



"Strengthening civil society as a means of poverty reduction for vulnerable older people in the occupied Palestinian territory" Project, funded by EU



Submitted to: Help Age International

Submitted by:

Development Pioneers Company for Consultations

Gaza, Al Remal, Shohadaa St. Telefax. 08 2888781

E-mail: info@pioneer.ps









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List of Acronyms

EU European Union

FGDs Focus Group Discussions

GS Gaza Strip

HH Household

INGOs International Non-Governmental Organizations

NGOs Non-Governmental Organizations

NSA Non State Actors

Opt Occupied Palestinian Territories

PAEEP Palestinian Association for Education and Environmental Protection

TOR Terms of Reference





Executive Summary

HelpAge International started in January 2012 to carry out the project's activities of "Strengthening civil society as a means to reduce poverty among the vulnerable categories of old people", along with Al Wedad Society for Community Rehabilitation and the Palestinian Association for Education and Environmental Protection. The project is funded by the European Union (75%) with Co- fund from other sources. The project ended in December 2013.

The evaluation was conducted during February and March 2014 by a group of consultants in Pioneers Company. The methodology of the evaluation included qualitative and quantitative approaches, emphasizing and reflecting the beneficiaries' voice within the results of this project. A combination of survey, key informant interviews and focus groups were used for data collection.

The main findings are briefed below in terms of the evaluation criteria:

Relevance

The current project is strongly relevant to the addressed health, economic and social needs of older people. It targeted marginalized areas where old people suffer both financial lackage and health inaccessibility. The present project bridged this gap and acted as an outreach approach—for the old people needs. Also, this project is relevant in addressing the elder health needs, as the majority of them has at least one health problem. The project is relevant to target the marginalized old people since the statistical analysis shows that the majority of them are of low and below average of the social standards. The project intervened in the most marginalized needy areas (Beit Hanon Isbat, Beit Hanon, Johr Deik, Almousadar and Wadi Alsalqa).

By providing health care services at home, the project has overcome the beneficiaries' physical and financial inaccessibility to health care services. The capacity building of the NSA, the training courses, workshops, and Education of the elders about their rights and how to advocate them, reflected in wide response to the needs of the older people.

Effectiveness

The project succeeded to achieve the following deliverables:

- Health Intervention: A total of 250 elder people received health services. The Health Intervention included caregiver training, distribution of mobility technical aid and diapers, dental care services, eye care services including eye glasses and optical surgeries.
- Psychosocial Intervention: A total of 551 older people were targeted by psychosocial support activities. The activities included group counselling, raising awareness sessions and recreational trips. The number of actual trips and group counselling sessions was more than planned during the first and second rounds respectively. While also an increased number of raising awareness sessions was reported during the two rounds.
- **Livelihood Intervention:** The livelihood activities targeted 254 older people where they received 191 poultry, 56 rabbits units and 7 beekeeping units. They also received training on effective management of their projects
- It is worthy to mention that For the need of distributing hygiene kits, the budget was changed under the approval of the donor





Furthermore the following briefs the main achievements against the project results.

The evaluation revealed that more than 65% of El Wedad work is now devoted for older people. El Wedad now has an independent and a permanent program that directly targets older people in its activities. Additionally, three main projects are currently being implemented and target older people in the very marginalized areas. This in turn reflected increasingly on the budget and staff of El Wedad where more personnel are hired and more budget was allocated to meet the stressing needs of older people. Similarly PAEEP has now developed general trend towards supporting older people and started applying for different donors to raise fund for projects that primarily target older people
The community groups played a key role in reaching the targeted numbers and facilitating the project activities in all the five communities. The local community groups were enabled to promote the older people rights and respond to their needs through regular meetings. In addition, they conducted some meetings with decision makers in order to put the needs of older people on top of their agendas.
The analysis showed that 63% of older people were able to attend the livelihood training while the remaining percentage sent their sons and close relatives to attend the training instead. This was due to their health problems, as an obstacle for them to attend the training day. Participants in focus group discussions declared that the training was effective enough and increased their knowledge and information. Quantitatively, all respondents believe that the training was useful given that the family members who attended the training assisted old people in managing their projects through continuous advising and follow up. Also 91% of them reported increased skills to manage and market their projects. The livelihood activities targeted 254 older people where they received 191 poultry, 56 rabbits units and 7 beekeeping units. About 8% of interviewed women of older people reported increase in their income while on the contrary men did not report any increase in their income. The reason behind this low percentage may refer to the small size of provided projects which hardly cover the families' needs and no extra amounts were secured for external sales. Also, as beneficiaries stated in terms of food provided, it wasn't sufficient to cover their needs
The evaluation revealed that 46% of surveyed beneficiaries feel reasonable loneliness and 48% feel weak loneliness, while 80% of them (on average) have their relations improved with friends and family members. Also about 90% are able to get engaged in social events, have a role in the decision making and are able to solve problems. It was found too, that adding youth component and integrating two







volunteers were recruited to implement activities with older people on weekly basis.

It was found that the number of recreational trips organized and held was just as planned, 485 older people participated effectively in the 20 recreational trips and reported great joy and satisfaction with these activities.

The comparison between the evaluation results and the baseline survey showed improvements in the psychosocial indicators of older people. For instance, in the baseline results 77.4% of the elderly believe that their relations with the spouses are weak, 57.9% believe that their participation in social events is weak, and 20.7% of the elderly believe they suffer from severe depression. While the evaluation revealed that only 9% of beneficiaries believe that they have weak relations with their spouses, 4% of respondents scarcely participate in social events and 6% of them feel highly stressed.

5. Improved access to quality health care through community-based rehabilitation and care programmes for 250 frail and vulnerable older people

The community groups, health actors, MoH and private clinic staff received training about older people and their health conditions, how to take care of them and meet their needs. The training also included vital topics such as nutrition, chronic diseases, daily activities, and health education for elder people. In addition, geriatric primary health care guiding manual was developed and distributed on the clinics and primary health care centers to be used as a reference for all medical staff and practitioners. This in turn contributed to increasing the quality of health services for the vulnerable older people as mentioned during the meeting with MoH staff.

The 250 disadvantaged and frail older people who need care and support received home care services provided by trained family members and community volunteers, in turn reducing their vulnerability and enabling them to stay home and improve their living conditions as mentioned in FGDs with older people

Impact

Seemingly, the project keeps poverty rate down among the targeted beneficiaries, as it improved the overall health of old people. Moreover, the project succeeded to control their blood pressure, keep their blood sugar within normal range, and frequency of their asthma attacks became less. Psychologically, they no more feel alone and find others supporting them. Furthermore, it appeared that their economic status became better and they easily got access to food. Direct impacts of the livelihoods intervention are already obvious, as older people were engaged in a training on how to manage and market their small projects. Quantitatively, all respondents believe that the training was of great benefit and met their needs. Though not all older people committed to attend the training due to their health problems, their close (first degree) relatives, who attended instead, have transferred the knowledge and practices to them at home. Also some of surveyed beneficiaries witnessed improvement on their daily meals while their projects were ongoing. This was apparent as the production of the livelihood projects, enabled them to cover part of their consumption while small quantities remained for external sales.

However the project could hardly ensure increased level of income since it was conducted on micro level in comparison to the size and needs of older people families. It is found that only 23% of the surveyed sample have sustainable and productive projects since most of beneficiaries could not secure the necessary feeding and care for livestock from one side, on the other side the projects' size was not large enough to achieve reasonable production and investment.





Basically, the project impacted on the two partners and community groups on the level of knowledge and Education focusing on the advocacy and aging mainstreaming. Therefore somehow, empowered them to defend their rights and raise their claims to the decision makers. Thus they need to work extensively to have more effective position, speak out and achieve their rights.

Efficiency

HelpAge was responsible on the overall coordination and monitoring of the actions through regular reports, field visits and meetings with project partners and local committees. In terms of human resources, it is obvious that sufficient teams were employed following transparent and neutral recruiting process to ensure successful implementation of project activities.

The majority of outputs have been delivered in a logical sequence, project staff took part in basic training in order to understand the full scope of work, mainstream aging and advocate the rights of older people.

The budget was appropriately allocated following a straightforward and systematized approach to best utilization of human, materialistic and financial resources. However, it would be more efficient to increase some of activities costs in order to achieve greater benefit and ensure sustainable impact on a larger- scale such as hygiene kits, recreational trips and livelihood inputs.

It is found that the cost spent on the livelihood interventions is somehow on the micro level, while funding small projects needs at least \$ 1000 - \$ 5000 investment in each project to ensure sustained source of income for a medium to large family. Accordingly at least 7 rabbits (6 females and one male), 30 to 40 chickens, and 3 to 5 beehives (including 7 to 8 frames for each hive) would be more feasible and sustainable.

A major concern was raised by the project partners regarding the transportation costs; there was under estimation of this item in the budget which overburdened the partners through sharing from their side. However HelpAge managed to save money and amended the budget to cover the resulted shortage.

Sustainability

The most sustainable components depend mainly on the acquired knowledge and improved practices. Indeed remarkable improvements were reported in the health practices of older people and psychosocial wellbeing. Their knowledge about the small business management and marketing skills also increased

Recommendations

Finally, the project significantly achieved its planned results and outcome in an efficient manner. Due to the continuation and the severity of the problems older people are facing in the Gaza Strip and the political and economic instability, such a project is strongly recommended to continue and to be expanded in focus. When starting a new phase of the project, there are areas for improvement to consider, mainly ensuring that integration between the project components can be achieved where necessary, based on the beneficiaries urgent needs. It mostly requires effective coordination mechanism with all partners and community groups as well as adjusted allocation of human and financial resources by HelpAge.





In addition, increasing the capacities of local committees and partners and restructuring some of them are valuable to ensure continued support to older people and improving their accessibility to all essential services.

Health Intervention

Overall it is suggested to implement the project on a wider basis to include all Gaza Strip Governorates and to target those aged above 65 years because they are in utmost need as ageing is a risk factor to chronic diseases noting that the number of those above 60 reached 191,000 (4% of population).

Moreover, the contents of hygiene kits should be improved to include glucometer, sphygmomanometer, and thermometer to be used in taking care of old people. Also the quality of supplies should be improved to ensure its permanence and long lasting impact especially the dentures.

On the level of advocacy and lobbying, it is preferable to encourage both older people and community groups to advocate their rights through collective meetings with decision makers to put older people on their agendas and support them on different levels such as developing geriatric heath strategy and providing free health insurance and social security.

Psychosocial Intervention

Continuing providing older people with psychosocial support is badly needed in order mitigate their feeling of loneliness and give them the opportunity to express their opinions and share experiences especially with young groups. It also increases their self-confidence and influence. In doing so it is recommended to increase the recreational trips and organize socialization visits among older people as well as visits conducted by different generations. Also continue following up the severe cases who need several individual sessions to recover.

As known, several factors affect the mental health and wellbeing of older people among which the bad economic conditions and health deterioration due to lack of medications and low level of health services, thus it is recommended to integrate between the three interventions as mentioned above. This can solve the roots of the psychosocial problems.

Livelihood Intervention

Small and medium projects (\$ 1000 - \$ 5000) would be more feasible than those on the micro level as they ensure sustainability of production and better return on investment. In this regard it is suggested to enable older people to prepare feasibility studies for their projects to be reviewed and evaluated for granting. It is not necessary to provide grants for only livestock projects, but also commercial and vocational projects could be applicable.

Moreover, follow up programming is essential for such projects in terms of business management and marketing and veterinary health (in case of livestock). Livelihood expert and/or agriculture engineer could be assigned for such services to ensure better implementation and spending of grants.





1. Introduction

1.1 Situational Analysis

The current growth in the number of older adults in the oPt is unprecedented in Palestine history. The number of old age people in 2012 in Occupied Palestinian territories was 191,000 (4%)¹. The total population in occupied Palestinian territories (oPt) is 4,231,984 and in the Gaza Strip (GS) is 1,616,490. The percentage of population 65 Years and above is 3 in oPt and 2.5 in Gaza Strip (GS)². This means that the total number of old population aged 65 and above is 40,412 in the GS.

Life expectancy at birth for males is 70.5 in oPt and 69.9 in the GS. Life expectancy at birth for females is 73.2 in oPt and 72.5 in the GS³. In 2012 those aged 50 and above account for 8.9% of the total population with estimated life expectancy now standing at 75.95 for females and 72.48 for males⁴. In 2014, the number of old people in Palestine exceeds the number in previous years. Many Palestinians are now living into their 70s, 80s, and beyond.

This evidence substantiates data gathered from various external sources which refer to the poverty of the population within Gaza. 49.8% of older people¹ are under the poverty line, representing about 3.2% of all poor people in the Palestinian Territory, with a significant variation between the West Bank and Gaza Strip. It reached 75.3% in Gaza Strip⁵. Since 2009, older people have repeatedly indicated that there is a lack of access to services, a lack of knowledge of facilities available to them and a lack of integration within the community, and at a local government level for their age group, which have all contributed to increased exclusion and rising poverty levels.

The main gaps for older people are: inaccessibility of services resulting in an overall lack of inclusion of older people and their needs in the delivery of services by multiple actors older people have a range of needs related to their age. Currently, almost none of the actors delivering basic services utilize mechanisms or approaches to ensure older people's inclusion in service provision, or ensure their basic needs are met. As a result many older people are dependent on support provided by their family and community which is not always appropriate or adequate to meet their needs.

The cut off point for old age in oPt should be 50, not 60 years. At this age old people are no longer able to work due to injury or the impact of chronic conditions; while chronic exposure to political violence accelerates ageing. In addition, after fifty the reproductive cycle is over and as a result the power of dynamics of women within the household changes.

Older people face specific access constraints to health services due to a lack of income particularly related to transport costs to reach facilities. Lack of employment and social activities contributed to isolation and loneliness. It also created sense amongst older people that they were no longer valuable

¹UN (2012). Population Ageing and Development. www.un.org/.../2012WorldPop**Age**ingDev.../2012Pop**A**

²PCBS (2012) Palestine in Figures

³PCBS (2010) Palestine in Figures

⁴HAI (2012). Needs Assessment Report with a Special Focus on Older People in the Gaza Strip Affected by Conflict. oPt

⁵MEMO Middle East Monitor On the Eve of the Day of the Elderly 01/10/2009





or even active members of their communities. Feelings of depression and loneliness are connected with their socio-economic status.

They suffer from physical inaccessibility to services centres because of mobility disorders. Also, they feel more like an overburden for the family and a drain of the resources.

Drug shortages and treatment costs contribute further to reduced health access and reduced health seeking behaviour. In addition, they had no health insurance.

1.2 Evaluation purpose

The primary 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 have improved the quality of life of the vulnerable older people and raised the level of their access to services and entitlements in marginalized areas of oPt in Gaza Strip. A secondary purpose would be to identify any emerging good practices or approaches and lessons learnt in the project that can be documented and showcased for possible replication and up-scaling in oPt and other programmes (See Annex I for the complete TOR)

1.3 Project background and objectives

HelpAge International started in January 2012 to carry out the project's activities of "strengthening civil society as a means to reduce poverty among the vulnerable categories of old people", together with Al Wedad Society for Community Rehabilitation and the Palestinian Association for Education and Environmental Protection (PAEEP). The 75% of the project is funded by the European Union (EU) and co-funded through other sources and ended in December 2013.

This project basically aims at empowering and supporting the old people. A number of 500 elderly people got the psychological support. Also, upgrading the health awareness level throughout training and educating both the elderly person and his family members about chronic diseases and old agerelated diseases. The project also offered a number of 250 elderly people a complete health service as well as improving the standard of living for 250 of the target group by helping them to establish their own income generating small projects. Along with the policies relevant to supporting the national mechanism of protecting old people's rights. Moreover, reinforcing the local associations and those who are interested in the advocacy campaigns with a training about old people's rights and promoting partner's capacities in emerging elder people in the community.

Overall Objective: Poverty reduction in the oPt through the strengthening of civil society and targeted health, livelihood and psychosocial interventions for older people and their families.

Specific Objective: Reduce vulnerability among 1,000 older people and 5,000 of their family members in five communities in the Gaza Strip.





A modification on the project design took place on two ways:

- The distribution of livelihood supplies was adjusted to include only beekeeping, rabbits and laying hens breeding supplies according to the needs of beneficiaries and their environments' conditions, so the sheep breeding and home gardening supplies were replaced by laying hens breeding supplies.
- The addition of hygiene kits which were distributed for all beneficiaries in the three sectors;
 health, livelihood and psychosocial support

The project had five results:

Result 1: Strengthened capacity of two national NSA partners to mainstream ageing across their programme interventions in the oPt and effectively advocate for the rights of older people.

Result 2: Five community groups consisting of older people are strengthened to better address the needs of poor older people and their families.

Result 3: Productive and diversified livelihoods for 250 marginalised older people and their family members in five communities.

Result 4: Psychosocial needs of 500 older people are addressed through regular social interaction.

Result 5: Improved access to quality health care through community-based rehabilitation and care programmes for 250 frail and vulnerable older people.

2. Evaluation methodology and criteria

Data collection included two types of data; the first is primary data which is collected by the evaluation team through conducting key informants' interviews, focus group discussions, interview questionnaire for the old people and secondary data which was obtained from the HelAge international personnel and project reports. Also, the evaluation team used triangulation between qualitative and quantitative tools.

The qualitative methods of data collection included participatory approaches where possible and/or appropriate with key stakeholders including partners and beneficiaries. The study adopted desk review and qualitative approaches (i.e. key informant interviews and focus group discussions) to generate answers to evaluation questions.

- A desk review was conducted to review the program proposal and reports to match the outcome with the objectives; to identify key informants and beneficiaries, and to understand the components of the program.
- Field visits were conducted to observe the beneficiaries attitude toward the project and interaction between beneficiaries and service providers and interaction within the provider team.
- In-depth interviews were conducted with HelpAge personnel and key partners' staff (Annex II). These interviews were carried out to identify the overall goal of the program; to determine the appropriateness of the program design and if the activities meet the objectives; to identify the main strengths and areas for improvements; and to determine the program efficiency related to the use of resources







A total of 10 focus group discussions (FGDs) were conducted with direct and indirect beneficiaries where half of them were attended by female participants noting that on average 10 participants were involved in each FGD (Annex III). The aim of FGDs was to assess the impact of program on the old people, to assess the relevance of the program in improving their health, psychosocial status or living conditions; and to assess the quality of provided services. The table below summarizes the number of FGDs per intervention.

Table (1): Distribution of FGDs per Intervention

Area of	Target group	No. of FGDs	Area
Intervention			
Health	Older people	2 (one with females	Juhr Al Diek and
		and one with	Wadi Al Salqa
		males)	
	Community or	2 (one with females	Beit Hanon and
	family members	and one with	Wadi Al Salqa
		males)	
	MOH health	1	Gaza
	professionals		
Psychosocial	Older people	4 (2 with females	Juhr Al Diek, Wadi
support		and 2 with males)	Al Salqa, Beit
			Hanon and Ezbet
			Beit Hanon
Livelihood	Older people	2 (one with females	Musadder and
		and one with	Wadi Al Salqa
		males)	

The quantitative approach is used in statistical analysis to assess the effectiveness of the program in achieving its objectives. A questionnaire was developed in consultation with HelpAge (Annex IV). It aimed to quantify the results and reflect the impact of each intervention on old people. The sample was purposively (not randomly drawn) provided to evaluation team by the different partners and community groups according to the response and availability of old people especially that the sample covered large proportions of beneficiaries.

A team of local surveyors was employed for one week to support the evaluation. The team were selected for their previous experience in survey work and were trained on the developed questionnaires. After pilot testing and finalizing the questionnaire, the surveyors were directed to interview exclusively men and women over the age of 55. The survey covered a sample of approximately 20% of the beneficiary population (Table 2).







Table (2): Sample beneficiaries targeted by the questionnaire per intervention

Area of Intervention	Population size	Sample size (20%)	No. of Females	No. of Males
			Interviewed	Interviewed
Health	250	50	36	18
Psychosocial support	500	100	65	35
Livelihood	250	50	40	4

Analysis and Reporting:

Advanced MS Excel functions were used to group and analyse all the feedback received. Numbers were assigned to quantify indicators, and comments received during focus group discussions and interviews were grouped objectively and thematically to better facilitate analysis. The analysis of qualitative data involves a systematic process of making sense of the common themes as well as unique or dissenting perspectives surfaced by the focus groups, and considering them in light of the evaluation questions.

Qualitative analysis also brings to the surface specific experiences that help framing and introducing the story of the project's impact. The rich data provided by the indepth interviews were used to and enrich quantitative aspects of

the evaluation, and gives more holistic and accessible story about impact than would it be conveyed by numbers alone. (See Annexes V, VI & VII)

3. Limitations

The evaluation team encountered some challenges in conducting this evaluation:

• A matter of concern was to reach the planned number of older people who benefited from the livelihood activities. It was challenging to cover the whole sample size to fill the survey with older people due to the lack of beneficiary commitment especially after the end of the project and their feeling that their projects were not feasible. On the other hand, some community groups were not effective enough in reaching the beneficiaries for the evaluation purpose.





4. Findings and evaluation results

4.1 Relevance

Overall, the HelpAge agenda is battling against a number of preconceptions and cultural norms which have led to the negligence and even marginalization of older people in humanitarian - and development interventions.

There is an overwhelming assumption that older people will be supported in households that are targeted by general interventions. However, these interventions are often only sufficient to support the targeted adults and their children. Essentially the project went in line with HelpAge strategy in the Opt in which it met the four main strategic objectives including health sector, psychosocial sector, income generation and networking. A significant component of the project was the promotion of elders rights and increasing the capacity of partners and community groups to better represent older people and activate their role to form a lobby or to be considered as a reference for older people in different communities. Community groups were selected to include community leaders and activists of older people as well as the persons who are trusted and respected by local community such as mayors (Known locally as *Mokhtar*). However some groups were found not very effective and need to be reshaped.

4.1.1 Health Intervention

The current project is strongly relevant to the addressed health needs. It targeted geographically marginalized areas where old people suffer from a financial inaccessibility to remote health care provided by UNRWA and MOH. Also, this project is relevant because more than half of participants suffer of mobility problems and they couldn't get access to the health care center as shown in the questionnaire analysis. The present project bridged this gap and acted as an outreach approach to the old people needs. As it is shown in figure (1), the majority of targeted old people have at least one of the chronic diseases. Almost all of these diseases which affected their musculoskeletal system, nervous system and cardiopulmonary system made them unable to get access to health care services. HelpAge through home visits to old disabled people made the project strongly relevant to provide a broad spectrum of health services to meet their needs. Therefore, the project is close to fill this gap and able to cover their needs.



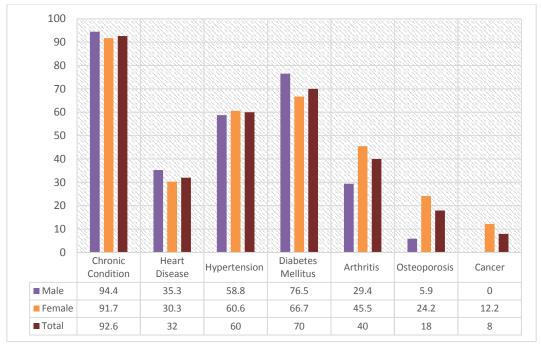


Figure (1): Types of health problems surveyed beneficiaries suffer from (out of 50)

It is relevant in targeting poor areas. It is relevant when HelpAge intervenes to help old people while others usually intervene in the other side of the community; women and child health care as the population pyramid in the Gaza Strip is wide based and the old people (> 50 years) represent only 8.9% of the total population in oPt

The average age of participants was 67.98 (±8.37), minimum 55 & maximum 100 years. More than two thirds (70.4%) of direct beneficiaries are 65 years and older

The project is relevant to target the marginalized old people since the statistical analysis shows that 81.5% of them are of low and very low social standards; 94.4% of them said their income doesn't meet their expenses; 88.9% are living under poverty line (< S2/capita/day); more than half (57.4%) of them are illiterate. The project intervened in the most marginalized areas (Beit Hanon Isbat, Beit Hanon, Johr Deik, Almousadar and Wadi Alsalqa). Also, it is found that 43 of the targeted sample (79.6%) are refugees.

Older people have a range of needs related to their age and they are considered the most consumers of public services due to their special needs; the evaluated project targeted the most in need and the underprivileged old people. They are now more accessible to health services. This project by providing at home health care services, has overcome the physical and financial inaccessibility to health care services. The capacity building of the NSA and the training courses, workshops, and awareness raising of elders about their health status contribute to respond to the needs of older people.

4.1.2 Psychosocial Support Intervention

Similarly the questionnaire analysis shows that the majority of targeted old people by psychosocial support activities are of low and very low social standards; 94% of them said their income doesn't cover their expenses; 80 % are living under poverty line (< S2/capita/day); more than half (60.4%) of them are illiterate. Also, it is found that 89 of the targeted sample (89%) are refugees.





Moreover, based on interviewing old people, the majority of them reported that they never benefited from psychosocial intervention before and this project was the first one that matched their needs.

The baseline showed that 77.4% of the elderly believe that their relations with life partner are weak, and 78.7% of the elders believe that their relationships with their children are weak, 65.0% of the elderly believe that their relationships with friends are weak. It is also found that 20.7% of the elders believe that they suffer from depression with a very high degree, while 19.8% suffer from anxiety, 40.8% suffer from anxiety of death, while 26.6% suffer from a strong degree of self-blame, and 28.5% suffer from a strong degree of loneliness. Thus the project is relevant because it targeted the most in need for psychosocial support especially in the marginalized and war affected areas in the buffer zone.

The focus group discussions revealed that most of elderly are ignored by their families and their opinions are not very much valued since they became inactive and dependent members and could not play a key role in decision making. Even more they suffer from bad economic conditions which in turn increase their depression. They mentioned that this project confidently matched their needs and gave them a great opportunity to be more active and participate in social events and meetings and recreational trips with local community groups and social workers as well.

4.1.3 Livelihood Intervention

The project was successful in targeting the neediest elderly groups to provide them with small projects as a strong means for poverty reduction and improving the quality of life for the elder people in Gaza Strip; as it provided an independent income source. In this regard several criteria were met to choose the target groups focusing on the marginalized groups who have not consistent monthly income, have monthly income less than 1000 NIS, and have large family size (more than 5 members). Quantitatively the evaluation showed that all of targeted sample are unemployed where the majority (94%) have monthly income of 600 NIS. About 98% of surveyed beneficiaries said that income does not meet their expenses. It is also found that 77% of them are refugees and all have an average family size of 7 members.

It is also worth mentioning that the selection and distribution of small projects depended on some criteria identified by PAEEP in consultation with the Ministry of Agriculture and local committees in each area. It is concluded through the interview with PAEEP project staff that small projects were distributed among beneficiaries according their needs as per the baseline results and the degree of appropriateness of the small project to each beneficiary's area and local environment. For instance beehives could not fit everywhere; it needs wide spaces of lands. In this context some modifications were made on the design of project activities in order to meet the beneficiaries' needs. It was planned to provide beneficiaries with home gardening and sheep breeding supplies, but these were replaced by laying hens breeding supplies up to the requirements of targeted households.





4.2 Impact

The project expanded the capacity of non-state actors, older people led community groups and youth to address the livelihood, health and psychosocial needs of older people in the oPt.

The project injected money in the economic wheel of local community and provided needy older people with income generation projects. It also increased the awareness of the community towards the aging and the rights of old people, supported older people to be more social and healthy and improved the community knowledge about health and chronic diseases.

The impact of the project on the partners was reflected in strengthening the capacity of two national NSA partners to mainstream ageing across their program interventions in the oPt. Also, added component of the effective advocacy for the rights of older people, and greatly understand and respond to issues faced by older people. This was obvious during meetings with partners' coordinators where Al Wedad Society has devoted a big portion of its programs and activities for older people through Supporting Family and Older People Program. In addition PAEEP became more experienced in supporting older people and applied for other donors to intervene in similar fields capitalizing on the lessons learned in this project.

4.2.1 Health Intervention

Processing the collected data revealed a positive impact of the project on the direct beneficiaries. The older people said that their overall health is better and their disease conditions are well controlled; they don't feel that they are alone. More than half of them (51.9%) rated their health from excellent to good. Analysis shows that 92.6% of participants are suffering from chronic conditions. More than half (62.5%) of cardiac patients stated that their heart health is improved; more than three quarters (83.3%) of hypertensive patients said their blood pressure is well controlled; the majority (94.3%) of diabetic patients said their blood sugar is well controlled; the patients with respiratory problems said that their asthma becomes less frequent and their breathing becomes more comfortable.

There is a variation of project impact between men and women. All participant men reported that they have received enough information about their health compared to 88.9% of women; 22.2% of men rated their health as excellent compared to 11.1% of women; 80% of men with heart disease reported that their heart health is better while 88.9% of women stated improvement of their heart health. All hypertensive men said that their blood pressure is well controlled compared to 75% of hypertensive women and all diabetic men reported that their blood sugar is controlled while 90.9% of diabetic women reported control of their diabetes.

Focus group discussions with old people revealed that they are satisfied with the current experience; they suffer less, they have more accessibility to health services. The given information was good; they have been enabled to control their chronic diseases and ameliorate its complications. They said that the technical aids were good but they have comments on dentures quality. They expressed appreciation to the health care providers saying it was an amazing experience. Also, they requested to extend the project.

Regarding the impact of the project on indirect beneficiaries (the old people families); the project reduces the burden of cost of health services; they save money of health care, transportation,



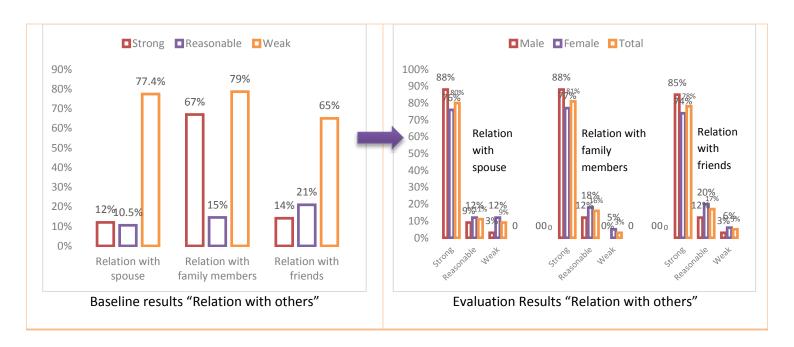




physiotherapy, technical and mobility aids to secure food for the family members. Through the awareness information sessions, the family care givers provide proper health care and avoid complication of diseases.

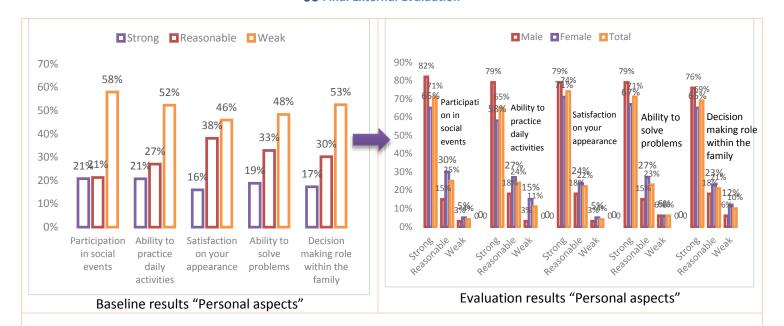
4.2.2 Psychosocial Support Intervention

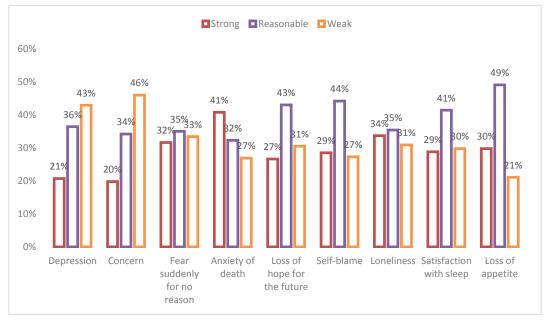
The quantitative analysis showed that 95% of the sample beneficiaries are satisfied with the provided services including group counselling, individual counselling, and recreational trips. The focus group discussions resulted that all older people have positive feelings towards the project activities and team in which it contributed to enhancing their self-esteem and self-confidence and recovering their outlooks to feel they have a spirit of youth. The figure below presents relatively high percentages of beneficiaries who reported improvements in their relations with others, personal aspects and feelings and negative thoughts as a result of the project intervention and in comparison with the figures of baseline. According to the meetings with old people, they feel that the project helped them to overcome isolation through building relations and better communication channels with family members and youth groups.











Baseline results "Feelings and negative thoughts"







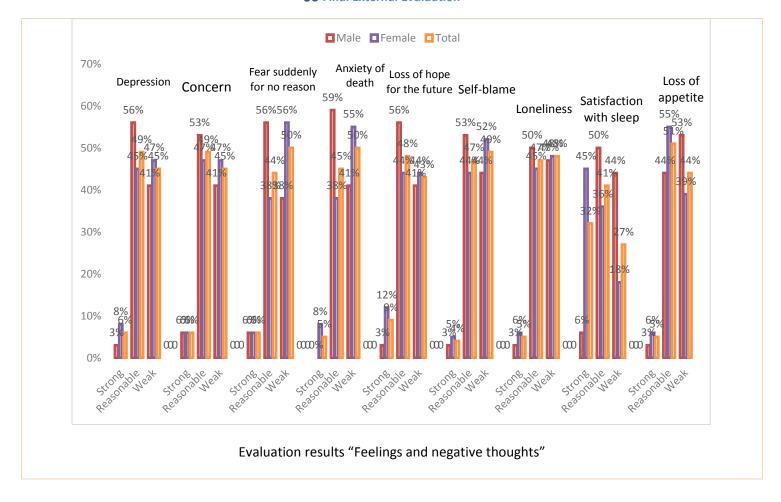


Figure (2): Measures of beneficiaries' feelings and behaviours before and after the project

Overall the interviewed beneficiaries (88% of women and 85% of men) rated the psychosocial support activities as very effective in which they got rich information and have their behaviour and attitudes improved. Approximately, equal percentages of men and women reported improvement on their practice. They also expressed their gratitude to the home visits and individual counselling team (See table 3). Social workers conducted regular meetings and home visits (4-6 times/month) to severe cases to help them recover and lead their life normally. About 86% of women and 82% of men were greatly satisfied with home visits.





Table (3): Overall satisfaction on psychosocial activities

	Questions		0,		Strongly agree		Agree No opinion Disagree		No opinion Disagree		Stroi disag	• .
		F	М	F	М	F	М	F	М	F	М	
1.	Do you rate the psychosocial awareness activity positively?	45%	59%	44%	29%	6%	3%	5%	0%	0%	9%	
2.	Did the activities effectively target the older people needs?	38%	53%	50%	35%	11%	6%	2%	0%	0%	6%	
3.	Did the older people learn well from the psychosocial awareness subjects	48%	62%	36%	26%	12%	6%	2%	0%	2%	6%	
4.	Did the psychosocial worker deliver the information and services in an effective manner?	61%	76%	27%	12%	8%	3%	5%	3%	0%	6%	
5.	Did the awareness sessions improve your practice/behavior?	42%	62%	45%	26%	6%	3%	5%	3%	2%	6%	
6.	Were the home visits helpful?	55%	62%	33%	24%	6%	3%	6%	3%	0%	9%	

4.2.3 Livelihood Intervention

Direct impacts are already apparent, older people were engaged in beneficial training on how to manage and market their small projects. Participants in focus group discussions stated that the training was effective enough and increased their knowledge and information. Quantitative findings supported this where all respondents believe that the training was useful and met their needs. Also 91% of them reported that they became able to manage and market their projects.

The FGDs revealed a wide range of opinions on the relevance of poultry inputs to the livelihoods of older people. In general, there was limited enthusiasm and a request for larger, one-off, contributions of livestock such as goats. As discussions with beneficiaries indicated that the provided feed for poultry and rabbits were not enough to ensure sustainable production and they could not buy for their expensive price. to support this, it is found quantitatively that 23% of the projects are still productive and available. In addition, beneficiaries stated that they were in need for veterinary follow up especially for rabbits.

Another concern was raised that the size of small project was not enough since the production and sales can hardly cover the cost of breeding. However, in many cases the poultry did, in fact, provide a continuous source of low level benefits to the HH through meat and eggs for direct consumption. About 75% of surveyed beneficiaries witnessed improvement on their daily meals while their projects were ongoing. This resulted from the questionnaire analysis when asking older people (C 10. Did the project affect the quality of daily meals for the family?)

Overall several factors affect the success of small projects in the agriculture field including the livestock age, sexual maturity, production period, veterinary care, feeding, seasonality for some types of projects (for example bees should be bred from October to March in order to get the production





during April and May), and finally the HH's motivation and commitment to take care of his/her own project.

Both men and women have the same degree of satisfaction on the small projects they received as mentioned above. Most of poultry projects did not contribute to increasing their monthly income. Regarding the rabbits it is found that 40% of women have their income increased while it was not the same for men. All of men were able to manage the projects of poultry and rabbits according the questionnaire analysis, while 91% and 88% of women were able to manage poultry and rabbits respectively.

One of the positive side impacts of this intervention as reported by both men and women is that they became more social and established new relations with new friends and neighbours as a kind of promoting and marketing their products. This in turn increased their self-confidence and self-reliance.

4.3 Effectiveness

Overall, the project achieved adequate effectiveness and achievement of the planned objectives, as well as the fulfilment of contractual obligations. In terms of beneficiaries, the project met the target numbers for participation as mentioned in the table below.

Table (4): Achieved versus Planned Indicators

Intervention Logic	Indicators	Comments
Objective	Community groups, youth and CBOs supported by international and national non state actors to participate in activities that strengthen livelihoods, reduce vulnerability among 1000 older people and 5000 of their family members in five communities in the Gaza Strip	
Indicator 1	1,000 older people and 5,000 family members in five communities benefit from improved livelihoods, health and psychosocial support	The project targeted the same number of beneficiaries as planned for each intervention with larger numbers in the psychosocial and livelihood interventions. The assumption that each beneficiary has an average of 5 family members is considered reasonable since the average household size in Gaza is 6.4 in 2011 according to the Palestinian Central Bureau of Statistics (PCBS) ² . The health activities of the project targeted 250 elder people. The activities included caregiver training, distribution of mobility technical aid and diapers, dental care services, eye care services including eye glasses and optical surgeries. The psychosocial activities targeted 551 older people. The activities included group counselling, awareness

² http://www.pcbs.gov.ps/Portals/_pcbs/PressRelease/int_Pop_2012e.pdf





		trips and awareness raising sessions was more than planned during the first round, while number of group counselling sessions and awareness raising sessions exceeded the planned in the second round. The livelihood activities targeted 254 older people where they received 191 poultry, 56 rabbits units and 7 beekeeping units. They also received training on the effective management of their projects Moreover all beneficiaries of all interventions received hygiene kits which were not part of the original project design.
Indicator 2	Increased recognition by relevant actors of the key role that older people led community groups can play in development activities and policy making	Well established older people led community groups are considered key players in the project preparation, implementation and evaluation. They played a vital role in the selection of beneficiaries, coordination of activities, implementation as well as facilitating the evaluation activities. However few groups were not effective enough showing low motivation and voluntary spirit. Also some meetings were held by community groups with decision makers in Gaza to promote the rights and needs of older people.
Indicator 3	75 % of the 250 older people engaged in livelihood activities report a sustained increase in income and an improvement in living conditions by the end of the action	About 7% of interviewed beneficiaries (0% males and 8% females) reported increase in their income because, as mentioned above, the projects older people received were of small size and can hardly cover their families' needs. Also the feeding was not enough according the beneficiaries comments. (It is valued to put into consideration that some people may deny the actual improvement of their small projects in order to get a refund) On the other hand, the evaluation revealed that a considerable rate of surveyed beneficiaries (75%) reported improvement in their daily meals.
Indicator 4	75% of the 500 older people directly benefitting from the psychosocial activities feel less isolated and are engaged in regular social activities by the end of the intervention	It is reported, according to the survey analysis, that 46% of surveyed beneficiaries feel reasonable loneliness and 48% feel weak loneliness, while 80% of them (on average) have their relations improved with friends and family members. Also about 90% are able to engage in social events, have a role in the decision making and are able to solve problems.







		The project through its activities contributed to considerable increase in the number of older people accessing social services, enhanced their contact with their surroundings and reintegrated them in their community
Indicator 5	75% of the 250 older people directly benefited from the health activities confirm larger access to health care by the end of the action	The evaluation revealed better accessibility to health care; 92.6% of old people stated that they have enough information about their health and 94.45% of them regularly follow up their health condition. More than half of them rated their health condition from excellent to good. The 250 disadvantaged and frail older people who need care and support received home care services provided by trained family members and community volunteers, in turn reducing their vulnerability and enabling them to continue living at their homes and improve their living conditions.
		The majority of the participants have positively perceived the services provided by HelpAge; more than three quarters of 44 out of 50 (81.5%) of them received the health guidance from (family & community caregivers); 45 (83.3%) stated that the guidelines were helpful to improve their lifestyle, 42 (77.8%) recognized the difference in the volunteer's performance after they got the training and 44 (81.5%) were satisfied with the change. A total of 41 (75.9%) also practiced a positive change in the health clinic staff behaviour at the clinic and 47 (87%) become committed to follow up
		Through focus group discussions, the evaluation revealed amazing beneficiaries' perceptions regarding the quality of the health care program and the health care providers; they said "it was an amazing experience, invaluable health information sessions, knowledgeable health care providers, we feel high satisfaction, we could control over our diseases and we look forward to extending this project"
		Through the focus group discussions, the health care volunteers stated that "the provided health information is good, they become more experienced in aged people and the methods of taking care of them, and they could control the chronic diseases and ameliorate its





		complications." However, they requested to increase
		the hygiene kits to include towel, toothpaste, tooth
		brush, shampoo, and soap. Also, they demanded
		glucometer, sphygmomanometer, and thermometer to
		use them in taking care of old people.
		ase them in taking care of old people.
Results	Indicators	Comments on Achievements
1. Strengthened capacity of two national NSA partners to mainstream ageing through their programme interventions in the oPt and effectively advocate for the rights of older people	65% of the programme work of partner organizations address issues related to ageing by the end of the action.	It is raised during the meeting with El Wedad project coordinator that more than 65% of El Wedad work is now devoted for older people. El Wedad now has an independent and a permanent program that targets older people directly in its activities. On the fundraising level, three main projects are currently being implemented in the field and target older people in very marginalized areas. This in turn reflected increasingly on the budget and staff of El Wedad where more personnel are hired in these projects and more budget was allocated to meet the stressing needs of older people. Similarly PAEEP has now general trend towards supporting older people and started applying for different donors to get fund for projects that primarily target older people
	2 partner organizations are actively engaged in civil society and promoting the rights of older people by the end of the action	The project contributed to strengthening the capacity of two national NSA partners to mainstream ageing. This was obvious during meetings with partners' coordinators where Al Wedad Society has devoted a big portion of its programs and activities for older people through Supporting Family and Older People Program. In addition PAEEP became more experienced in supporting older people and applied for other donors to intervene in similar fields capitalizing on the lessons learned of this project.
2. Five community groups consisting of older people are strengthened to better address the	Five community groups, with at least 5 older people per group, have the skills and capacity to support the needs of older people and their families by the end of the action.	The local community groups were enabled to promote the older people rights and respond to their needs through regular meetings. In addition they conducted some meetings with decision makers in order to put the needs of older people on their agendas.
needs of poor older people and their families	Approximately 1,000 older people and their 5,000 family members in marginalized communities benefit from community group led activates	The community groups played a key role in outreaching the targeted numbers and facilitating the project activities in all the five communities. As per the FGDs with older people and meetings with partners' staff, it is reported that community groups were the focal point with project beneficiaries as they used to coordinate with older people, collect them to attend the project activities, and get their feedback regularly.
3. Productive and diversified livelihoods for 250 marginalized older	Representatives from 250 households benefit from livelihoods training and demonstrate improved livelihood skills by end of year one	The analysis showed that 63% of older people were able to attend the livelihood training while the remaining percentage sent their sons and relatives to attend the training instead. This was due to their health





people and their families in five communities		impairments to attend themselves as they can hardly move and commit to the training day. Participants in focus group discussions showed that the training was effective enough and increased, and diversified their knowledge and information. Quantitatively, all respondents believe that the training was useful and met their needs putting into consideration that the family members who attended the training assisted old people in managing their projects through regular advising and follow up. Also 91% of them reported more integrated skills to manage and market their projects.
	250 older people and 1,250 family members benefit from livelihoods assets/inputs by the end of year one 75% of beneficiary households receiving livelihood inputs report increased household incomes in end of project evaluation	The livelihood activities targeted 254 older people where they received 191 poultry, 56 rabbits units and 7 beekeeping units. About 7% (0% males and 8% females) of interviewed beneficiaries reported a raise in their income. This low percentage may be refer to the small size of provided projects which can hardly cover the families' needs. Also the feeding was not enough as per the beneficiaries' comments.
4. Psychosocial needs of 500 older people are addressed through regular social interaction	500 older people demonstrate improved social wellbeing as a result of the psychosocial activities by end of the action	The evaluation revealed that 46% of surveyed beneficiaries feel reasonable loneliness and 48% feel weak loneliness, while 80% of them (on average) have their relations improved with friends and family members. Also about 90% are able to participate in social events, to be a part of the decision making and are able to solve problems.
	Intergenerational links between 500 older people and youth improved in 5 communities by end of the action	It was found too that youth component and integrating two generations with each other has been successfully achieved. 25 active youth volunteers were recruited to implement activities with older people on weekly basis. It is reported that volunteers worked with 5 older people at least in each round and conducted 4 visits at least for each case monthly.
	95% of the 500 older people targeted regularly participate in social and recreational community based activities by the end of the action.	It was found that the number of recreational trips organized and held was just as planned, 485 older people participated effectively in the 20 recreational trips. It was also found that the majority of surveyed beneficiaries participated in recreational activities during the project and reported great enjoyment and satisfaction upon these activities.



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	Demonstrable improvements by end of the project in at least three psychosocial indicators of older people, as determined by the initial baseline survey	The comparison between the evaluation results and the baseline survey showed improvements in the psychosocial indicators of older people. For instance it appeared from the baseline results that 77.4% of the elderly believe that their relations with spouse is weak, while the evaluation revealed that only 9% of beneficiaries think that they have weak relations with their spouses. It was also clear from the baseline results that 57.9% believe that their participation in social events is weak, however the evaluation demonstrated that 4% of respondents scarcely participate in social events. The baseline results showed that 20.7% of the elderly believe they suffer from depression with a very high degree, but this was minimized to 6% by the end of the project.
5. Improved access to high quality health care through community-based rehabilitation and care programmes for 250 frail and vulnerable older people	5 community groups, 10 health practitioners (2 from each community), MoH and private clinic staff demonstrate increased sensitization on the needs of vulnerable older people by month six	The community groups, health practitioners, MoH and private clinic staff received training in older people and their health conditions, how to take care of them and meet their needs. The training also included vital topics such as nutrition, chronic diseases, daily activities, and health education for elderly people. In addition geriatric primary health care guiding manual was developed and distributed on the clinics and primary health care centers to be used as a reference for all medical staff and practitioners. This in turn contributed to increasing the quality of health services for the vulnerable older people as mentioned during the meeting with MoH staff.
	250 frail and vulnerable older people within their homes report better home care support by the end of the action	The 250 disadvantaged and frail older people who need care and support received home care services provided by trained family members and community volunteers, in turn reducing their vulnerability and enabling them to stay at their own homes and improve their living conditions as mentioned in FGDs with older people

4.4 Efficiency

4.4.1 Coordination and Networking

The project was implemented by HelpAge International in partnership with Al Wedad Society and PAEEP. The health and psychosocial support activities were implemented on two rounds during 2012 and 2013 under direct responsibility and supervision of HelpAge and Al Wedad Society respectively, while the livelihood activities were implemented during 2012 and supervised by PAEEP. The main role of HelpAge was to plan, manage and monitor the psychosocial and livelihood activities through networking with the project partners to ensure smooth implementation and follow up as well as implementing the health activities. As mentioned above the partners and local community groups played a role in the selection of beneficiaries, field coordination and follow up during the project





implementation. Also some of the community groups attempted to outreach and meet policy makers in the health sector and other sectors to speak out about their needs and aspirations utilizing the skills and knowledge gained during training.

4.4.2 Monitoring and Reporting

HelpAge was responsible on the overall coordination and monitoring of the action through regular reports, field visits and meetings with project partners and local committees. In addition HelpAge project coordinator was responsible for providing technical, financial support and guidance. Also, supporting monitoring processes at different levels of the project, ensuring timely submission of reports and accuracy of information. Five health workers were recruited by HelpAge according their background, relevant experience and working with older people. In July 2013 one of the health workers was promoted to team Leader. The health workers and team leader were responsible for implementing and follow up health activities. Al Wedad Society implemented psychosocial activities through hiring 10 psychosocial workers and project coordinator, while PAEEP had 5 field workers and project coordinator. In terms of human resources, it is obvious that effective teams were employed following transparent and neutral recruiting process to ensure a fluid and a successful implementation of project activities.

The majority of outputs have been delivered in a logical sequence e.g., project staff takes part in basic training in order to understand the full scope of work, mainstream aging and advocate the rights of older people. The quality of work has been very satisfactory e.g., health technical aids were appropriate and met the needs of the target groups.

4.4.3 Financial Efficiency

After reviewing the budget and financial report, it was noticed that they were fully acquitted. The modified budget was appropriately allocated following a straightforward and systematized approach to organizing utilization of human, material and financial resources. However it would be of more value to increase some of activities costs in order to achieve greater benefit and ensure long lasting impact. For instance, and as seen in the table below, 20 recreational trips are considered limited relative the number of beneficiaries, so it might be better to increase the size of such activities. In addition, the cost spent on the livelihood interventions is not sufficient enough, somehow for microprojects. As funding small projects needs at least \$ 1000 - \$ 5000 investment³ in each project to ensure sustained source of income for a medium to large family. Accordingly at least 7 rabbits (6 females and one male), 30 to 40 chickens, and 3 to 5 beehives (including 7 to 8 frames for each hive) would be more feasible and sustainable.

In this manner, it can be said that rabbits ensure the highest rate of investment, then poultry and the last are bees (since they only provide seasonal production). In general rabbits are the most profitable and the fastest to be lost in case there is lack of care and follow up.

It would be more suitable to implement small and medium projects after investigating their feasibility;

³ Successful experiences were reported by other organizations which support livelihood interventions in Gaza Strip such as UNDP (DEEP) and the Islamic Relief-Palestine (IRPAL)





meaning that feasibility study should be provided by each beneficiary and not necessarily for the agriculture and livestock projects since commercial and vocational projects can be also led by old people.

Table (5): Cost of projects activities (not including overhead and administrative costs)

Source: Final Financial Report

Sector	Activity	No. of beneficiaries	Total (Euro)
Health	Two days training at community level for Community Groups and health practitioners conducted on healthy ageing, primary health care for older people and prevention and treatment of chronic disease		1,270
	250 community home care volunteers trained	250	1,980
	250 beneficiaries received technical aids	250	34,750
	1000 beneficiaries received hygiene kits	1000	24,000
Psychosocial support	Raising awareness sessions conducted for beneficiaries, caregivers and community members (80 sessions)	500	3,200
	Group counselling psychosocial sessions conducted by the psychosocial workers in each area (180 groups)	500	5,400
	Locally based and low-cost recreational activities conducted for older people (20 trips)	500	9,000
Livelihood	Livelihoods training and support provided in each of the five communities for a total of 250 beneficiaries	250	13,980
	7 beneficiaries received beekeeping units (3 beehives for each beneficiary)	7	2051
	56 beneficiaries received rabbits units (5 rabbits for each beneficiary)	56	15,120
	187 beneficiaries received poultry units (each beneficiary 18 chickens)	187	52,173

A major concern was raised by the project partners regarding the transportation costs; there was underestimation of this item in the budget which overloaded the partners through sharing from their





side. However HelpAge managed to save money and amended the budget to cover the shortage in this item.

4.5 Sustainability

Promoting development in the occupied Palestinian territory (oPt) is becoming increasingly difficult in the face of an ongoing conflict that affects every aspect of Palestinian social and economic life. The prolonged political crisis has contributed to the destruction of the social fabric and has worsened the economic prospects of all Palestinians and older people in focus, plunging many into ever-deeper poverty. As a result the interventions made by the project have sustained impact for a while after the fund ceases. Some of health services are preferred to continue such as providing older people with technical aids and diapers because they could not secure such demands by their own.

On the psychosocial level, the continuity of activities is of utmost importance since they give old people the chance to go out, build relations with youth groups, share experiences and speak out. Also severe cases need to be followed up and supported successively. After the end of the project, these cases might have a relapse.

The small projects that are still available may also fall in risk under the bad economic conditions and incapability of old people to keep their projects improved and enlarge their production and revenue given that there is no external support.

Meanwhile, it is worthy to state that the continuation of advocacy and lobbying actions made by community groups and partner NGOs will insure the sustainability of the project and will continue to serve the elder people in the society and addressing their needs even after the end of project. Community groups have now the capacity to advocate the rights of older people, represent them and raise their voices to decision makers.

4.5.1 Health Intervention

The sustainability of the current project after fund ceases depends mainly on acquired knowledge and improved healthy practices. The first is the improved practice of health professionals at the primary health care who are the first contact with the older people. In this context HelpAge in coordination with the MoH adapted and updated existing guidelines in Arabic and English regarding chronic diseases and older people. These information utilised as resource materials for the community home care volunteers and for other medical and paramedical personnel. This guideline was disseminated all over the oPt not only the targeted areas. This investment in health information is surely sustainable, invaluable and long-lasting.

The second is the capacity building of the community volunteers and home care givers that ensures sustained home care services for older people, in turn reducing their vulnerability and enabling them to continue to live in their own home and improve their living conditions.

The 250 volunteers provided the specific support and treatment of older people in their homes; the trained home care volunteers trained older people in healthy ageing as a means of altering lifestyles to prevent chronic diseases. Through healthy ageing, older people remain active longer, produce





more, and are less a burden on family and community members. In addition, home care volunteers reported during FGDs that they will continue supporting older people, even more they share knowledge with the younger generations in the same family to be supportive for existing older people and for them when they become older. Likewise they will offer help for other older people in their extended families; not only for their close relatives in the same home.

4.5.2 Psychosocial Intervention

Overall, the contributions were valued by the beneficiaries and appear to have usefulness to certain extent after project completion. Advancing older people and community awareness as well as employing group counselling and recreational activities. Thus, promoted older people rights and supported them to face negative feelings and behaviors out, foster a feeling of connectedness. Integrating and activating older people in the community through meetings and social events with youth groups and local committees have increased their morale and sociability which also ensures sustainability.

4.5.3 Livelihood Intervention

When measuring the sustainability of livelihood interventions usually there are two affecting factors; the first is the project itself in terms of quantity and quality, the second is the knowledge and capacity of HH. In this action it is found that 23% of small projects are still available and productive noting that rabbits come in the first rank (7 out of 9 respondents reported sustained projects), beehives are second ranked (the only surveyed beneficiary reported successful project so far) and poultry have the third rank (2 out of 34 respondents reported still productive projects). It is justified by one or more of the following reasons as documented by PAEEP and HelpAge:

- 1. The cold wave which had hit the area, during distribution period for the livelihood assets/inputs
- 2. The second war which was by the Israeli forces in November 2012.
- 3. The mismanagement and misuse of the project assets by some of the beneficiaries.
- 4. The lack of follow-up with beneficiaries in their homes due to the time constraints which should was conducted by PAEEP field workers.
- 5. The shortage of the feed and replacing it with other types of food which decreased the production.
- 6. The small size of projects that can hardly meet the large families' needs either on the level of securing food diversity or on the level income generation.

Although the knowledge and information older people gained during the livelihood proved to be beneficial, but rather they need more focused follow up and veterinary intervention where necessary to sustain their projects.

4.6 Equity and Accessibility

The project increased equity in the communities by selecting the most vulnerable old people, the same number of older people was selected from each community. The communities were selected after conduction of assessments by HelpAge, El Wedad, PAEEP to determine the most vulnerable communities and to identify the location and situation of older people. A beneficiary criterion was





developed with input from the community groups and other local stakeholders including local authorities; 1000 older people, 50 from each area were selected for both health and livelihood interventions and about 100 from each area were selected for the psychosocial intervention. For each intervention older people (and their families) were selected from each of the five target areas and the beneficiary criteria stipulated that at least half of the older people are women.

The most marginalized older people in this context were located in Isbat Beit Hanoun, Wadi Al Salqa, Johr Al Deek, Al Mosader, Beit Hanoun where 90.9%, 84.6%, 80%, 80%, 70% respectively are of very low and low social average.

Moreover, the percentage of those who are living under the poverty line (\$2/capita/day) are 92.3%, 90.9%, 90% 90%, 80%, they are living in Wadi Al Salqa, Isbat Beit Hanoun, Johr Al Deek, Al Mosader, and Beit Hanoun respectively.

The evaluation revealed that the number of women included in the project, approximately duplicated men's number

4.7 Accountability

It was clear from the evaluation that the level of accountability mechanisms were put in place during the project phases starting from preparation and ending with evaluation. Participatory approach was effectively functioned by the project partners in which pre and post assessments were conducted for each intervention to measure the beneficiaries' needs and feedback. Principally some of the livelihood projects were changed based on the urging needs of old people where home gardening and sheep breeding supplies were replaced with laying hens breeding supplies. Regular home visits were also conducted to follow up older people and listen to their comments if any. Older people were involved in the internal and external evaluation actions in order to ensure their voices are raised and their perceptions are reflected for any improvements during future phasing

HelpAge believes that old people need support and respect as much as they need food and cash. HelpAge needs to listen to them, gains their confidence and trust in the services being offered and enables them to understand that HelpAge through partners and community groups will support them. Deprived old people are oppressed as they can't express their needs, and many have become trapped in a culture of silence. HelpAge listened respectfully to old people and designed interventions which seek to enrich them in a multitude of ways.

Moreover, an essential point was that HelpAge involved the governmental organizations during the implementation phase of the project such as the Ministry of Health, Ministry of Agriculture and Ministry of Social Affairs and this also ensures the accountability to local authorities. HelpAge have to be mindful that some of these stakeholders would prefer a development agenda less focused on specific vulnerable groups (such as older people) and more related to physical infrastructure and technical activities. These are just hopes that would never conflict important role and health services HelpAge is providing.





4.8 Partnerships

Help Age International (HelpAge) was keen to select local partners who are particularly valued by local communities and have special expertise in the psychosocial support and livelihood services as well as long-standing experience in Gaza. By working with and through local partners, the project received valuable insight from project partners regarding continuous communication and coordination with elderly in the targeted areas. Al Wedad Society is considered a strategic partner for HelpAge and has prolonged experience in psychosocial support interventions as well as working with old people. PAEEP has also relevant experience in livelihood sector and has active supportive teams. Local committees were also chosen to have good communication skills and to be respected and well known by the community. The monitoring and reporting system was well established where the partners used to conduct regular field visits and report on monthly basis. Besides narrative and financial reports and evaluation reports were prepared by each partner to declare major achievements in comparison with planned activities and measure the intended indicators.

The partnership is based on mutual trust and respect between all stakeholders in the project: HelpAge counts on its partner NGOs and community groups, partners count on community groups and old people and old people count on HelpAge, NGOs and community groups. This leads to confirm that all the involved stakeholders feel commitment to and ownership of their programme.

HelpAge with other partners work mutually to achieve the predetermined objectives. HelpAge contributed to building the capacity of NSAs and community groups as these groups received training and attended workshop about advocacy, lobbying, mainstreaming elder people, and addressing their needs. The discussion with community group and elderly in Beit Hanon revealed that they actively participated in the international day of elderly and presented their claims to the Palestinian Legislative Council to endorse special laws for older people.

The five community groups consisting of older people shared in conduction of baseline survey and assessment of their needs and priorities.

4.9 Assessment of HelpAge International's role

HelpAge played a great role in planning, implementation, monitoring and evaluation of the project in all its phases. HelpAge integrated with the NSA in achieving the goals of the project. HelpAge coordinated side by side with others from the start to the end.

HelpAge started-up workshop for the partner organizations including 32 national staff (25 staff from El Wedad and PAEEP, and 7 newly recruited national staff from HelpAge) covering project overview, objectives and planning, ageing and age sensitivity, participatory approaches in leadership, training, accountability and community assessment; and the role of community groups in addressing poverty and reducing vulnerability. Also, HelpAge conducted an initial two days training workshop on mainstreaming ageing in Gaza and the rights of older people.

HelpAge monitored the project activities on daily basis with the El Wedad project coordinator and PAEEP project coordinator. In addition, HelpAge integrated an effective reporting system both internally and externally with the project partners to provide detailed information and data about figures and quality of services.

HelpAge trained MoH staff and community groups about the health issues older people face and how to address them in a delicate way; local health staff are the first point of contact for older people in





relation to health care. Also HelpAge trained home care volunteers on the health issues of older people and how to provide the specific support and treatment of older people in their homes.

7. Conclusion

The project responded to different needs of older people on three levels; health, psychosocial support and livelihood without making interaction between the three interventions, as different beneficiaries were targeted for each sector. As this is for ensuring effective management and control on the project activities without any overlap between responsibilities and roles of two partners. Also, in this manner, integration between different activities may positively reflect on the living conditions of older people. Since such integration will support them comprehensively on the three levels; health, psychosocial and economic empowerment, so to ensure better physical, social and economic position of all beneficiaries. By doing so HelpAge can organize this kind of programming through full coordination with partners and community groups as well as other stakeholders working in similar fields to save it from duplication in activities. It also requires more human and financial resources to achieve smooth implementation and full monitoring by HelpAge.

The most marginalized older people in this project were located in Isbat Beit Hanoun, Wadi Al Salqa, Johr Al Deek, Al Mosader, Beit Hanoun where 90.9%, 84.6%, 80%, 80%, 70% respectively are of very low and low social standard. The majority are living under the poverty line. The project was certainly accountable to beneficiaries in which HelpAge and other two partners ensured involving older people in the assessment process, implementation and follow up and the evaluation activities. This was supported by local community groups, who were eager to play a key role during the project phases especially in the coordination and communication with older people.

The relationship between partners and HelpAge is framed and characterized by mutual equity and respect. HelpAge believed that their relationship with the community had in general been improved through their association with these partners. Al Wedad Society proved to be a competent, committed and hard-working organization. Similarly PAEEP contributed in a valuable input to the project. It is also worth mentioning that the project contributed to building the capacities of both partners and community groups in essential subjects focusing on advocacy and aging mainstreaming. Thus enabled them to better support older people through real representation and raising their claims to decision makers. Though some groups need to be restructured to play a more active role in promoting older people rights.

The action has left its great impact on beneficiaries of different interventions and this can be summarized as follows:

- The evaluation revealed better and higher accessibility to health care; 92.6% of old people stated that they have enough information about their health and 94.45% of them regularly follow up their health condition. More than half of them rate their health condition from excellent to good.
- It is reported that 46% of surveyed beneficiaries feel reasonable loneliness and 48% of them feel weak loneliness, while 80% of them (on average) have their relations improved with friends and family members. Also about 90% are able to participate in social events, having a role in the decision making and are able to solve problems.





• It is found that livelihood intervention could hardly secure profitable projects for older people, stating that while the projects were processing, they help them diversify their meals and so increase the nutritional value of food. This in turn reflected positively on their health

Overall, the contributions were valued by the beneficiaries and appear to have continued usefulness after project completion. This can be seen in the improved practice of older people in terms of following up their health conditions and controlling their chronic diseases in such a better way. Actually they became more experienced and aware of healthy practices. In addition, the capacity building of the community volunteers and home care givers ensures sustained home care services for older people, and reducing their vulnerability and enabling them stay at home and develop their life conditions

On the psychosocial level beneficiaries reported high self-esteem and self-confidence after the project as they became more social and capable of keeping positive linkages with their families, neighbours and friends. Awareness raising sessions, group and individual counselling sessions and recreational activities were mostly appreciated and valued by the older people noting that the latter should be more focused.

On terms of the home based small projects, beneficiaries reported considerable benefit of the training they received as they became more knowledgeable of how to manage their projects and market their products. However the provided projects were of micro level relative to the groups' needs and families' size, so the results were disappointed for the beneficiaries where a limited number of projects (23% of the surveyed sample by the evaluation team) are still available and productive.

HelpAge had effective tangible role in the overall monitoring and networking with the project partners, community groups, older people and other stakeholders such as local authorities for ensuring smooth delivery and fulfilment of the project objectives. In this matter, well designed monitoring and reporting system was followed by project teams where home visits and regular meetings were conducted with the beneficiaries and caregivers. In addition, reports were prepared on monthly basis as well as narrative and evaluation reports. It can be said that the information flow was adequate to certain extent.

The evaluation concluded that HelpAge has in many cases been extremely efficient in delivering programmes in vulnerable areas, and should maintain exploring and expanding its essential role in this area. At the same time, in order to maximize this possibility, HelpAge may need to make some adjustments to the both design and implementation of these programmes.





8. Recommendations

The components of the project were conducted independently given that beneficiaries were different in the three interventions. Future programming should take into consideration different needs of older people and prioritize them in which some beneficiaries can be targeted by more than one intervention. This in turn ensures a more holistic approach to reducing vulnerability in future programming.

In terms of human and financial resources, transportation costs should be wisely estimated especially that the targeted areas are located in remote and scattered areas and hardly reached. Additionally, the financial transactions and procedures of the project were to some extent complicated, so assigning part time financial officer caused overload on the project coordinator who was responsible on managing financial aspects beside. Therefore, it is suggested that hiring full time financial officer is more efficient for such projects.

Besides, other structured local committees are encouraged to take their role in advocacy and lobbying. They should promote older people rights and establish effective networks with local government organizations and service providers. For ensuring regular support to older people and maximizing their accessibility to all essential services. This can be achieved thorough capacity building of local committees and enhancing their skills.

In addition, offering continuous support for local partners is necessary to increase their potential, willingness and capacity to provide high quality services for older people and put their needs on their priorities' list. In this regard, an effective exit strategy should be developed in order to ensure sustained impact of interventions as much as possible.

Health Intervention

The following recommendations emerged in general and in particular manner for health intervention.

- Implement the project on larger scale to include all Gaza Strip Governorates and to target those aged above 65 years because they are in utmost need as ageing is a risk factor to chronic diseases
- Target those above 60 as their number reach 191,000 (4% of population).
- Provide glucometer, sphygmomanometer, and thermometer to use them in taking care of old people and to be included in the hygiene kits
- Design schedule for home visits by doctors.
- Improve the quality of supplies to ensure its continuity and long lasting impact especially the dentures
- On the level of advocacy, it is recommended to enable older people and community groups to participate in advocacy and lobbying meetings with decision makers in order to promote the following:
 - ✓ Foster the geriatric health and gerontology in the courses for medical and nursing, physiotherapy, and nutrition students
 - ✓ Develop a strategic plan for geriatric health.
 - ✓ Develop preventive measures to mitigate chronic diseases and avoidance of traumas





- ✓ Develop screening programs to discover diseases in the subclinical phase or prevent complications of already present diseases
- ✓ Initiate provision free health insurance for aged people

Psychosocial Support Intervention

As the psychosocial activities were very much valued by older people, more emphasis is required for recreational trips since it help them refresh and increase their activity and morale. In this regard more trips are recommended to be held jointly with other young groups to activate interaction between different generations and strengthen their relations.

Organizing socialization visits among older people as well as visits conducted by different generations are of great importance to better integrate older people in the community and encourage their participation in different events along with youth groups.

In the same context providing older people with Mobile phone cards, is of a great benefit to communicate with their relatives and friends and feel they are not alone. Therefore, it increases their communication channels and supports having sustained extent of relations and feeling of social inclusion

A further note is that establishing linkages between psychosocial support and other interventions either in the health or in the livelihood sector could be very effective. As in many cases the bad mental health of older people referred to severe economic or health conditions they live. On the other hand, the culture restrictions may result in lack of willingness to receive only psychosocial support services for fear of stigma, without any integration with other services.

Livelihood Intervention

In order to ensure long lasting benefit of livelihood interventions several factors should be considered in advanced; size and type of project, number of family members, capacity of older people and their families, cost benefit analysis, and market needs.

In this sector it is wiser to increase the investment and support the provision of diversified projects on the small level, rather than on the micro level.

Small and medium projects can ensure more sustainability of income generation. To achieve this and based on similar interventions made by different actors in Gaza, it is more precise to study the feasibility of small projects. Thus it is recommended that all beneficiaries should receive training on feasibility study preparation to enable them to prepare theirs. Then their applications should be reviewed and evaluated by expert committee for granting. Furthermore, it is essential that not only livestock projects would be feasible, but also projects of other fields can be granted such as commercial and vocational sub-sectors.

Moreover follow up programming is very much needed for such projects in terms of business management and marketing and veterinary health (in case of livestock). It is better to assign livelihood consultant to monitor and advise on the effectiveness of the intervention.





Annexes

Annex (I) Terms of Reference

Annex (II) Interviews Questions

Annex (III) Focus Group Discussions

Annex (IV) Questionnaires

Annex (V) Analysis Results of Health Questionnaire

Annex (VI) Analysis Results of Psychosocial Support Questionnaire

Annex (VII) Analysis Results of Livelihood Questionnaire

Annex (VIII) Sample Photos of Data Collection