraging humanitarian agencies for more transparency regarding their activities. The participative approach adopted to develop the Inclusion and Accessibility evaluation tool has been time-challenging but it is also a way to guarantee quality and legitimacy towards the wider humanitarian forum. Those good practices, added to lessons learnt like psychosocial activities and the delivery of assistive devices, are taken into consideration by HelpAge for future humanitarian protection response and are already addressed in other regions of Pakistan, where HelpAge implement protection projects.

Efficiency

Without having used detailed auditing measures, this remains a subjective appreciation based on interviews and observations in the field. Considering the level of activities in a short timeframe and in a difficult environment (unstable political and security context), HelpAge has provided good value for money with both projects. This was helped by low staff costs as compared to other emergency responses.

However this statement needs clarification, firstly because one of the main activities of the Caritas 2 project was not finished at the time of the evaluation. It is therefore not yet possible to tell whether the Inclusion and Accessibility evaluation tool will reach the intended level of impact and whether the financial resources converted to results is acceptable. This is also valid for the sustainability of OPAs, the advocacy platforms, and the sustainability of their advocacy work, as well as the impact and sustainability of the livelihoods activities.

Some examples of best value for money is the use of existing OPAs wherever possible which led to quick outputs in terms of capacity building for advocacy and awareness raising, as well as in the identification of vulnerable people, without the use of significant financial resources but with expected sustainable results. The poultry raising has likely led to best value for money, firstly because more beneficiaries were included with this kind of livelihoods activities compared to another one which would have been more expensive (eg goats), secondly because the sustainability mechanism can be ensured through reproduction, and finally because this activity led to unexpected psychosocial results.

The two aspects which could have most likely led to better value for money are the psychosocial activities and the provision of assistive devices of Caritas 1 project. The financial and human resources dedicated to the psychosocial component of the project were not adequately used, with too many systematic referrals to external practitioners causing extra costs without any follow-up on the effectiveness and added value of such referrals. Working on psychosocial issues only, rather than trying to deal with mental health issues, would have been possible in using the dedicated project human resources, through the implementation of low cost activities like group discussions, handicraft or cooking sessions, social support network… However it would have required a longer term commitment which was not possible due to the initial delay in the starting of the activities. The fact that tricycles were not available at the time of the assistive devices' provision, and because they were replaced by wheelchairs sometimes at the cost of an adequate response to needs, prevented this activity to reach the expected level of impact (ie increased capacity and mobility). It is possible to tell that financial resources were converted to results on the well-being of vulnerable OP and PwD, with increased community participation and visibility, but the impact on capacity and autonomy is unclear.

HelpAge has used a new local partner, GSF, to implement the Caritas 1 project. This experience has been challenging for HelpAge, due to lack of experience of the partner in this type of response, to the delay to start the activities and to submit progress report to HelpAge. The value for money of such a partnership is unclear and could be investigated for learning, but the delay badly impacted on the quality of the activities delivered, preventing an adequate monitoring in the field. HelpAge implemented directly the Caritas 2 project and it is obvious that the management was since efficient.

Management and partnership

This project has involved various partners at several levels: with local partners for the implementation of Caritas 1 project, with OPAs and LSOs, with local authorities, with international humanitarian agencies and

clusters at province and Islamabad levels, as well as the members of the Age and Disability Task Force in Islamabad.

At district and province levels, there has been good cooperation with local organisations, with OPAs and LSOs, with local authorities, and with international humanitarian agencies. First HelpAge selected the local NGO GSF as implementing partner of Caritas 1 project. Despite several challenges in the project implementation and in reporting, GSF acknowledged that they always had a good communication and received continuous support from HelpAge, especially to improve their technical skills on ageing and vulnerabilities. OPAs were directly involved in the project implementation, for instance through the identification of beneficiaries and the decision making process about advocacy strategy for their communities. OPAs received training and regular visits from HelpAge teams. There has been a real ownership of the project by the OPAs, in particular the older ones having deeper experience. All OPAs received support from HelpAge to be registered by the Social Welfare Department at district level, giving them an official status of association. The Social Welfare Department was informed about the project and invited to participate in training activities and provision of assistive devices. The Livestock Department was also involved in the poultry raising activities, providing technical support and advices to beneficiaries.

At field level (Districts and province), international humanitarian actors were also involved in the project delivery, being invited to participate in the "Information Directory of Humanitarian Organizations", as well as in trainings for the inclusion of older people and people with disabilities in the humanitarian response. The HelpAge team was particularly active in the protection, WASH, health and Shelter clusters. However, and partially due to dysfunctional coordination mechanisms at field level, there is no specific example of effective bilateral cooperation with an international agency in the field.

In Islamabad, the ADTF was responsible for the development of the Inclusion and Accessibility evaluation tool and a steering committee was established for that purpose (including HelpAge, Handicap International and Leonard Cheshire Disability). The ADTF conducted a consultative process with clusters' members, DRR forum, as well as with the Social Welfare Department in Sindh province and the Child Welfare Department in KPK province. It was a very strategic decision, ADTF being well-known since 2009 as being a strong asset in the humanitarian sector, raising awareness on rights of OP and PwD in emergencies as well as providing technical support to humanitarian agencies.

There has been therefore a very good cooperation and involvement of partners in the various phases of the project delivery. However, more could have been done with international agencies to ensure (a) a monitoring of the improvement in the inclusion of OP and PwD in their response at field level and (b) an effective support to the referral mechanisms of vulnerable people or contact made by OPAs.

Sustainability

HelpAge opted for a local implementing partner for the Caritas 1 project, and then implemented directly the Caritas 2 project. It would have been more strategic and sustainable to become less of a direct implementer when the emergency phase was over. However HelpAge has made an excellent work with the 38 OPAs and 16 LSOs which were trained and supported for the whole duration of the projects. Their role needs to be consolidated and continuously linked to other local and international actors. HelpAge, being present in the Sindh province and having other projects in progress in the same areas, already addresses this need by involving the OPAs in new activities.

The sustainability of the livelihoods activities is expected through the poultry's reproduction. Nevertheless, as the hens were not producing eggs at the time of the evaluation it is not yet possible to tell whether the sustainability will be ensured. Despite commitment from the Livestock Department to ensure a continuous support to the beneficiaries, this would also require verification, in case of pandemic for instance.

Generally risks and assumptions have been well identified and mitigation strategies have been relevant. At local level, OPAs and LSOs have indeed been proactive and supported by the community. Trainings on poultry training and the agreement in principle with the Ministry of Agriculture are supposed to guarantee a sustainable support for beneficiaries of poultry. The assumption that humanitarian organizations are willing to prioritise the needs of vulnerable people is also valid but would have required further commitment and monitoring from HelpAge. The meetings held with some international partners at field and national levels during this evaluation have shown that there was a general lack of understanding of HelpAge's work in Sindh. Sustainable partnerships with and commitment from international agencies in Sindh could have been strengthened by deeper connections with the HelpAge field teams. At national level, with the ADTF responsible for the advocacy component of the Caritas 2 project, HelpAge made an excellent work in building sustainable relationships with international agencies. HelpAge and the ADTF realised that some organizations would be reluctant to adopting the tool in development if called "audit", they strategically changed the name using "evaluation".

8. Conclusions and recommendations

The general conclusion is that the projects have been successful, with some creative approach in advocacy and expected sustainable impact in livelihoods. The response to needs was well identified and the two fold approach was a strategic way to ensure a rapid intervention to immediate needs resulting from the emergency situation, while strengthening capacities and raising awareness for a wider and longer tem impact on inclusion and protection.

There has been implementation delay in Caritas 1, mostly due to the decision to work through a local implementing partner. This experience has shown its limits especially for a short term humanitarian response, while HelpAge has the experience and capacities for direct emergency programme implementation. Successes and lessons learnt must be consolidated into a longer term strategy and for future emergency responses.

Some of the following recommendations are already considered by HelpAge in other responses in Pakistan.

Collaboration with global and regional HelpAge offices

Existing technical resources and guidance are available at global and regional levels. If protection is a core emergency component then headquarter should be solicited to provide technical support at the beginning of the emergency response, in order to support the set-up of a tailored protection programme and to deliver trainings for staffs and partners.

Management

The direct implementation of the response, in particular at the early stage of the emergency programme, should be ensured by HelpAge rather than by an implementing partner, especially if it is a new partner for the organization. However the involvement of local partners and OPAs should remain a pillar of the

intervention, ensuring both capacity building of local actors and sustainability of the intervention. In a second phase, the choice of having an implementing partner can be relevant if capacities and willingness have been demonstrated during the first phase of the response.

Psychosocial

A differentiation between psychosocial and mental health issues is required when designing the emergency project and recruiting the human resources. HelpAge Pakistan needs to consider its position and develop a strategy for this sector in accordance with the needs and the context, including the available human resources and services. HelpAge social workers would have been able to respond to the primary psychosocial needs of affected older people and people with disabilities, aiming at supporting them to recover from the emergency and avoiding isolation of the most vulnerable persons through social support activities.

Assistive devices

Cooperation with disability-related agencies is a great asset for HelpAge to continue the provision of assistive devices for people with disabilities. There is an acknowledged gap in this sector but a certain level of expertise is required to identify needs and adequate responses. HelpAge should ensure systematic trainings with the ADTF partner's agencies for its dedicated project staffs. Also it is highly recommended to ensure a proper post distribution monitoring in order to make adjustments as required.

Livelihoods

The poultry raising activities are very efficient. This component can cover a wide number of beneficiaries, it is appreciated by the population, it is a good complement of income, and it has demonstrated some psychosocial benefits. It is therefore recommended to design more income generating micro projects for both OPAs and vulnerable individuals from the beginning of emergency response. There is a need for a deeper livelihood assessment to identify the best value for money livestock. It could be for instance another type of livestock or a combination of various livestock farming.

Advocacy

Advocacy is a central pillar of HelpAge emergency intervention in Pakistan. Advocacy activities have been implemented at both field levels, through training and awareness raising for partners as well as through the strengthened OPAs, and at national level, through the development of the Inclusion and Accessibility evaluation tool with the ADTF. However there is a need for a clear advocacy strategy and plan of action. This advocacy strategy is also required to monitor and evaluate the outcomes and impacts. We must admit that the staffs deployed on the ground for an emergency response are very busy with the day-to-day activities to take on the additional role of advocacy. A dedicated human resource could be therefore recruited for that purpose, ensuring the design of the advocacy strategy and workplan, the representation in coordination meetings and bilateral meetings, the trainings for partners (including the OPAs), and the monitoring and evaluation of the advocacy work.

Monitoring

Generally it is recommended to improve the monitoring of the activities. For these specific projects, it would have been required to ensure: a follow-up of the referrals made to external practitioners for the

psychosocial activities, a post distribution monitoring of the assistive devices to control the adequateness and the quality of the materials provided, and follow-up meetings with NGOs or government bodies having made a commitment to improve inclusiveness of their response.

9. Annexes

Annex 1 – Terms of Reference of the Final Evaluation

TOR Project Evaluation Caritas Funded in Sindh (Shirkapur and Jacobabad)

Project Titles:

1. Increased Access of vulnerable groups, Older People and Persons with Disabilities (PWD) to Humanitarian assistance

2. Protection of Older People and Persons with Disabilities through Humanitarian Actions in Pakistan

The overall objectives of the project were:
- Improved protection of all vulnerable groups in humanitarian programmes post 2012 floods in Sindh province, Pakistan
- Improved protection of vulnerable groups in humanitarian programmes in Pakistan.

The specific objectives of the project were:
- Increased protection and inclusion of vulnerable groups, specifically older persons and people with disabilities (PWD) through humanitarian action in Sindh province'.
- Representative of OPAs and LSOs trained in SADD collection are organised into 16 platforms advocating for vulnerable groups' access to humanitarian assistance,
- Affected communities especially older people (OP) and persons with disabilities (PWDs) have increased access to information regarding available assistance and complaint mechanisms
- Improvement in mobility conditions of older people and PWD resulting in increased capacity, autonomy and wellbeing
- Increased protection and inclusion of older people and persons with disabilities (PWD) through humanitarian action in Pakistan

Scope of Assignment

1. Objectives of the Final Assessment

The purpose of the Project Evaluation is to:
- Assess whether the project and the project activities were relevant in achieving the programme indicators and benefits for beneficiaries.
- Assess whether the project implementation has been effective and efficient.
- Assess whether the OPAs and District Federation's capacity has been built and contributed to their sustainability and that these community organizations are advocating for the rights of older people, persons with disabilities and other marginalized groups now.
- Assess the sustainability of the project after the implementation period.
- Formulate recommendations for potential capitalisation, replication, up-scaling in future and recommendation based on the findings of the project evaluation.

2. The project evaluation shall comprise of the following evaluation criteria:

Relevance
- Assess whether the objectives are in line with the Project Documents, the needs in the target area and target beneficiaries.

- Assess the extent of application of strategic approaches (including partnership, capacity development of OPAs and District Federation, inclusion of PWDs and OPs) in the project.

Effectiveness
- Assess whether the projects achieved its objective and generated any impact? Assess the technical quality of the project activities and the effectiveness and appropriateness of methodologies and approaches applied.
- Identify unexpected outcomes, good practise or lack of same.

Efficiency
- Assess the degree to which financial resources and inputs (funds, expertise, time etc.) were converted to results/outputs (i.e. have these been delivered as agreed?) Could it have been done better, more cheaply and more quickly?
- Assess the efficiency of project management including financial management practices, budgets and plans of action.

Management and Partnership
- Assess the degree to which partners at all relevant organisational levels have obtained ownership of the project and involvement in project delivery.
- How effectively ADTF contributed in project implementation and information sharing.

Sustainability of the programme
- Assess the extent to which project is sustainable and the sustainability of livelihood and advocacy activities.
- Assess whether the risks and assumptions were valid and if mitigation strategies have been applied to accommodate possible developments in the project operating environment.
- Assess if any actions or activities conducted in the project have pointed towards sustainability.

Methodology
The evaluation will be conducted via the following steps
- Desk review of all project documents
- Orientation meeting with HelpAge International Pakistan team and ADTF
- Field visits to Shikarpur and Jacobabad, Meeting with field staff, beneficiaries, OPAs member and the District Federations.
- Final assessment report writing
- De-briefing with HelpAge International Pakistan team
- Finalisation and submission of project final evaluation report

Deliverables
- Projects Evaluation report

Timeline
- 4- days desk review of project documents
- 1 day Meeting with HelpAge International Pakistan staff and ADTF
- 6 days to perform the field visit
- 1 day de-briefing with staff
- 5 days for finalisation of report

Annex 2 – Focus Group Discussion Guide

1. Do you know HelpAge? What are the interventions implemented by HAI?

2. Have you participated in these activities? When / how?

3. Do you know why you've been identified to participate in the activities/receive support?

4. What are the changes in your daily life and the one of your family members since you've received support from HAI? (economic/psychosocial/access)

5. What are the + and – of these activities?

6. Do you know other people in your situation who don't participate in the activities?

7. How does HelpAge communicate with you? (HAI workers, OPAs, LSOs…)

8. If you have complaints or suggestions for HelpAge or other humanitarian actors, how do you do it? Is there any result/feedback?

9. What is the role of the OPAs/LSOs?

10. In the future, what should be the role of HAI?

11. How do you envisage the future with a reduce role of HAI?

Annex 3 – Key Informant Questionnaire

1. When and how have you learnt about the protection activities implemented in Sindh by HAI?

2. What has been your role in the programme?

3. What were the positive aspects of the programme?

4. What were the aspects to improve?

5. Do you know what were the constraints for the success of the project (internal and external)?

6. How have they been overcome (or not, why?)?

7. What do you think about the coordination / integration with other stakeholders? (who, what, how?)

8. What do you think about the information around this programme to the affected population, and participation of beneficiaries in the implementation? (+ accountability/gender)

9. What do you think about the sustainability of this programme after the implementation period?

10. In hindsight, if the programme had to be redone, what should be done differently?

11. Do you have any other comments or recommendations?