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**Acronyms and Abbreviations**

CDW Community Development Worker

DoH Department of Health

DRR Disaster Risks Reduction

DSW Department of Social Welfare

EoP End of Project

FGD Focus Group Discussion

HAI HelpAge International

IEC Information, Education and Communication

IG Income Generation

IGV Income Generation Venture

KII Key Informant Interview

KOICA Korea International Cooperation Agency

Logframe Logical Framework

M&E Monitoring and Evaluation

MSG Mono Sodium Glutamate

OP Older People

OPSHG Older People Self Help Group

PRA Participatory Rural Appraisal

RHC Rural Health Centre

ROK Republic of Korea

TNC Township Network Committee

TOR Terms of Reference

**End of Project Evaluation**

# MYA029 Project, implemented by HelpAge International

## Introduction

With the support of HelpAge Korea, HelpAge Myanmar office is currently operating MYA029 project co-funded by Korea International Cooperation Agency (KOICA) and HelpAge International, which aims to reduce poverty in selected rural villages and two peri-urban areas of Myanmar through mobilizing older people and building their capacities to establish, develop, manage and sustain Older People Self Help Groups (OPSHGs). The specific objective is to enhance institutional capacity of currently functioning and newly established OPSHGs to plan, implement and sustain livelihood activities, health care and home care services for frail and home bound older people in 63 communities. The project period covers from January 2012 to December 2014 and total number of target beneficiaries is 3,224 (male: 1292, female: 1932) older people from 63 project villages (Ayeyarwaddy, Mandalay and Yangon Regions).

With the following objectives, the evaluation team took place field assessment in 11 villages and 2 Wards from 17 October to 9 November 2014.

* To review the achievements of the project against its objectives and indicators
* To assess changes and impact that the project brought to older people and their communities
* To assess changes that the project brought to local authorities' support for older people and their communities
* To assess the project's sustainability
* To assess the effectiveness and efficiency of project implementation
* To identify project lessons and come up with suggestions for future work

## Methodology

* 1. **Scope of Evaluation**

The scope of this evaluation mainly focused on the MYA029 project interventions, which cover a broad range of project area (i.e. Mandalay, Yangon and Delta), to look at and measure the levels of progress in terms of achievements, constraints and issues during the project period from January 2012 to December 2014. However, in consultation with HAI responsible staff, the scope of evaluation is expanded with observation of the existing OPSHGs established by the previous phases to compare the results and extract the lessons learnt from a broader perspective. The evaluation mostly focused to assess the 23 OPSHGs formed during the current project period. However, 4 of 40 OPSHGs formed by the previous phases of the project (i.e. from 2009 to 2011) were also visited to assess their current status, progress and constraints after completion of the project.

The evaluation was designed to focus on capacity of OPSHG committees together with their functionality and existing capacity, achievements and results that indicate level of effectiveness and impacts. A total of 13 sample OPSHGs (i.e. 9 new groups and 4 old groups), which cover 20% of the total OPSHGs from both of current and previous phases of the project, were visited during which either KII or FGD were separately conducted with OPSHG leaders and the members while the FGDs were separately conducted with women and men in most cases. Different IGV models implemented were also observed and findings were also carefully analyzed to make a proper judgment and provide suggestions and recommendations for the future programming. The mission’s working schedule including the list of villages visited and the number of groups met is described in Table 1 at Annex 1.

At the beginning of the evaluation, the consultants reviewed the existing project related documents and project materials (i.e. Project Proposal and Logframe, Project Reports, Field Monitoring Reports and Assessment Reports) to catch up the overall idea of project design, implementation and achievements. Then the questionnaires, guidelines and checklists were also prepared for FGD and KII to collect all necessary information in line with the evaluation framework to measure achievements, outputs and outcomes of the project prior to the field evaluation. After the consultation with the project key staff on the developed questionnaires, the consultant modified some of them to evaluate particularly on the outcome and impact level results.

At the same time, the consultants also ensured the sampling design with an appropriate sample size through participatory discussion with the project team. In consultation with HelpAge project team, 13 OPSHGs (i.e.11 villages from Pyinoolwin, Patheingyi and Kan Gyi Daunt and Kyaike Lattt townships of Ayeyarwaddy Delta and Mandalay Regions and 2Wards from East Dagon Township, Yangon Region) were visited to conduct FGD and KII with OPSHG leaders and members.

Throughout the field visits, the consultants conducted a participatory evaluation process with OPSHG members and committees. Participatory Rural Appraisal (PRA) Tools - mainly Key Informant Interviews (KII) and Focus Group Discussions (FGD) were used to collect necessary information and make the OP’s voice heard openly while the team checked, confirmed and clarified the collected data and information using other appropriate tools (i.e. transect walk and direct observation). Throughout the period of field visits in three Regions, a total of two KIIs and 26 FGDs were conducted with participation of 238 direct beneficiaries, who are OPSHG committee members, OPSHG members, OPSHG-Township Network Committee (TNC) members using the semi-structured questionnaires prepared before. Some of the FGD sessions were separately conducted with men and women OPSHG members to understand their gender sensitivity and ensure particular voices and responses from both of men and women. However, the team was unable to conduct the FGDs with different aged groups of the OPSHGs because of limited timeframe and unavailability of very old aged at the FGDs.

Beside, the KII was with two key staff from Department of Social Welfare (DSW); Daw Khin May Nu, the Director and U Thet Hlaing Htu, the Assistant Director of Ayeyarwaddy Region in Pathein during the field visit in Pathein. After the field visits, the consultants analyzed the overall findings from the KII and FGD conducted and also from the direct observations with a reliable judgement to inform HAI whether the project interventions and implementation process have met its goal and specific objectives in terms of cost efficiency and effectiveness, equity as well as likelihoods of impacts and sustainability. The team also extracted lessons learned from overall findings to improve its strategies and approach as necessary for effective OP programming in future.

## Areas to be focussed by the Evaluation Process

As per Terms of Reference (ToR), the EoP evaluation will address the major issues and questions regarding the project's Impact, Equity, Effectiveness, Sustainability as well as Lessons learnt together with action oriented specific recommendations. Particularly the design and process will ensure to effectively answer the following questions mentioned under each thematic area/objective.

**Impact**

* What has been the impact of the project at different levels: such as direct project beneficiaries, indirect beneficiaries and the broader local community, local authorities, wider development context - any influence beyond the target area

**Equity**

* How has the project impacted men and women differently? Disaggregate date by age and sex.
* Has the project been equitable in its support of the poor and disadvantaged?

**Effectiveness**

* Did the project achieve its objectives?
* Did the project meet the indicators in the logframe?
* Did the input of resources achieve the desired outputs in an efficient way?

**Sustainability**

* What plans are there for the future of the project activities after funding ceases?
* How replicable are project activities?

**Lessons Learned and Recommendations:**

* What lessons are there for planning, implementing or evaluating the project? Capture achievements as well as challenges and gaps related to the social consequences of the project. Where possible, combine them with action-oriented and specific recommendations.

### Limitations

The project beneficiaries are exclusively OP and some of the beneficiaries, who aged 70+ and/or chronic ills could not come and join the FGDs. In some ethnic communities especially in Kan Gyi Daunt, some people are not fluent in Myanmar Language and as a result their participation is quite limited.

In terms of gender, most women OP are reluctant to speak out in front of the public though they were encouraged to participate in the discussion. In some villages, FGD with OPSHG committee took longer than expected and subsequently less time to conduct FGDs separately with men and women. Other constraint encountered during the field visit in Pathein and Kan Gyi Daunt was unexpected rains, which made difficult for house visits.

Due to the available time in the travel plan, the mission could not conduct a detail gross-margin analysis at village level to measure cost effectiveness of the project intervention on the income generation activities of OP. But some quick analysis during the FGD can give some overviews and general comments for future improvement.

1. **KEY FINDINGS**
	1. **General Impressions on Evaluation Findings**

Overall, HAI was able to implement all project activities in line with the planned activity schedules and almost met with all targets and contributed to output level results and thus the project efficiency is considerably high. In terms of effectiveness, the project has shown its achievements and success, to large extent, in line with its specific objectives. For instance, regarding the Objective 2, the project had substantially strengthened capacity of the most OPSHG groups visited by means of their leadership, management skills and commitments, increased coordination and networks among the groups through existing TNC and Federation of the OPSHGs and generated/increased income by the majority of beneficiaries with IG loans.

During the FGDs, all of the OPSHG committees expressed their commitments to continue plan, implement and manage most of the project activities such as monthly meeting, regular operation of credit schemes for OPSHG members, who are in needs of financial supports for regular or stable income, financial sustainability through fund raising and income generation venture (IGV), health and social care services for frail and home bound OP, and group mobilization and information sharing through regular monthly meetings, building the capacity of OP through trainings, exchange visits, review workshops and networking meeting, etc.

At the time of evaluation, all of the established revolving funds are sustained with the reported good repayment rate as well as increased loan size and/or number of beneficiaries. Most IGVs, except a few cases, are still in progress with regular income, the number of beneficiary increased with who received IG loans. Health volunteers and sub-committee members (health) also reported that members including homebound OP have better social/health status of due to on-going health care services and reduction of their loneliness and isolation by regular gatherings and some social events (i.e. OP day ceremony donation for religious and some community events, support children's education, etc.).

Analyzing on different levels of the effectiveness among the OPSHGs, the mission found four major influencing factors, which include (i) different timeframes of the OP projects (i.e. two OPSHGs under only one year project in Pathein and Kan Gyi Daunt and the other two are under previous phase of three years project in Kyaike Latt and Pyinoolwin while the remaining groups visited in Kan Gyi Daunt, Yangon and Patheingyi), (ii) different socio-cultural contexts and economic status of OP from urban and rural areas and (iii) different management capacity and leadership skills of OPSHG committees (i.e. strong, moderate and weak) and (iv) level of commitments and participation of target beneficiaries in the project activities.

Especially in the rural social setting, women's leadership and decision making found quite weak since most of the visited women hardly responded to their ideas and opinions to regarding the future improvement of their groups for more effectiveness and sustainability. The mission witnessed that men usually dominated the discussions and women were hard to give their own voices although they were highly encouraged and facilitated to speak out. The underlying causes of limited women leadership are mainly their poor educational status (and only a few are ill literate) and low gender values and norms imposed by the community. Most of them only appreciated the IG loans that they received and mentioned about their existing business. Some did not know how much income they have earned because the loans were used for their business managed by their son or daughter.

Exceptionally, women voices were heard and recognized by some committees in East Dagon and some villages of Kan Gyi Daunt. Due to the project, women become the community leaders by taking leadership positions (i.e. vice chairman and secretary as well as the leaders of sub-group committees. They were able to learn quickly and could provide necessary information and some technical advices to the group members upon their livelihoods and health issues.

In concise, over the three year period, the project has met, to large extent, its expected results and measurable outcomes due to its appropriate design and strategy (i.e. OP are mobilized using OPSHG model with a variety of project activities such as income generation, social supports and regular health care through different funding mechanisms (i.e. fund raising, IGV, micro-credit functions), strengthening mobilization and coordination within the group and among the groups by means of regular gatherings, social networking, formal meetings and official networking, etc.

In viewing the level of achievements intended, the project is quite ambitious with setting up higher percentages of outcome level indicators (e.g. 80% of target beneficiaries increase income by 50%; 80% of OPSHG members benefit from market information and better access to services and marketing opportunities, and DRR mitigation activities completed reducing risks by 75%, etc.), which are not realistic regarding the contexts of the target areas.

At this time, although the mission could not concretely draw a conclusion upon some results and outcomes of the project but the range of evaluation scores can be given from moderate to high according to specific objectives with different activities. Regarding the Objective 2, 3 and 4, most of the project interventions have contributed to moderate to high level effectiveness with visible outcomes and also some unexpected results (e.g. OP's collective voice on Ageing Policy, Some contribution to community development) but some possible impacts could be measured at least 2-3 years after phase out of the project or even needs more time. Currently, both of the effectiveness and measurable outcomes of the Objective 5 are lower than expected but the impacts might be high if the natural disasters happen.

Regarding the issues of target groups, the community mobilization process conducted at the beginning was not sufficient probably with limited staffing and set up of short timeframe. As consequences, the community and even target groups have limited understanding on the project goal and objectives, which in turn contributed to some accountability issues and low level effectiveness. In addition, leadership skills and management capacities of some OPSHGs are not strong enough yet until the end of the project. The following constraints and limitations that would somehow affect effectiveness and/or sustainability are also identified based on the overall field findings and observations of evaluation mission:

* *Election of OPSHG committee held annually or bi-annually and therefore some committee members are new with insufficient management capacity.*
* *Some committee members are getting old and thus the groups need to train the existing or new interested members, who are potential to lead and manage the OPSHGs.*
* *Some OP beneficiaries are difficult to run businesses and/or faced losses from existing business (e.g. pig raising, betel leaf farming) due to their old aged though they need regular or immediate income for their everyday life.*
* *With increasing high inflation rate and transaction costs, the amount of livelihood loans are relatively insufficient to run some businesses but the existing amounts of revolving funds are still limited to provide the sufficient amount necessary for some businesses.*
* *The OP have difficult access to government health clinics due to financial constraints, poor health services by RHC and lack of proper referral system practiced by local health staff.*
* *There is currently no official entitlement for the OP to have easy access to government's health services (i.e. medical exemptions) by means of ageing policy.*
* *The most visited OPSHG committee allocated only small amount of fund for health care service although the project aims to sustain this service by using their development fund. Restocking medicines and equipment is given less priority than other activities such as social pension, donation and small contributions to community development. Some committees have also different purpose of utilizing group fund mostly for administrative costs (i.e. travels, meetings, micro-credits, etc.).*
* *Some visited OPSHG committees are worried that the regular health care service may not be effective and/or sustained when the youth volunteers drop out of their services for their personal affairs and professional career development.*

## Impact

Since 2009, HAI has been implementing the projects across the country to address the pressing needs of older people (OP). The set up of project goal and objectives were highly relevant to needs and priorities of OP as well as with government’s policies for poverty reduction. Using the OPSHG modality, the self-help capacity of OP has been strengthening in both of rural and urban areas. Through the functions of OPSHG and a package of activities, HAI plans to fulfil the capacity needs of OP (i.e. management, financial, institutional and networking) to improve their social, economic and health status.

During the field visits in the project townships, most FGD participants mentioned that before the project their financial needs caused a broad range of issues such as the difficulty of making ends meet on a low income, the apparent high cost of meeting basic living standards, lack of disposable income and their experiences of accumulating debt, which in turn made OP different impacts including greater dependence on family members for financial help, increased stress and anxiety, and limited social networks. Through this project, provision of direct services especially financial grants (i.e. livelihood loans) to the selected beneficiaries has proven to partially meet their income gaps and other social needs. According to field findings and information from OPSHG committees, about 50% of the beneficiaries have received certain incomes from different livelihood activities although targets of the outcome indicators have not been met yet. The reasons not being met with the targets are quite varied, which are mentioned in the specific sector.

One of the strongest impressions that remained after the field visit was the enthusiasm and the commitments shown by the visited OPSHGs in making their contribution to the project evaluation. At the FGDs, most invitees expressed their heart-felt thanks to HAI and told that now they do not feel lonely and even become confident to solve their health issues since they have received basic health knowledge and information by occasional heath talks during the monthly meetings. Before the project, they spoke of rarely leaving their homes, being reliant on others for their basic needs, and limited opportunities to pursue leisure activities. By participating in the OPSHGs, they are included into a social network and keep active through the regular functions. Psycho-social supports are also received from their group members when they faced some health issues or family problems.

According to evaluation findings, in compare income status of the beneficiaries before and after the project, at least 50% of them increased income due to the livelihoods loans, however, the levels of increase were different between them depending on the type of business they established, the business planning and management they differently prepared and practiced, and best of lucks of the individuals, etc. On the other hand, incomes could be measured in terms of no or less amount of money they needed to borrow with high interest rate (i.e. 10-20%) and also experienced in expansion of business with more investment and regular customers (e.g. making robes and liquid soap, more kitchen items for grocery shop). With these advantages, the target OP had gained respect or recognition by family members and other community members. Some OPSHGs have been involved in the community’s social and development events, which resulted in their satisfaction, pride, and value of life.

Regarding access to health services, the FGD participant reported that, most OP did not have a proper treatment before the project since there was no regular health service available within the village. Their families had to find out the health services in town or in neighbouring village where RHC present for the treatments. The OP were reluctant to take a proper treatment as their families sometimes could not afford for the service and transportation costs. Now, due to the project, all the OPSHG members have increased access to basic health care services such as measuring blood pressures and blood sugar during the monthly meetings. They can also make special requests to health volunteers to get their advice and even services on their occasional sickness (i.e. measuring blood pressures).

The HAI projects are quite unique in considering the specific needs of OP, who are either chronic ill or very old aged. Normally, frail and home bound OP are often lonely because they are isolated in their homes, without contact with friends and even with their relatives. Due to the project, they now have regular access to health and social care services provided by the village health volunteers under the supervision and management of health sub-committee. Most of the OP are now self-confident to stay longer with more healthy and happy life. In parallel with this current project, the frail and homebound OP, who are met with at least 3 out of 7 criteria, are entitled to have more intensive health care service implementing by ROK.

Now, some visited OPSHG committees are worried that the regular health care service may not be sustained when the youth volunteer drop out of their services due to their personal affairs and professional career development. In one visited village of Kyaike Latt, which is under the previous phase project, OPSHG committee is getting headache about the sustainability of this service since 4 of 7 recruited volunteers have left for towns for their professional careers and personal affairs (i.e. 3 are now working factories in town and one married).

Due to this project, the communities become highly aware about the ageing issues and gained some health knowledge from OPSHG members. As a result of growing volunteering spirit, the middle aged especially 30s and 40s from some communities become the OPSHG volunteers and actively involving in health care services and also assisting the OPSHG committees in different ways. It is a trickledown effect generated from the project interventions.

HAI has addressed the ageing issues of vulnerable OP and also identified the capacity needs of the target groups an key stakeholders to make a greater impact on the lives of vulnerable OP. HAI also facilitates the primary stakeholder such as Department of Social Welfare (DSW) to work together on advocacy and policy dialogues with other key stakeholder at township, state and national level. At the same time, through its continuous learning process, HAI also improved and/or fine tuned its project designs with some modifications (e.g. using different health models and IGV model) to receive the proven results and outcomes of the project In this case, HAI was able to mobilize 93 OPSHGs by strengthening the OP networks at both township and national level through organizing TNC with village level representatives and Federation with township level representatives.

At the time of evaluation, the TNC function has imposed some measurable results, which are the draft National Ageing Policy, in which some demands of OPs for health and social insurance are included by their collective voices and ideas generated in the TNC meeting. The OPs were highly recognized by the government and OPSHG representatives from different target areas of the project were invited to attend International OP Day Ceremonies at both township and national level. Regional Prime Ministers from Mandalay and Ayeyarwaddy also made visits to some of OPSHGs and appreciated the activities implemented by the OP.

As a result of project strategies and interventions, the OPSHGs have become capable to participate in and strongly influenced on the government's policy mandates and provided considerable supports the on-going process of developing Ageing Policy. At federation level, OPSHGs have made collective voices to influence the on-going development of Ageing Policy and already demanded for the following:

* Ensuring that all OP over the age of 60 years are issued with identity cards
* Ensuring that all government health facilities cover medical exemptions of the OP
* Ensuring that all OP have access to all transport facilities either with discounts or exemptions
* Ensuring that all OP have access to social pension and/or social protection scheme
* Ensuring that the vulnerable OP have access to day care centre and/or old-aged centre

With regards to its project strategies, HAI has also built a regular coordination mechanism within the field teams as well as among the project team through the bi-monthly meetings, annual review and lessons learnt to share the experiences of different field teams on the project issues and lessons that they learnt in order to find possible/better solutions for the older people.

Regarding special health needs of target groups, the project has supported the frail and homebound OP with chronic ill and very old aged (mostly 80+), to have their increased access to health and social care services including psycho-social and counselling supports from regular home visits of health volunteers. Using the existing OPSHG funds, the small scale social pension scheme has been started in 17 project villages. Currently, only a few nominated OP receives by OP either financial support or essential food items (i.e. rice, cooking oil) every month. Though the number of OP and amount of supports received are not high, HAI is able to demonstrate its social protection model to the public and also can advocate various key stakeholders including DSW and CSOs to institutionalize and/or mainstream social protection schemes to OP oriented development programmes.

In addition, this project is intended to bridge the gap between small scale home care services and nation-wide government health interventions/programme for the OP. What is a key is that health services initiated by the current project has facilitated and/or promoted appropriate referrals between the village health volunteers/OPSHG sub-committee (Health) and government health staff and/or health services (i.e. midwives and health assistant from rural health centres, doctors from station and township hospitals) to ensure that their health needs are always met.

With a short timeframe (only three years) of current project, it might be quite early to state that the project has achieved its ultimate goal; i.e. reduced poverty at the end of project period. Nonetheless, the project has currently featured with some visible outcomes (i.e. increased social cohesion, trust and friendship among OP, reduced loneliness and social isolation of homebound OP, improved awareness and knowledge on health care and personal hygiene, access to increased or regular incomes). On the other hand, the DRR intervention may not impose visible impacts within the target areas, since it was rather fragmented from the community development plan.

## Equity

Regarding the importance of tackling social, economic and health issues of older people, HAI has introduced the OPSHG Model to build the self-help capacity of OP to improve their social and economic well-being as well as their health status to make their lives better. The project interventions were formulated in line with the project's ultimate aim and specific objectives. At the same time, the project strategies were developed and applied to have impacts differently to men and women and different aged groups poor as well as to poor and disadvantaged according to their specific needs and demands. It is evidently seen that home-based care service is regularly provided to very old aged homebound OP and chronic ill, who essentially needs helps and psycho-social supports. In the case of livelihood loans, the most needy and poorest OP identified by wealth ranking exercise are given a priority to have access to this loan. There is no gender discrimination observed at all the visited villages.

It is consistent that number of women is much higher than that of men in every OPSHG visited during the field evaluation. Though there are more women in the groups, a few of them took the leadership positions in the committees. According to the FGD, every OPSHG committee is composed of both men and women and at least 25% of the committee members are women. However, women, who are taking leader positions such as vice chairman, secretary, treasurer and account, were quite confident to speak out and gave advice for their groups. Two women taking key positions at community and township/federal level (e.g. one woman taking role of secretary in village OPSHG, co-secretary in Township Network Committee (TNC) and vice president in federation) found very outstanding and good leadership skills among the committee members. On the other hand, women are mostly members of different sub-committees.

The majority of OP households are in poor income status. The project's objective 2 intends to contribute considerable benefits to the poor and disadvantaged OP including women. Provision of livelihood loans is a key driver to mobilize the poor and vulnerable households in the OPSHG. All the visited OPSHG committees and group members especially women OP highly acknowledged the project interventions related to this objective. The visited OP expressed that their social status became much better than before by their regular income and increased access to health and education services.

In the visited villages, the committees explained the beneficiary selection process that they used for providing livelihood loans. The selected beneficiaries, who are ranked as poorest and poor (i.e. wealth ranking 1 and 2), were given priority to receive livelihood loans to conduct appropriate or preferred livelihood activities. However, it is quite common that the most visited OPSHG Committees have limited understanding on the vulnerability concepts. They were not also much aware on the project goal and strategies. Subsequently, some visited committees screened the loan applications according to different wealth status of the beneficiaries; instead they much focus on certainty of repayment.

In addition to financial assistance, the project also provided different vocational trainings to OP to enhance their capacity to make sure sustainability of their income and businesses. The project also provide new vocational skills to OPs living in the semi-urban area (i.e. East Dagon) by providing trainings on liquid soap making, food processing and sequence making, etc. During the field visit, one of three women, who established liquid soap business, was visited to assess her current income status. Currently, she received regular income approximately 50,000 Kyat every month and her products were recognized by the local market. Likewise, the other two women have also their own markets with different customers and networks.

In some visited OPSHGs in the delta, mostly the committee members attended agriculture and livestock trainings while only a few members joined the training. During the monthly meetings, the committees usually shared some knowledge and information gained from the training to the beneficiaries. No vaccination was made reported by all FGD participants from the delta. Some had experienced in casualty of their pigs and piglets. The beneficiaries, who raised pigs, have limited technical knowledge and information on prevention and vaccination. The committees are not aware to have access to vaccination as there is no linkage with LBVD. In fact, the cost of vaccination is relatively much lower than that of total loss (i.e. vaccination will cost approximately 2000 Kyat per six months and at least 35,000 Kyat will be lost even if 45 days old piglet is died). They can reduce risk of casualty, to certain extent, if a proper prevention and vaccination is made.

* 1. **Effectiveness**

**Objective 2- Strengthening capacities for sustainability of new and existing OPSHGs**

The project had mainly focused on the management and organisational capacity of the OPSHGs intending to contribute to high level of effectiveness, greater impacts and sustainability. Generally, the overall status of about 75% of the visited OPSHGs (i.e. 10 of 13) is quite satisfied with the increased sense of ownership, commitments and self-reliance capacity. Owing to the evaluation results, the time of evaluation, the level of effectiveness of project ranges from moderate to high since some outcome indicators of the project objectives are not fully met yet with the milestone targets.

It is commonly found that the OPSHG governance structure (i.e. main committee plus 6 sub-committees formed with 15-18 members) is consistent among all the groups. The annual meeting was held to elect the members of main committee while some OPSHGs held bi-annual meeting for selection of committee members. In most cases, the main committee takes a leading role and made major decisions for functioning the OPSHG activities. During the field visits, the mission observed that commitments and efforts of all visited committees on the sustainability of OPSHG are quite recognizable and considerable.

With regards to their responsibilities, all the visited M&E sub-committees are taking a role of organizer and found that they are quite supportive to main OPSHG committee in organizing meeting, taking care of repayments and mobilizing other OPSHG activities. In addition, it was not heard that the DRR sub-committee conducted any particular function related to village level DRR plan, which has been observed (i.e. the printed vinyl sheet). The village level DRR plans were seen only in project villages of Kan Gyi Daunt. During the FGDs, most of the sub-committee members kept quiet and also voices and opinions of the OPSHG members especially women were rarely heard. Nonetheless, the members met at FGDs seemed quite happy with the OPSHG functions led by the committee. No major complaints were also made upon loan application.

In terms of gender perspectives, women leadership is generally poor in the rural social setting. Particularly women leadership found quite strong in some OPSHGs at the urban setting and also rural women, who had been experienced in management (i.e. ex-government staff) are able to lead and manage the OPSHG functions. Within the committee, even their voices are heard and recognized by the male members. In one visited village, a woman leader of Livelihood Sub-committee was able to provide suggestion and find out a proper solution upon the business issues of a few beneficiaries during the monthly meeting. A pig raised by a woman beneficiary was going to die and in this respect she suggested her to sell it out by making pork meat rather than right away to reduce the losses.

The visited committees reported that the group meetings were held on a monthly basis but the members' attendant rates were often 50-60%, which is lower than the target (i.e. 80%). The common reason of less attendant rates are that some OP aged 70+ were not able to join the meeting regularly due to health issues while some other members, who are busy with their personal affairs, were also often missing. During the monthly meeting, the committee updates financial status of the group, collecting repayment and/or interests of livelihood loans, screening the loan application and providing more loans to new and old beneficiaries while HAI staff usually shared health knowledge and information, monitoring the monthly financial statements and other records, advising the committees when they faced management issues regarding the project activities.

From the overview of most visited FGD participants, through the regular monthly meetings, they received different benefits such as microfinance services, new learning from Information sharing about financial, technical, social and health and more importantly social cohesion and trusts among the members. Some members reported that the committee organized some exiting agenda in the monthly meetings (i.e. taking physical exercises and provision of refreshment), which had attracted them to join the meetings regularly. Evaluation findings also approved that regular monthly meetings had built a strong social network among the group members, which has created a practice of social caring to look after each other when some members are sick and/or face unexpected issues at home.

All the visited committees consistently mentioned that the revolving funds are sustained with completion of 2-3 repayment cycles and number of beneficiaries is growing after each repayment cycle. In terms of repayment rates, all the visited committees are proud of almost 100% repayment made by their members while some exceptional cases (i.e. expansion of terms due to failure of business and sometimes the death of beneficiaries) were reported in some villages visited. However, the visited committees seemed to be much interested in repayment schemes of the beneficiaries and also are proud that there had been no major default cases within their groups.

With overview of financial management, no major issue was reported on book keeping and preparing monthly statement of incomes and expenditures. The group members met at the FGD are also satisfied with those monthly financial statements explained by the committee during the monthly meetings. However, the group members hardly mentioned the existing funding status of their groups during the FGDs. The committees said that verbal explanation on the financial statement is quite enough as most of the rural OP are illiterate.

The evaluation mission was quite impressed by financial management system of most visited OPSHGs especially with the evidences of well-functioning revolving funds, existing amount of incomes and existing funding status of some OPSHGs. As the OPSHG leaders were trained on accounting, book keeping and financial management, the records and documentation (i.e. Ledger and book keeping records) are also well maintained and updated with preparation of monthly or quarterly balance sheets.

It is observed that the monitoring system more focuses on loan and repayment records but does not track how much income the beneficiaries have earned from their new or expanding business using the livelihood loans. There were a number of cases that the beneficiaries did not generate incomes from their businesses or even lost their investment. In addition, although the wealth ranking exercises were conducted prior to the beneficiary selection process, some committees were not fully acknowledged to wealth ranking status of the OP for the beneficiary selection. Besides, the number of loans per batch is limited with the existing amount of fund so that some members are under the waiting list. However, the members do not know in advance the beneficiary list for the next round. It is also informed that some moderate and better-off OP received livelihood loans in some visited villages while some poorest OP are still left out from the regular RF functions. Therefore, the committee should practice the beneficiary process more transparently and systematically in future.

About one third of visited committees are still weak in practicing participatory decision making process and found that traditional leadership style (i.e. chairman is a key decision maker) is a common practice. Some OPSHG committees did not clearly know about the objective of project and its expected outcomes in line with vulnerability concepts and poverty reduction. Ideally, the poorest or disadvantaged OPs are given priority in selection process but in the reality some beneficiaries, who were from wealth ranking status 3 (i.e. moderate), received the livelihood loans while some family members of OP households also applied the loans as an equal opportunity of all members. In this regard, the project must support the OPSHGs to address this issue to support the most vulnerable through either loans or other kinds of support.

Moreover, one of the visited committee was formed with close relatives, who are taking key management positions (i.e. chairman, secretary and assistant accountant). A similar case was also found in Patheingyi Township. These accountability issues would have probably affected trusts of the members and their participation as well as sustainability of the group functions. During the KII with DSW staff in Pathein, they appreciated the HAI's project interventions for the older people but at the same time they are worried about future growth of the OPSHGs. Positive perspectives of DSW staff are seen with their strong suggestions on joint monitoring visits to be made together with HAI project team after the current project has been phased out. They are also willing to participate in the TNC meetings to be held at the project villages.

It is also learnt that some visited OPSHGs have set up two different group funds; one from fund raising activities and the other from the IGV activities. Principally, membership fees, monthly fees and community donation as well as incomes from fund fairs (i.e. mostly lucky draw), selling lottery tickets, etc. were accumulated as group funds under management of fund raising committee while regular incomes and/or group funds earned from different IGVs under management of IGV sub-committee. However, in some visited OPSHGs, the chairman or secretary, who take a leader position of either Fund Raising or IGV sub-committees, is taking focal role together with power of making key decisions in functioning and managing the activities associated to fund raising and IGV. In case of raising fund, women especially pre-retirement age are interested to participate in and lead the IGV and fund raising activities for their groups.

The mission found that all the visited committees have been conducting different IGV activities (i.e. renting tri-shawls and selling kitchen items (i.e. rice, cooking oil and others) in East Dagon, power supply with generator in Pyinoolwin, sheep breeding and selling rice in Patheingyi while establishment of rice bank is a typical IGV model in all project townships of the delta. Either monthly or seasonal incomes were received from the respective IGVs. Renting tri-shawls has been providing the group with regular monthly income but the committee remains some amount of profit to cover depreciation and also costs for replacement of the spare parts. Through the rice bank, the poor OP households were able to reduce a period of food shortage (i.e. at least two months before the harvest), which contributed to food security and also saving some money by not taking rice in credit with very high interest rate (i.e. 50% or 100% interest have to be paid at the time of payback). In other visited groups, selling rice on a fortnightly or monthly basis found appropriate and met with the immediate food needs of group members. The members are able to buy rice in credit but they need to payback after two week time while they purchase rice again. By doing so, the members have easy access to rice with very low interest rate. On the other hand the OPSHG itself can generate a regular income.

Regarding issues of the existing IGVs, the rice bank function of one visited OPSHG was not typical like the other groups do since they borrowed money equivalent to 10 baskets of paddy (i.e. 40,000 Kyat) instead the building of rice bank was rented to someone with 50,000 Kyat of annual rental fees. This is a kind of rice loan but the timing for provision of loan was not harmonized with the period of food shortage. In fact, 60% of the project grant was already spent on construction of the building. The purpose of establishing rice bank is not fully met with the needs of OP in this village. Not like other groups, one visited village in the delta conducted the rental service of hand tractor to meet the demand of smallholder farmers for in-time land preparation but this business currently generates lower income than before. The reason for lowering income was that it was difficult to find out a skilled laborer especially in the on-farm season to operate this machine. The group business is also now competing with that of other village households. As a result the annual income from this business has been substantially reduced from about 300,000 Kyat to 65,000 Kyat this year.

In some visited groups, certain amount IGV incomes were transferred for a micro-credit function through which the members can access to other small loans for non-livelihood purposes. It is reported that mostly those loans are given to OP as an emergency loan to use for personal affairs (e.g. for health and educational expenses of their family members).

In terms of gender perspectives, women leadership is generally poor in the rural social setting. Particularly women leadership was found quite strong in the OPSHGs at the urban setting and also rural women who have experience in management (i.e. ex-government staff) are able to lead and manage the OPSHG functions. Within the committee, even their voices are heard and recognized by the male members. In one visited village, a woman leader of livelihood Sub-committee was able to provide suggestion and find out a proper solution upon the business issues of a few beneficiaries during the monthly meeting. A pig raised by a woman beneficiary was going to die so she suggested her to sell it out by making pork meat rather than right away to reduce the losses.

In case of fund raising, women especially pre-retirement age are most interested to participate in and lead the IGV and fund raising activities for their groups. Most of the health volunteers are also women. In the urban contexts, women beneficiaries are also active to establish new livelihood activities (e.g. liquid soap, food process) and some of them now received good incomes from their existing business.

**Objective 3- Enhance Capacity to improve income generation**

The FGD results indicated a broader range of livelihood activities such as raising animals (pigs, chicken and goats,) home gardening (vegetables, betel leaf, coconut, lime, cut flower, etc.) retailer shops selling household commodities and kitchen item (rice, cooking oil, MSG) food stall, different types of home-based small business (liquid soap, knitting sequences on shawls and blouses, etc.), which provided the beneficiaries with different amount of incomes. The FGD results indicated that about 50% of the beneficiaries especially women raised pigs with the borrowed loan. Generally, the project's livelihood loans have contributed to certain incomes of some OP households (i.e. about 50-60% of the total beneficiaries) from their business.

Making a quick cost benefit analysis with pig farmers, almost all of them had to buy pig feed (i.e. broken rice and rice bran) to feed the pigs until the pigs are sold out. They need to spend certain ratio of loan for pig feed as it is quite costly. The greater variables of incomes or profits (low, moderate and high) also depend on selection of breed and/or age, different breeding method, caring practices and infection of diseases as well as market demand. Most of the beneficiaries received low to moderate incomes from raising pigs while a few beneficiaries met in the delta had experienced in receiving high profit margins.

Some businesses such as grocery shop and food shop provided regular incomes for the OP but the beneficiaries met in FGD held in East Dagon temporarily stopped their business due to sickness and other family affairs. In Patheingyi, the OP households bought sewing machines using livelihood loans and produced robes ordered by shops from Mandalay. They highly acknowledged this program otherwise they would have borrowed money with higher interest rate from private money lender to buy sewing machine. Discussing further about income status of individual livelihood activities, most of the beneficiaries are still in need of skills on financial management and business planning to effectively manage their business to make better profit and sustainable.

According to the observations, the income/social status of OP households were quite varied according to their different family backgrounds together with socio-economic status (i.e. OP headed poor households, OP headed moderate households, OP with relatives/son/daughter, who have poor income, OP with relatives/son/daughter, who have either moderate or good income, etc.).

The FGD findings also revealed the particular needs and interests of OP according to the different age profiles and generally remarkable that the OP with pre-retirement age (i.e. between 55 and 60) from both of rural and urban contexts are active and much interested in doing business while the OP aged between 60 and 70 are mostly doing home-based livelihood activities like pig raising, opening small grocery shop, growing vegetables and cut flowers, etc. In case of the OP aged 70 and above, they rarely earned income themselves but they took livelihood loans from the project for their family business run by their family members (i.e. son, daughter or son-in-law) to earn additional income. Due to this advantage, the OP feel relax and satisfied that they can live with the dignity.

Upon loan applications, the committees roughly reviewed their business proposals and in some groups, equal loan size was given to the beneficiaries regardless of the types of business that they proposed. Only 4 of 13 visited committees reviewed the proposals more detail to decide the amount of loans. On the other hand, most of the beneficiaries met were not aware of the proper business plan based on the cost benefit calculations and local market demand.

Although the amount of project grants for the livelihood activity was primarily limited to 15 most needy OP, the grant was changed as the livelihood loans to establish the revolving fund for financial sustainability. Payback system was quite consistent among the visited OPSHGs (i.e. one year repayment term with 2% of monthly interest rate), but the repayment upon interest of total loan amount was quite varied among the project villages; but most groups made on a monthly basis while quarterly or yearly basis is being practiced by a few groups. In the visited villages, at least one revolving cycle was already completed; the amount of funds was increased with interests. The number of beneficiaries was increased with second line beneficiaries in the latter cycles. The OPSHGs in Patheingyi started the revolving fund with the provision of livelihoods loans by early 2014 and thus they have not completed the first repayment cycle at the time of evaluation.

Current sizes of livelihood loans are ranging from 50,000 to 100,000 Kyat while some beneficiaries borrowed smaller loan sizes (e.g. 30,000 Kyat) and in a few cases, some took larger loans up to 200,000 Kyat according to the types and potential of the business (e.g. liquid soap business in Yangon and fish pond in Kyiake Latt). The minimum loan amount is given especially to the beginners and/or small business. Some visited beneficiaries in Yangon and Delta borrowed a maximum of 100,000 Kyat to establish or expand their businesses, which are potential for future growth and/or provide good incomes (e.g. betel leaf farming, pig raising, liquid soap making, food stall and so on). Some types of business such as sequence making, grocery shop, etc. are needed a bigger loan size due to invest more due to the increased prices of the items for running the business.

Overall, approximately 50% of total beneficiaries, who received livelihood loans in 2013, met in the FGD reported that they regular incomes from their business (i.e. grocery shop, pig raising, betel leaf farm, liquid soap and making clothes). However, it is quite difficult to exactly measure the amount of their income increased due to the project activities since their livelihood options and types of income are highly variable (i.e. daily, weekly, monthly and seasonal). Even the incomes from same livelihood were different among the beneficiaries due to the level of success and/or failure.

Pig raising found as the most favourite livelihood activity in almost all visited villages of Pathein and Kan Gyi Daunt Townships while home gardening is the most preference in Kyaike Latt. Among the beneficiaries, some practiced fattening of male or female pigs while the others preferred weaning practice to earn more income. Weaning practice is generally more profitable than fattening practice in raising pigs however it takes longer period with intensive care needed for piglets while purchasing sufficient amount of quality feed is quite expensive for the fattening. Thus it is difficult to recommend which method is better to gain high profit margin.

There are some OP, whose incomes were unstable or even declined during and after the project and the reasons that they reported are state of poor health (by themselves or their family members), taking intervals to do their business owing to poor market demand for the goods like dried fishes (i.e. seasonal issue), casualty of pigs by either disease infection or unknown factors. In addition, a few of betel leaf growers had experienced in very low income and even faced total loss of their investment due to severe disease outbreaks.

In terms of quick analysis on the benefit cost ratio of existing livelihood activities, the profit margins/monthly incomes received from some business such as grocery shop, food stall, some home-made products are ranging from 20,000 to 50,000 with the average of 30,000 Kyat. However, the gross incomes received from pig raising and betel leaf farming, etc. are greatly varied due to certain factors, both positive and negative. For instance, the beneficiaries, who practiced fattening pigs, need to purchase larger amount of feed when the pigs are getting grow to maximize the benefits. Purchasing feed is quite expensive for them. Among the beneficiaries, only one third of them received moderate income while a few beneficiaries from two visited villages faced casualty of pig soon after it had been raised. The committee allowed them to make repayment term longer than normal for those beneficiaries. Likewise, some beneficiaries, who established betel leaf farming, gained different profit margins ranging low to high depending on the growth of plants and infestation of fungal diseases. One OP received income approximately 300,000 Kyat after selling the shoots for two times. He will have some more income when the matured betel leaves are being sold out.

**Objective 4- Establishment of sustainable community based home and health care mechanisms**

The project's health care service is aimed at helping older people with chronic ill or very old aged people remain in their homes. Most OPSHG members met during the FGD eagerly expressed that they most value the assistance of HAI since the existence of OPSHGs has created and maintained their social network and relationships and also promoted their quality of life, health and well-being through regular health care services, financial supports and social cares through different activities. Most OP aged 70 and above more value on getting out and about, friendships and opportunities for learning and leisure through regular gathering with other OPSHG members and also they are keeping active and healthy with health knowledge gained and health services provided. They are entitled to measure and keep record their blood pressures and blood sugar with the help of health volunteer as well as they can easily access to some medicines at the monthly meeting or during home visits.

Regarding health issues they faced, it is difficult for them and/or their family members to enable accessing government's health facilities and/or services with low cost or without any cost. The HAI has been a special consideration for OP to have access to basic health care service through its projects. The health volunteers were recruited from their own village to sustain the health services during and after the project. Now, some visited OPSHG committees are worried that the regular health care service may not be sustained when the youth volunteer drop out of their services due to their personal affairs and professional career development. In one visited village of Kyaike Latt, which is under the previous phase project, OPSHG committee is getting headache about the sustainability of this service since 4 of 7 recruited volunteers left for towns for their professional careers and personal affairs (i.e. 3 are now working factories in town and one married).

There are mostly positive perspectives of OP on the health and social care provided and also expressed their satisfaction on regular service of health volunteers, which has reduced the impacts such as restricted social networks and feelings of depression and isolation or loneliness. A few visited committees described that they are now trying to get contact with government health services (i.e. RHC, Station Hospital under management of DoH) to have easy access to health care service at the time of needy helps for the chronic ill but it is not much progressive with their own efforts. In the urban area, the committees had tried to have access to the township clinics opened by DSW for their members. The level of satisfaction on government's health care services however is generally low. They are still waiting for their official entitlement to have easy access to regular health care services.

The project also provided medical kits with a variety of items (i.e. pressure curve, blood sugar testing equipment and associated things, first aid kits for small injuries, multivitamins, analgesic, neurobion, ointment, etc.) to all OPSHGs. Some common used medicines (i.e. multivitamins, analgesic, etc.) were also refilled once to their existing stock by the project. At the time of field visits, the stocks of the some common used medicines were almost finished in some visited OPSHGs while there was no stock of some medical items at all especially in the old groups. They reported that only a few essential items like strips for measuring blood sugar and pain killer (i.e. analgesic) were restocked with group fund. On the other hand, the groups established by the current project remain the stock without regular check and found that multivitamin kept is almost expired. Also in one visited village, either health volunteers or committee do not know how to and for what purpose some medicines (e.g. neurobion) are used and thus keep the stock without using it. They are not aware the expiry dates of medical items included in the medical kits. It is learnt that most visited committees allocated a very few amount of money for restocking some common items. However, the old groups allocated no funding for restocking the medical items.

For the regular financial supports like small social pension scheme, the committees have their own selection criteria to identify the entitled persons. According to the project data, a total of 256 OP aged 70 and above are entitled to this scheme. The amounts provided range from 500 to 3000 Kyat per month while the majority receive 1000 Kyat every month. The selected frail and homebound OP from the visited village in Patheingyi are being supported with living support activities (i.e. rice, cooking oils, eggs, noodles, etc.) on a monthly basis. It is reportedly known that despite a small amount of money, this program contributed to visible impacts that the beneficiaries feel relax and confident since they are able to purchase or access to some foods (e.g. fruits, biscuits, etc.) with their own and so their emotional illnesses and stress relieved were reduced, to some extent. Both the OPSHGs and evaluation mission felt that social pension is one of the most important activities to promote the well being and self esteem for the OP and their family members. Currently this program may not impose visible changes (i.e. increased access to much better nutrition and/or better hygiene to protect the health issues or increased access to health services and/or their health expenses. However, it will become institutionalized in the government's social security schemes for OP in near future.

In parallel with heath care service of current project, HAI-ROK has recently introduced a new health care model to the existing OPSHGs to intensify caring responsibilities for the chronic ill and frail homebound OP. Through this new program the level of supports will be relatively higher with intensive long-term care for a degenerative illness or permanent disability. This program will also support, to large extent, on effectiveness and sustainability of existing health care services by meeting long-term needs of the OP as well as by supporting financial needs of the health volunteers (i.e. honorarium or small salary given by this program). More importantly, HAI can convey the results and key message of this program to other primary stakeholders to copy or replicate this model in future.

**Objective 5- Provide DRR training specific to the needs of Older People**

Owing to measuring its effectiveness, all the visited committees have reported that they have addressed possible disasters and their potential risks with the help of HAI staff. All the findings from FGDs and KIIs revealed that all the visited OPSHGs gained general knowledge on the DRR awareness and mitigation process. With regards to the OPSHGs' disaster resilience plans, especially the old OPSHGs did not have action oriented plans to minimize or mitigate the identified risks. In the new OPSHG villages, the DRR sub-committee, who either attended the DRR training or who were mainly involved in drawing village level action plan, were able to explain well about the objectives of DRR while the OPSHG members are only little aware of their DRR action plans.

Though HAI has built knowledge and capacity of OPSHGs on disaster risks reduction (DRR), the effectiveness is rated as low due to their poor awareness and lack of preparation due to no or limited exposure on the natural disasters. Most of the DRR committees visited said that they are listening to weather news from either television or radio and informed the community about weather news and also warned for prevention if the likelihood of cyclone or storm is high. The committee only announced the weather forecast announced by radio or television to the village households using loud speaker.

The DRR are not well perceived by the members and thus only a few village-level DRR action plans were observed during the visits. In addition, it is questionable that whether OPSHGs are able to implement their plans with their own strengths when the disasters happen since there is no follow-up with the DRR Action Plan in all visited OPSHGs until the end of project to mitigate their risks of natural disasters and/or to increase their resilience. However, some committees even hardly to recall their DRR plan developed together with HAI staff. Fortunately, the visited villages located in Yangon and Mandalay are not severely prone to natural disasters while those located in the Ayeyarwaddy delta few had experienced in flooding and cyclone in the past.

## Sustainability

The project has introduced the concept of OPSHG and provided necessary supports in terms of social, psychological, economic and health care to meet its goal and objectives. Ensuring sustainability, HAI has tried its best to maintain and/or improve transparent and accountable funding mechanism of the existing OPSHG committees (both of new and old groups) paying regular monthly/quarterly visits by the respective Community Development Workers (CDWs) while technical mentors and management supports were occasionally given by M&E Officer and Project Manager.

As far as sustainability is concerned, four OPSHGs from Pathein, Kan Gyi Daunt, Kyaike Latt and Pyinoolwin that were formed during the previous phases of the project (2009 to 2011) were visited and found that the project initiated OPSHG functions are still maintained and grown by regular social and economic functions with improved social wellbeing of the OP.

The FGD findings from those groups especially from Pathein and Pyinoolwin strongly indicated that the OPSHG committees become much stronger with increased management and institutional capacity through HAI's capacity building process and consequences of their self-esteem, working experience and commitments on the sustainability. The CDWs regularly visited (i.e. quarterly) those existing OPSHGs and they monitored accounting and book keeping prepared by the committee and also joined the monthly meeting to meet all group members and shared and/or updated information during their visits. They also consulted with the committee members if there were some issues encountered.

The OPSHG members have gained much confidence to sustain their group last longer due to leadership and commitment of existing committees. Regarding financial management capacity, almost all visited OPSHG committees are able to do systematic book-keeping and records through which the balance sheet with monthly incomes and expenditures is prepared and posted in the monthly meeting. In some villages, the OPSHG recruited a few new blood volunteers, who are committed to assist the committee, and provided hands-on trainings on book keeping, preparing meeting minutes and supervising health volunteers.

With regards to financial sustainability, all OPSHGs collected membership fees at the beginning and also monthly fees ranging from 200 to 1000 Kyat while one old group collected only 1000 kyat for annual fees. These member fees mostly go to the group fund under Fund Raising whereas different income generating activities such as selling lottery tickets, organizing fund fairs, selling kitchen items by orders in advance (rice, cooking oil, MSG, etc.), opening grocery shop, are conducted to make the group fund accumulated and sustain. Some Christian communities have received donation from village households mostly in every Christmas time.

In order to raise the funds regularly, some OPSHG committees decided to lend some amount of money to individuals to do different IG activities (i.e. selling lottery tickets, opening grocery shop), and contributed fixed amount of money to the group fund. For example, one committee member borrowed 200,000 Kyat for lottery business and 20,000 Kyat from his profit amount goes to the group fund every month and leant from the other reported case that one OPSHG member, who took 150,000 Kyat for opening a grocery shop, contributed 2500 Kyat to the group fund every month. On the other hand, some collective IG activities are participated by family members of OPSHG (i.e. as transplanting and harvesting paddy) in one visited village in Kan Gyi Daunt and a part of their incomes were contributed to the group fund.

In several different ways, the OPSHGs raised their group funds for sustainability of their activities. With these accumulated funding from different fund raising activities, most of the groups provided some OPSHG members, who are in need of money for health and education of their families, with small loan amount (i.e. 20,000- 30,000 MMK) but the interest rate charged for this type of loan is 3%.

Continuation of regular project activities by the existing OPSHGs formed under previous phases is proven that provision of HAI's monitoring and mentorship program is effective and contributed to some intended impacts. The mission also witnessed that despite some issues and difficulties, all four OPSHGs visited during the evaluation have mostly with their own strengths and capacity to sustain their activities such as fund raising and IGVs. With their own plans, the members even contributed their labour wages (i.e. transplanting and harvesting paddy) to the group funds. Some committees also reported their own plans (e.g. selling tickets for lucky draw and organizing fund fair at their villages to sustain the group funds. In reviewing the previous phased project of 2009-2010, HAI provided small funding, as a one year pilot project, to the OPSHGs in Pathein and Kan Gyi Daunt to raise group funds by establishing the IGV. With accumulated IGV incomes, the group started credit function for the beneficiaries to individually generate income and 2-3 years after provision of loans, the revolving funds were well established with stability.

The old OPSHGs had also updated the structure and composition of the committee in line with HAI guided OPSHG governance structure. Different fund raising activities were held by their own efforts and ideas to sustain the OPSHGs. HAI also provided regular mentorship and technical supports to them through quarterly monitoring visits, technical and management trainings, exchange visits and small funding supports. However, the visited groups are worried about financial sustainability in terms of their limited funding sources, small incomes from IGV activities and also by high expenditures for group meetings, logistic and travel costs of committee members for TNC and other meetings and workshops held in town and Nay Pyi Taw, costs of organizing meetings of donor visits and monitoring visits, etc. Currently incomes from IGV of two visited groups were not much progressive due to certain reasons (i.e. one OPSHG temporarily stopped hiring service of power tiller due to lack of skilled labourer and the income from rice bank is not very potential).

HAI made continuous efforts on improving capacity of the OPSHGs and the most OPSHG committees reported that HAI improved their knowledge and capacity through refresher training courses on financial management, leadership and health care services as well as by annual review meetings and exposure visits. At the same time HAI had strategically considered to maximize impacts of the current project by forming TNC and Federation of OP. In fact, TNC is also a key strategy for sustainability since it can facilitate among the OPSHGs to build an effective coordination mechanism and enabling learning space, which will continue even after phase out of the current project. Through this project, the regular TNC bi-monthly meetings have supported the OPSHGs, to some extent, by sharing information and experiences about different ageing issues and solving some administrative issues of OPSHGs. In case of needs, the TNC also helped some groups to improve their financial management and book keeping. In future, the TNC will take a stronger role in solving any or some issues (i.e. auditing, resolving conflicts, coordinating with DSW for the needs of OPSHG, etc.) if it keeps stronger and sustained.

Despite certain limitations, some of the project activities (i.e. regular monthly meeting and operation of revolving fund with increasing number of beneficiaries, growth of IGV funds, microfinance functions of the group, the volunteers' health care services) would be likely to be continued judging with the visible outcomes such as attendance of regular monthly meetings, growth of revolving fund with successful repayment cycles, new/improved IG activities existed, group funds established from different IGV and fund raising activities, frequent health care visits of volunteers, increased coordination and networks among the OPSHGs through TNC functions). Currently, the most visited OPSHG committees have been providing different kinds of supports to OP (i.e. social pension, hospitalization and medicines for frail and homebound OP and other essential needs of OPSHGs). During the field visits, some committees expressed their worrisome that their group funds become limited because of lower income and higher expenditures (i.e. administrative costs of the committee such as travels, meetings and refreshment, etc.) In future, it is likely that the allocated funds for social pension and health supports of the frail homebound OP could be reduced or even stopped due to insufficient funding and limited capacity of the OPSHG leaders in some groups.

**4**. **Lessons Learnt and Practical Recommendations**

1. It is learnt that village selection criteria was not clearly explained by the project staff. Regarding the village selection, the mission noticed that some project villages are in good shape with moderate and/or better OP households. Though having the member status, some OP, who receive enough financial supports and cares from their family members, are less participating in the OPSHG regular functions.

***Recommendations:*** *A proper assessment should be made prior to the village selection with pre-determined criteria relevant to the goal and objectives of the project.*

1. At the beginning of project, all village households were not invited into the introductory meetings, which were held only with the target group (i.e. older people). Thus, the communities were not clearly understood objectives and goal of the project so that they have lack of or poor interests to support the OPSHG. In some cases, the communities even the members are not aware why OP issues should be attentively addressed in terms of existing ageing issues.

***Recommendations:***

1. *The awareness of community on ageing issues is vital for the success of any project and thus HAI should pay serious attention to effective community mobilization with the capable (trained) staff during the inception phase.*
2. *Family members of the OP should be invited into the consultative meetings prior to project implementation to clearly understand the real issues of OPs in the target villages.*
3. *A proper consultation process should also be conducted with the members to have their strong ownerships in planning, implementation and management of OPSHG activities.*
4. *At the same time, a genuine participation key stakeholder (i.e. local authority, DoH, DSW) has to be compulsory in order to receive their effective supports and technical advice on the OPSHGs.*
5. *Moreover, the sustainability of project interventions will ensure if HAI facilitates to build a better coordination mechanism between OPSHG and the stakeholders to necessary receive information, technical advices, resources available to sustain their functions for the most neediest OP.*
6. Although the roles and responsibilities for both of main committee and sub-committees were defined at the time of committee formation, the visited sub-committee members including M&E are not aware of their specific roles and responsibilities. For instance, objectives and importance of the M&E sub-group are overlooked by the most visited OPSHGs. In addition, the power structure of most OPSHG committees seems unbalanced by a few dominating persons. It seems that the main committee members are the key player to take the action and make the decisions on behalf of the OPSHG committee.

***Recommendations:***

1. *The community mobilization on awareness of ageing issues should be properly done prior to formation of OPSHGs.*
2. *In terms of a proper mobilization, all OPSHG members should highly aware on the election process of management committee to select right persons to ensure effective management, transparency and accountability as well as sustainability.*
3. *All OPSHG members should also aware about the project’s strategy, goal, purpose and objectives to reach the real targeting and correctly address the existing issues of older people in their communities.*
4. It is learnt that some poor/disadvantaged OP still left-out from the revolving fund scheme. Although the beneficiary selection process was mostly made based on the wealth ranking status of the individual OP, some of them are difficult to take livelihood loans for some reasons (i.e. lack of confidence or exposure to do new business, worry about in-time repayment, reluctant to join regular monthly meeting, etc.). The committee then allowed the moderate and better off OP households to take loans with the availability of revolving fund. Moreover, some committees provided equal loan amount to each individual regardless of their different wealth status and types of livelihood activities that they wanted to established. The loan amount decided was mainly based on the total amount of revolving funds.

***Recommendations:***

1. *In principle, the committee is responsible to select the poorest/disadvantaged OP prior to provision of livelihood loans. Therefore, the management committee should conduct a thorough screening process upon the loan applications thoroughly screen the loan applications.*
2. *All OP should be well understood about objectives and expected outcomes of the provision before starting the loan application process. The project staff should take sufficient time to mobilize all OPSHG members to have fuller understanding with loan screening process and payback instructions to make them confident to take the loans*
3. *The loan amount of the individuals should be decided based on the wealth ranking status of loan applicants and different types of livelihood activities that they wanted to establish.*
4. *The project team needs to brainstorm the committees how to assist the poor members if they cannot pay back loans in case; instead of excluding them in the loan scheme.*
5. It is worth noting that the growth of OPSHG funding is a key to its sustainability. Especially some urban women received a stable income using new vocational skills.

***Recommendations:***

1. *Women entrepreneurship should be promoted in both urban and rural areas based on their real interests on certain types of business, existing technical skills and demands of local market for new or popular products.*
2. *HAI should encourage and support them to expand their business in terms of technical advice, market information and regular monitoring.*
3. Some beneficiaries have experienced in losing their incomes/business due to limited knowledge and technical skills so that they were reluctant to continue their livelihood activities any longer.

***Recommendations***

1. *The beneficiaries and/or HAI staff should be thoroughly consulted with agronomist or veterinarian to ensure their expected incomes and to sustain their business. Refresher trainings should also be provided to the beneficiaries.*
2. *Before identifying the type of business, the family members of OP should join the business planning meeting to suggest or consider what business can be established and how they assist on this business.*
3. *The beneficiaries should be aware and/or knowledgeable on cost benefit analysis and local market demand to maximize their profits.*
4. *Business planning trainings should be provided to the beneficiaries to logically consider their business plans in terms of pros and cons in order to successfully establish their small business.*
5. *For pig raising, share quota system should be used to relief burden of OPs as well as to generate incomes by village households, which can also receive benefits.*
6. Social pension is one of the remedies in reducing poverty and vulnerability of the OP. The current project has proven that a minimal pension scheme made the chronic ill and oldest people financial and mental supports to some extent.

***Recommendations:***

1. *Institutionalizing social pension into the government's social security scheme will upmost meet the practical and strategic needs of vulnerable/very old aged OP.*
2. *A thorough consultation should be made with key government stakeholder (DSW) to ensure their commitments on the scaling up and sustainability of social pension program for the older people.*
3. *In view of the OPSHGs' immediate needs and demands for health services, HAI should facilitate the primary stakeholders such as DSW and DoH to institutionalize home and health care program into the government's health and social welfare program especially for most vulnerable OP.*
4. With their interests and commitments, some village health volunteers become the assistance of some committee members (e.g. accountant, secretary). By means of current project design and strategy, a village volunteer model seems quite efficient and sustainable.

***Recommendation:*** *This model needs to be replicable with some improvements and modifications to sustain home and health care services as well as reproduce second-line leaders for the future OPSHGs.*

1. Despite having the medical kits, the OPSHGs rarely restocked some common used medicines after they were finished. Expiry dates of the medicines were not also monitored due to lack of awareness and knowledge.

***Recommendation:*** *Health volunteers and members of health committee should be provided knowledge on proper utilization of medicines with dos and don'ts. In addition, a regular monitoring system to check the balances of stocks and expiry dates should be in place at the OPSHGs*

1. The DRR interventions of the project are not efficiently implemented by most OPSHGs. The effectiveness of this objectives measured at the end of project is much lower that the project has expected.

***Recommendation:***

1. *DRR should be well perceived by the community and if possible, the DRR action plan should be mainstreamed (instead of standalone) into the community development action plan as a long-term perspective.*
2. *With regards to this issue, HAI should consider more appropriate interventions using more holistic approach to receive active participation of the whole community to meet this objective in the future OP projects.*
3. *Concerning the capacity needs on community based disaster reduction and management (CBDRM), DRR trainings should be conducted to the whole community to provide them with enough technical skills for the DRR planning and also equip the community leaders with necessary capacity to respond when the disasters happen*

***Other Recommendations:***

1. *HAI should replicate the OPSHG model with a few modifications to ensure transparency and accountability of OPSHGs, which are very important to make the project fully applicable and effective for the longer-term impacts and sustainability. It is important that sharing sufficient information and objectives of the election process of OPSHG committee not only to the members but also to the whole community to select the right persons. Moreover, a culturally appropriate feedback mechanism should be put in place for the members to make complaints in case of beneficiary selection issues and other OPSHG functions.*
2. *In order to see equity, sustainability and greater impacts, HAI needs to receive positive perspectives of all members so as to improve practice of equitable and participatory decision makings within the groups.*
3. *To make this happen, HAI needs to ensure that all existing OPSHG committees have strong leadership and management capacity of some OPSHG committees as some visited committees felt that they still need to improve their capacity on financial management and M&E. and sufficient capacity of the project team on effective project management. It would be much better for HAI to consider the following specific recommendations:*
* *HAI should review the existing capacity of staff in terms of staffing structure (i.e. only one CDW is not enough to take care of more than 10 OPSHGs), capacity needs and approach of program delivery (i.e. the monitoring visits of staff should make not only for collection of financial data, i.e. number of loans, collection of repayment, amount of RF, etc. but also to pay visits to some beneficiary households to monitor their livelihood activities, issues and difficulties they encountered, the unexpected results that the project have made, etc.) to ensure the project sustainability.*
* *Since the beginning of the project, HAI should ensure understanding of the CDWs on the project logframe including targeting, milestone indicators regarding outcomes and impact of the project.*
* *They should also be equipped with sufficient skills on PCM and M&E, etc. to ensure that the project has received intended outcomes and impact by end of the project.*
* *In addition, a well structured M&E system, which measures not only the output level results but also reflects the outcomes and changes to judge the program quality, impacts and future program designs should be put in place.*
1. *If possible, a monitoring system, which includes disaggregated data collection (i.e. gender, different aged), should be established to have easy access to information and statistical data before intervening health and other essential public services for the OP.*
2. *Lastly, but not the least, as the DSW staff from Pathein Office recommended, HAI and DSW should conduct join monitoring visits to all existing OPSHGs after phase out of the project.*
3. **Conclusion**

With the overall findings, measurable results and evidence-based information from the whole evaluation process, the project design as well as its strategy and approach is proven that HAI was able to appropriately address most of the unmet needs of the OP. As a result, the project has, to large extent, contributed to awareness of ageing issues and social security, which has significantly made a wider coverage of basic health care and personal hygiene, more importantly bringing dignity into the lives of OP with self-confidence and self-esteem. Nonetheless, ensuring higher level of effectiveness and sustainability of future OP program would have imposed positive impact on the lives of OP in terms of better access to income, health care, nutrition and social security.

At the time of evaluation, almost all of the OPSHGs visited are rather solid with social capitals (i.e. social cohesive, trust and support each other, willing to participate in the group functions, etc.), also able to prove some of their management capacities such as mobilizing and organizing group members through regular monthly meetings, accounting and book keeping, functioning IGV and fund raising activities, organizing both of regular and special health care services for homebound OP, monthly supports (financial or food) to very old/vulnerable OP, etc.). Ensuring sustainability, financial and institutional capacity of most OPSHGs for effective financial management and demands for external supports from key stakeholders still need to be improved.

Generally, many OPSHGs are good at increasing their fund. However, owing to certain limitations, some OPSHGs are still difficult in position in making more visible impacts with their limited capacity on planning, management and monitoring their on-going activities. Moreover, there are some difficulties in raising group funds so that the growth of their funding may be slow or even stop after some time, which will later negatively impact on some of the on-going activities. In this regard, the formation and strengthening of TNC should help address these issues.

1. **ANNEXES**

**Annex 1. List of Participants (FGD & KII)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.** | **Date** | **Name of Village/Ward/Township** | **State/Region** | **No. of Participants (FGD)** | **No. of Participants (KII)** |
| **Male** | **Female** | **Male** | **Female** |
| 1 | 17.10.14 | Ward 11, E. Dagon | Yangon | 8 | 14 |  |  |
| 2 | 17.10.14 | Ward 12, E. Dagon | Yangon | 10 | 15 |  |  |
| 3 | 29.10.14 | Myo Thar Kone Village, Patheingyi | Mandalay | 6 | 19 |  |  |
| 4 | 30.10.14 | Nyaung Pin Village, Patheingyi | Mandalay | 4 | 17 |  |  |
| 5 | 30.10.14 | Yway Su Village, Patheingyi | Mandalay | 12 | 13 |  |  |
| 6 | 31.10.14 | In Pote Village, Pyinoolwin | Mandalay | 9 | 8 |  |  |
| 7 | 3.11.14 | DSW Office, Pathein | Ayeyarwaddy | - | - | 1 | 1 |
| 8 | 3.11.14 | Bagan Bo Village, Pathein | Ayeyarwaddy | 6 | 8 |  |  |
|  | 4.11.14 | Magu Kyun Ywar Ma Village, Kan Gyi Daunt | Ayeyarwaddy | 11 | 13 |  |  |
| 9 | 4.11.14 | Ah Naut Su Gyi Village, VKan Gyi Daunt | Ayeyarwaddy | 11 | 10 |  |  |
| 10 | 5.11.14 | Sut Kwin village, Kan Gyi Daunt | Ayeyarwaddy | - | - | 1 | 2 |
| 11 | 8.11.14 | Kha Naung (Ywar Thit)Village, Kyaitlat | Ayeyarwaddy | 7 | 9 |  |  |
| 12 | 8.11.14 | Pyin Htaung Su Vilalge, Kyaitlat | Ayeyarwaddy | 5 | 13 |  |  |
| 13 | 9.11.14 | Htin Kwin Village, Kyaitlat | Ayeyarwaddy | 7 | 6 |  |  |
|  | **Total** |  |  | 96 | 140 | 2 | 3 |

\* Total OPSHG members met at FGD - 143

\*\* Total OPSHG committee members met at FGD & KII - 95

\*\*\* Staff of DSW met at KII- 2