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**Final Evaluation Report** of the HelpAge International Moldova Project*“Towards healthy ageing: new shape of community-based healthcare support”*funded by World Jewish Relief

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**Disclaimer**

This project evaluation report presents the view of the external evaluator and does not necessarily represent the views of HelpAge International Moldova staff, local implementing partners or other stakeholders referred to in this report.

Every effort has been made to ensure that the information given here is correct, and any factual error that may appear is unintended and is the responsibility of the Evaluator.

**ACRONYMS**

ADA Age Demands Action

FDC Family Doctor Centre

FGD Focal Group Discussion/s

HAI HelpAge International

FPE Final Project Evaluation

MTE Mid Term Evaluation

NGO Non-Governmental Organization

LPA Local Public Authority

OD Organizational Development

OP Older People

OPG Older People Groups

PHC Primary Health Care

Prodoc Project document

RM Republic of Moldova

WJR World Jewish Relief

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**I. INTRODUCTION**

**1.1 Background and project context**

HelpAge International (HAI) helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives. Key areas of work in partnership with local organizations focus on: increasing incomes of older people through improved livelihoods and social protection; improving health through access to appropriate services and health promotion; ensuring involvement of older people in humanitarian action; challenging discrimination and rights abuses and developing a global network of organizations and older people concerned with age and ageing.

The project “*Towards healthy ageing: new shape of community-based healthcare support*” is funded by the World Jewish Relief, UK based charity. It was built around the healthcare target with the goal to enable older men and women and those in their care to get quality healthcare and improve access to healthcare services. In terms of health in particular, Moldova has undergone a number of changes and reforms in its medical assistance system over the past decade; consequently, the primary health care family medicine (PHC) was introduced with a system of compulsory health care insurance that has annually approved set of medical services in a single health insurance package. In each district a Family Doctor Centre or Health Centre were opened and 2,066 doctors[[1]](#footnote-1) were profiled as family doctors. However, shortage of family doctors and low salaries has left many villages without a doctor. The project has been particularly build to address critical shortage of family doctors and limited access to healthcare services using the community-based healthcare model developed with the focus on non-communicable diseases – hypertension and diabetes. HelpAge research in Moldova in 2007 showed that 90% of OP suffer from at least one non-communicable disease, 40% suffer from more than one, and 45% suffer from cardio-vascular disease.

**1.2 Purpose and objectives of the evaluation**

The final evaluation is targeted to assess the achievements, challenges, successful strategies and suggest future priority actions and to address older people’s health and well-being as well as limited access to healthcare services. Specific objectives of the evaluation are to assess:

* To assess the extent to which project objectives, key results and outcomes have been met.
* To assess the project operational and financial sustainability in a post‑project scenario.
* To assess the efficiency and effectiveness of the project.
* To analyse the current capacities of partners, older people’s groups (visit at least two project locations one rural and one urban) and assess how far capacity building interventions built into the project contributed to enhanced capacity of the partners.
* To assess and analyse the community-based activities of the project in the framework of successes, challenges, successful strategies and lessons learnt with regard to promotion of volunteerism, developing community-based healthcare services for older people, health promotion and civil society networking with all relevant stakeholders at all levels.
* To identify the strengths and weaknesses of the project and come up with findings, lessons and recommendations and learning to guide and inform future programme work with special focus on community-based healthcare support.

**1.3 Expected use of the project evaluation**

It is expected that the findings of final project evaluation will be used as a basis for follow up initiatives and future development of healthcare support initiatives for elderly people.

**1.4 Overview of the Project**

*The main goal of the project*is to improve community-based health care in response to limited access to health care of poor and vulnerable older people in four communities of Moldova.

*The specific objectives of the project* are: 1) To increase awareness and understanding of non-communicable diseases, management of chronic conditions and health-promotion for vulnerable older people; 2) To increase capacity of civil society networks and state authorities to provide effective community-based health-care support to vulnerable older people; 3) To support advocacy work of older people lobbying local and national governments to improve access to health-care for older people in Moldova.

*The project implementation period:* July 2012 – June 2014

**II. METHODOLOGY OF THE EVALUATION**

**2.1. Evaluation Approach and Methodology**

The Final Project Evaluation adopted a strong *participatory approach* involving and engaging key stakeholders. Stakeholders` participation was absolutely necessary for accountability, promoting ownership and sustainability, facilitating buy in, and further use of the evaluation recommendations. The participatory approach was very useful in engaging stakeholders and gaining their insights, experiences with the project and the benefits accrued to them as a result of the project. The evaluation approach was also *results oriented* to provide evidence of achievements and the results obtained by the project (or not) as set out in the project proposal. Both primary and secondary data were used in the evaluation, and collected from a diverse range of primary and secondary sources. Secondary information was collected from the documents provided to the evaluator. Primary information was collected from the stakeholders of the project through on site direct observations, semi structured interviews, and focus group discussions with the stakeholders.

**2.2. Field Mission**

The main aim of the field mission was to obtain primary data and information, observe first hand field level operations, validate the information provided in the documents through a participatory process of engaging diverse stakeholders and project beneficiaries. The site visits were particularly useful to ascertain the translation of project activities to the field situation and the benefits that have accrued to the target group of beneficiaries.

The geographical areas covered in the field mission included the city of Balti (Northern area) and city of Comrat (Southern area). The sampling framework includes: (i) beneficiaries of the project; (ii) local volunteers, and (iii) project team. Please see *Annex 3: List of Stakeholders consulted.*

**2.3. Limitations in data collection methodology**

Because of the modest resources allocated to the project evaluation and limited working days, the evaluator visited only two project sites and, therefore the sampling size has been partially representative.

**III. FINDINGS**

This part of the evaluation report presents the findings of the evaluation which are organized to highlight project *Relevance, Effectiveness, Efficiency* and *Sustainability*.

**3.1 RELEVANCE**

The relevance of the project was analyzed in the context of the project design, the approach and strategy, logics of intervention, and the objectives and activities set out to address the problems and the needs of the target group.

**3.1.1 Relevance of Project Design and Intervention Logic**

To address the above mentioned issues described in the project context and contribute to the improvement of the community-based health care in the targeted communities, the overall project design comprises a focused based approach with active involvement of the volunteers and local implementing partners.

The final evaluation proved the uniqueness of the project design, i.e. the project set up a “bottom –up” approach through peer-to-peer support at community level, where older volunteers support other more vulnerable older people in managing their chronic conditions and raising awareness about management of non-communicable diseases in old age. In the opinion of the evaluator, the project is indeed focused on the intended target group and the beneficiaries.

The final evaluation proves that the project has been specifically designed to address the challenges mentioned above (see the project context) to bridge the gap in Government service delivery through the inclusion of services provided by civil society networks. The project was built on the experience of a one-year pilot developed in two rural sites of Moldova (Satul Nou/Cimislia and Cazangic/Leova) and was scaled-up to two sites (Comrat and Balti - covered by the evaluation field mission).

These project managed to establish a synergy with other initiatives and it is linked to a broader network of HelpAge organisations currently working in the area of healthcare with the matching funding from Finland Embassy and the Swiss Red Cross**.[[2]](#footnote-2)**

The evaluation proved that the *networking and volunteer development concepts are highly relevant for both cities and villages*. It is important also to mention that the approach of extending/replication the project from villages to towns proved to be successful, taking into considerations the performances of the project. (See the *Effectiveness* of the Report).

An analysis of the intervention logic and the links between the outcomes, outputs, activities and inputs show that the project design reflects interventions that target both the “right holders” (beneficiaries, volunteers and elderly people of project sites) and “duty bearers” (local and national public authorities). The project design reflects the targets and log frame indicators and takes into consideration the potential of the human resources of the local partners involved in the project implementation.

The project did not face substantial challenges or implementation difficulties and the potential risks mentioned in the application were not materialized and the project was smoothly implemented by the HAI Moldova team.

**3.1.2 Relevance of project objectives and activities in addressing the needs of the target group**

***EQ -*** *Are project objectives and activities addressing identified needs of the target group in the local context?*

The focus group discussions with local volunteers and beneficiaries proved that the project was highly relevant and the project objectives fully addressed the identified needs of the target group. The project was found to be relevant to the health care needs of the target group with a greater focus on the “*right holders*” (beneficiaries) including in the intervention logic, and lesser focus on “*duty bearers*” (local and central public authorities).

It worth noting that relevance of the project can be also explained by the fact that the local implementing partners are cooperating well with the local actors, such as family doctors, social assistants etc, moreover family doctors provided valuable information to the local partners about the elderly people in need and they positively influenced the selection process of the beneficiaries.

Project interventions, such as: consultations, needs identification and vulnerability assessment, study visits, local public lectures, trainings, OPG meetings, home visits, local awareness raising public events/ advocacy campaigns, collaboration with local medical and social service providers; annual medical express tests and medical kits proved to be highly relevant in addressing the capacity development needs of the networks of volunteers and healthcare needs of the target group and were mentioned by all stakeholders interviewed during the project evaluation.

Overall, ***the project objectives and interventions was found to be highly relevant to the social and healthcare needs of the beneficiaries and partially relevant to the capacity building needs of the local implementing partners***.

**3.2. EFFECTIVENESS**

**3.2.1 Project effectiveness in context of results achieved**

***EQ:*** *To what extent the Project achieved the planned results?*

The following part of the report presents the findings of the evaluation related to the effectiveness of the project at the level of expected results achieved and in the context of the evaluation variables reflected in the ToR.

***The final evaluation revealed that the project scored well on effectiveness, it achieved the planned results and it was implemented smoothly according to the work plan*** and there were no substantial deviations from the initial work plan.

The final evaluation proved the findings of the Mid Term Review that a high number of the beneficiaries (about 1/3) are bed ridden, with disabilities or with mobility difficulties, and, therefore they need special care/treatment.

Please see below the findings of the final evaluation related to the project achievements.

***Project objective 1*: *To increase awareness and understanding of non-communicable diseases, management of chronic conditions and health-promotion for vulnerable older people.***

The final evaluation and focus group discussions with stakeholders showed that the project scored well under this project objective and it was achieved. The evidences are described below.

The project managed to deliver an impressive number of activities[[3]](#footnote-3) under this project component: home visits; the volunteers are handling the case management procedures; monitoring forms filled in[[4]](#footnote-4); food packages distributed; older people referrals to the doctors and social workers; etc.

The selection process of the volunteers is a participative one and the local volunteers are interacting well with family doctors throughout the whole healthcare support process, which represents one of the strengths of the project. The evaluation also proves that the volunteers from the project sites regularly monitor the health condition of the beneficiaries/ older people. The actual workload is 5-6 beneficiaries per volunteer, which, according to the volunteers, is acceptable. For each beneficiary the volunteers complete a monitoring form and monitor the main health indicators and health situations of the elderly people.

The volunteers serve as intermediaries between the beneficiaries and specialists/doctors referring them to the doctors in different cases, for instance: high blood pressure, high blood sugar level, fever and cold, heart diseases, joint and legs pain. They are also calling the family doctors or nurses and refer the beneficiaries to the social assistants/workers.

 As a result of the referrals to the doctor and health measurements made by the volunteers, elderly people were diagnosed with various health conditions, such as hypertension, diabetes , cardiovascular attacks, eye diseases, seasonal allergies and viruses, asthma, respiratory diseases... The final evaluation also revealed that the beneficiaries received necessary consultations in their specific health concerns and monitoring forms are shared with the medical staff.

HAI Moldova managed to build up a strong network of highly motivated and well prepared/informed volunteers who are efficient in building bridges between the “duty bearers” and “rights holders”, i.e. linking vulnerable elderly people with the socio- medical service providers. They are also serving as informational sources and even agents informing the beneficiaries about the registration at the family doctors, medical compensations or free medications, explaining about the diseases etc.

 It is important to underline that the project managed to establish good cooperation with the local social workers, as well and it also represents a sustainability prospect. They were supportive in providing data on vulnerable older people and getting involved into elaborating the selection criteria in this regard.

The social workers are being made referrals to by the volunteers on behalf of their beneficiaries who are in need of home care. The cooperation with Social Assistance Department represents one of the strengths of the project because it ensures timely information about health and social support entitlements of OP and the volunteers often support the beneficiaries in the process of applying for certain entitlements[[5]](#footnote-5). Moreover, sometimes (as in Comrat) the social workers became part of the volunteers’ group and work extra time on top of their regular schedules to support older people and also attended project activities such as trainings, OPG meetings etc.

This represents an ownership indicator which is commended by the evaluator. The medical and social assistance staff, apart from attending the meetings and trainings delivered by the project, also consulted the group of volunteers in health and social issues, which represents and added value of the project and reflects the joint efforts of the volunteers and local medical and social service providers. Such cases should be replicated on a larger scale.

Mapping the target group of beneficiaries through collaboration with local medical and social service providers represented another achievement of the project which should not be underestimated and which was mentioned by implementing partners.

Project beneficiaries were informed learned about their rights and privileges and some of them got different social aids as: coal and wood, free meals at the social canteens etc.

As an effect of the project interventions and cooperation with local services providers, it was increased the awareness about the vulnerability of older people at local level. However, many beneficiaries are sceptical and pessimistic about their future; some of them are always complaining on different health, financial and social inclusion needs.

Local implementing partners managed to establish good relationship with key local actors, but mainstreaming the older people’s rights and entitlements in the local service providing still remain to be achieved and the statement of one beneficiary consulted during the project evaluation is very eloquent: “*Sometimes I think that nobody cares about me, except the volunteers. Therefore, I am grateful to them because they bring me a little bit of enthusiasm, positive energy and they help me to get up and to keep going*”.

This is a good example on how a beneficiary perceives the impact of support provided to her by the project and it also proves that the volunteers have not only a good understanding of the problems faced by the beneficiaries, but also are able to empower them, which means that the project was highly effective under this project component.

***Project objective 2*: To increase capacity of civil society networks and state authorities to provide effective community-based health-care support to vulnerable older people.**

Again, the final evaluation findings show that the *project scored well under this project component* and the project team delivered all planned activities and interventions but it managed to increase *substantially* the capacity of civil society networks and state authorities to provide effective community-based health-care support to vulnerable older people.

The project used its own human resources /volunteers and expertise targeting a healthcare support to older people. The volunteers offer regular support to the project beneficiaries, on monthly basis and even more often if required and depending on the availability of the volunteers.

It is worth mentioning the capacity building efforts of the project such as: seminars, consultations, exchange of experience etc. Thus, regular OPG meetings were held in each of the project sites with the participation of different key stakeholders such as: project volunteers, facilitators, nurses, family doctors, social workers, social assistants, teachers etc. OPG meetings proved to be also among most efficient project activities, because they are highly appreciated by the volunteers and are popular among them. The meetings catalyzed the information sharing, exchange of experience and, in such a way, the volunteers learned from each other, which in the opinion of the evaluator represent the most powerful individual and network capacity building tool.

As for the capacity building interventions (seminars, support materials, informational events), they are highly appreciated by the local volunteers, because they empowered them and, as mentioned one of the volunteers from Balti “*In a way we became a kind of clock, which rings and wakes them (medical services) up when things are going wrong*”.

Another consulted volunteer stated: “*Due to the activities of this project I stared to take care of my health condition and to help others, it had a double effect on me”*

All the volunteers has mentioned that the seminars increased their knowledge and strengthened their capacity to monitor NCDs in old age, with focus on hypertension, diabetes, hypothermia, seasonal viruses and colds. The stakeholders consulted have mentioned that the health experts involved by the project were high level professionals and the seminars were useful and practical, because they helped them to develop their practical skills on first aid support, on how to use the medical equipment and monitor the blood pressure, as well as how to measure blood sugar level.

In the opinion of the evaluator, one of the key strategic achievements of the HAI Moldova was the network of well informed/trained and motivated local volunteers (created over the years), which is the key driving and success factor of the project. The volunteers provided a complex support to the beneficiaries, i.e. socio-health care, communication/socialisation, promoting the rights of OP, as well as nutritional support. The stakeholders consulted have mentioned that the project activities were very important communication and empowerment factors for both beneficiaries and volunteers and they foster the relationship between all actors involved in the health care support provision (family doctors, social assistance, volunteers and LPAs).

The final evaluation findings prove that the home visits to project beneficiaries were conducted according to the action plan of each volunteer, who each kept records about the health monitoring results and actions undertaken in each particular case. In other words, the project scores well in terms of health care and social case management, mainly due to the volunteers’ commitment to improve the lives of poor older people and well support provided by the HAI Moldova project team.

The project managed to improve the self esteem of the volunteers and it increased also their social statutes in the communities which represent an added value and a compensation of their efforts.

It is worth mentioning, that the number of the medical toolkits was increased as was recommended by the Mid Term Review, but in Balti there are still not insufficient.

The final evaluation also revealed that 3 (out of the 4) local NGOs (Comrat, Satul Nou and Cazangic) are not properly equipped with the office equipment (computer, printer, xerox etc) and this represents and substantial impediment which affects their functionality, communication, access to information, the possibility to multiply some informational sources, to store some information etc. The organizations also do not have any additional informational sources on healthcare or social support issues: such as: newsletters, journals, books, etc. The only informational sources are those provided by HelpAge International. These issues should be addressed during the follow up initiatives in order to increase the effectiveness and efficiency of the local partners and to consolidate their capacities.

***Project objective 3*: To support advocacy work of older people lobbying local and national governments to improve access to health-care for older people in Moldova**.

Again, the findings of the final project review show that the project scored relatively well under this project objective. The project used successfully several interventions to achieve the above mentioned objective: such as: Baseline survey; On-going monitoring reports and regular feedback to national level Ministry of Health; OCM data collection and National level advocacy campaigns on World Health Day and International Day of Older Persons.

Below are shortly described key interventions.

The final evaluation proved that the local volunteers regularly collected data with regard to the heath situation of the vulnerable older people and their needs of medical care and health services. They also monitored changes in the health conditions of the beneficiaries and collected case studies, health monitoring forms and other useful information for their work and HelpAge used the project evidences in the campaigns Age Demands Action on Health and met with different public officials including the President Nicolae Timofti and sharing the information related to health care issues of the elderly people.

Such meetings are important advocacy tools because they increase the public visibility of the project and sensitise the authorities about the needs of the elderly people and influence the decision making process. The evidence and health data collected by the volunteers is also a strong advocacy tool used by the older people and the partner NGOs during various awareness raising activities.

The evaluation revealed that the project managed to establish productive relationships with the local public authorities, but still OPGs do not have enough influence on decisions makers when it comes to their financial engagement in supporting the health care services for older people. Some of the volunteers stated that the public authorities simply do not want to allocate resources for such purposes, while others mentioned that they do not have them.

Anyway, the project increases the engagement of older people with local and national governments to improve access to health-care for older people in four communities in Moldova and the implementing partners are satisfied about collaboration with public authorities, but they are still sceptical about the capacity and willingness of the authorities to support healthcare and social services for OP.

**3.2.2 Stakeholders interest and satisfaction with project results**

***EQ:***  *To what extent have beneficiaries been satisfied with the project results?*

The final evaluation revealed that the stakeholders demonstrated sufficient interest and were involved in the key project activities. Family doctors and social assistants cooperated closely with the volunteers, and the volunteers actively referred the beneficiaries to the local service providers and this represents one of the key strengths of the HAI Moldova project.

The stakeholders consulted during the evaluation appreciated that the project was very important, welcomed, focused and the target group indeed is very vulnerable and needs such kind of support.

As for the satisfaction, interviewed beneficiaries concurred that they are very thankful and satisfied with the project support and expressed interest toward all project activities.

Volunteers stated that they are also satisfied with the project, because they acquired useful information about health care and in this context, are very eloquent the thoughts expressed by one of the beneficiaries from Balti, who stated *"I am very grateful to this project, because it saved my life. I am73 years old and the last 23 years I am hypertonic. Always the person which I am calling is not the family doctor, but the volunteer. One day, I almost lost consciences, I could not talk, somehow I managed to call my volunteer, and she immediately reacted and called ambulance and de facto she saved my life”.*

Another beneficiary from Comrat stated: *“My special thanks to all those people who are helping us in this difficult time, I do not know what I can do for them?”*

As can be concluded, the beneficiaries and key stakeholders expressed a high level of satisfaction and readiness to keep providing the social and health care services.

**3.3 EFFICIENCY**

**3.3.1 Cost Effectiveness of the Project**

***EQ:*** *Was the project cost-effective, i.e. could the expected results have been achieved at lower cost through adopting a different approach and/or using alternative delivery mechanisms?*

The cost effectiveness of the HAI Moldova project was examined in terms of the overall project costs and the major project activities. The resources were invested in the project (human resources, medical toolkits, seminars, informational sources etc) adequately and sufficiently in terms of reaching the planned results of the project.

The final evaluation revealed that the project procurements and costs were mostly in accordance with the budget. The evaluation did not find any alternative services and resources available locally, which could be provided at fewer expenses and which would be more economical for the project. The resources were used economically and the project followed the established project management procedures.

A major part of the budget was appropriately focused on project outputs, and a much smaller percentage on operations and administration. Analysing the budget breakdown of the project costs in relation to the number of activities carried out within each of the project component, one can conclude that the distribution of costs was also appropriate.

Given this, the project has performed well in achieving results in a cost effective manner, and used appropriate delivery mechanisms.

**3.3.2 Efficient use of resources**

***EQ:*** *What measures have been taken during planning and implementation to ensure that resources are efficiently used?*

A fundamental principle noted in the project’s efficiency was to work through and use existing public and local community institutions. This is an integral part of the partnership arrangement with the key stakeholders, for instance with the family doctors and social assistants, as well as local public authorities. The project outputs, have been provided on time and point to an efficient use of project resources, in particular given the relatively small size of the project team and the scale of work that has been developed with numerous volunteers` network.

Given the relatively modest overheads and volunteer workforce, it is not clear how the outcomes and results could have been achieved at lower cost through applying a different approach. Therefore, the external evaluation can not recommend any feasible options for costs reduction and costs saving alternatives for reaching the project results with less input. All the outputs were achieved in a timely manner and there were no significant deviations from the project work plan.

**3.4 SUSTAINABILTY**

**3.4.1 Sustainability prospects of benefits from the project**

***EQ:*** *What is the likelihood that the benefits from the project will be maintained for a reasonably long period of time?*

The final project results are particularly important because a multi-stakeholder approach was applied and productive local and national partnerships were established[[6]](#footnote-6). Volunteers of the project sites actively informed and referred their beneficiaries in need to the local service providers and, in general, the project became well known in the targeted localities, as an entity which supports elderly people to empower and increase their health care support.

Focus group discussions proved that the beneficiaries acquired knowledge and developed necessary health care support providing skills and some of them learned how to monitor their health status and didn’t require the home-visits and it represents a sustainability prospect.

The evaluation also revealed that actual volunteers and implementing partners have a great potential and are willing to continue collaboration with the HelpAge International and these are important awareness raising and relationship building effects of the project. The long term partnerships with stakeholders set by the project also should be seen as prerequisite for solid sustainability prospects.

 Findings from the field mission suggest that the project team took measures to instil confidence that efforts made and the achievements obtained so far by the project prove sustainable.

The sustainability prospects at the level of beneficiaries have only been partially achieved, because the project targeted life care needs of the beneficiaries (such as health care and nutritional support) and the benefits of such kind of support are ephemeral due to their consuming nature and fragile health of the elderly people, i.e. after the project end beneficiaries will still face the same problems related to health care support and nutrition.

The local partners/NGOs are not able to maintain the activities and cover the operational costs without the additional support of the HAI Moldova

**IV. CONCLUSIONS & LESSONS LEARNED**

***EQ:*** *Are there any lessons learned that can be taken into consideration in future programming by HelpAge International Moldova?*

It is important to emphasize that the project, was a well-structured initiative, which represents a successful model of community-based healthcare support and which is highly relevant to the needs of the elderly people and worked well and efficiently in both rural and urban areas.

It is worth mentioning, that the project scored well at all components, and the key stakeholders view the project as important and needs based and project team's efforts in partnership building with diverse key actors was strongly commended by all stakeholders involved in this project.

The project created a satisfactory level of visibility through providing public campaigns, spreading informational leaflets, seminars, meeting with the officials, study tours etc. A big part of success is due to the dedication of the local volunteers and the strong and efficient technical and managerial support provided by the HAI Moldova project team.

At the level of expected project achievements, the external evaluations concluded that a major achievement is that the beneficiaries and volunteers increased their self-esteem, acquired knowledge and developed practical skills in the health care support enabling them to improve the quality of health care of the elderly people.

The project design revealed that adopting a well focused but multi stakeholder approach, rather than addressing just a health care policy making intervention, is most relevant in addressing the concrete health care related issues of the elderly people.

However, the significant lesson that should be learned here is that it is important to equip the volunteers adequately with the medical toolkits and nutritional support, and medical supplies should be more consistent.

Moreover, volunteers from Balti, have mentioned that they face additional problems related to transportation costs, because often the beneficiaries are located quite far from them and they have to cover transportation costs and this issue create impediments for many of them.

In conclusion, the HAI Moldova project proved to be successful in supporting and delivering an all planned activities and interventions involving volunteer workforces and focused on providing multidimensional support to beneficiaries and building productive and sustainable partnerships with local and national stakeholders.

**V. RECOMMENDATIONS**

At the final stage of the programme cycle the HAI Moldova project has demonstrated high quality results on all three objectives. This part of the report contains a few key recommendations based on the findings and conclusions of the final evaluation and is set forth for HAI Moldova team and stakeholders to address in a follow up project if this is considered most feasible.

5.1 General framework of the recommendations

The diagram below presents the general framework of the external evaluation recommendations.

| REC | **Recommendations**  |
| --- | --- |
| *Rec. 1* | *Maintain the project in the portfolio of the HAI Moldova* |
| *Rec. 2* | *Provide technical assistance to the local implementing partners/NGOs*  |
| *Rec. 3* |  *Cover transportation costs of the volunteers in the Balti city*  |
| *Rec.4* | *Replicate the project and target other localities, especially those that face health care support difficulties* |
| *Rec.5* | *Increase the financial engagement of the LPAs*  |
| *Rec .6* | *Promote the talents from the HAI Moldova network of volunteers* |
| *Rec.7* | *Increase the visibility and include more actively local/regional/national mass media for further awareness raising and combine with the fundraising* |

5.2 Detailed recommendations

Below all recommendations are explained, which, as to the evaluator, could contribute to more efficient replication of the project and development of the new initiatives of the HAI Moldova, as well as to its enhanced effectiveness and impact. The order in which the recommendations are listed does not reflect their importance, but is rather a certain logical framework for their presentation and assimilation.

|  |  |
| --- | --- |
| *Rec. 1* | *Maintain the project in the portfolio of the HAI Moldova*  |

A major and core recommendation of the final evaluation is for the HAI Moldova to secure necessary funds and to maintain the health care support project in the portfolio of the organization.

The project was very popular in the targeted communities and highly relevant for the beneficiaries who are one of the most vulnerable parts of the Moldovan society, therefore it is important to maintain and consolidate the achievements of the project. Beneficiaries still are in a great need of the healthcare support services and the local actors, i.e. implementing partners and LPAs, are still weak, even if they got substantial knowledge, and developed skills, and they are not yet able to take over the burden of the operational and maintenance costs of the service.

|  |  |
| --- | --- |
| *Rec. 2* | *Provide technical assistance to the local implementing partners/NGOs* |

As mentioned in the report, the implementing partners (except *Second Breath* from Balti) are not properly equipped with the basic office equipment and this impediment affects negatively their operations and acting capacity, therefore it is highly recommended to provide them at least one computer and printer/scanner/copier (All in one).

It is also recommended to provide regularly some additional informational resources on health care, including using traditional medicine.

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| *Rec. 3* | *Cover transportation costs of the volunteers in the Balti city*  |

The implementation of this recommendation will increase the accessibility of the healthcare support services for the beneficiaries located in the most distant locations of the Balti city and it will reduce the expenditures for transportation costs covered so far by the volunteers.

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| *Rec. 4* | *Replicate the project and target other localities, especially those that face health care support difficulties*  |

The final evaluation proved again that the project represents an effective intervention targeting the health care support for elderly people and local communities are actively involved.

This initiative can be perceived as a best practice and is recommendable to be replicated in other urban and rural areas facing similar difficulties.

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| *Rec. 5* | *Increase the financial engagement of the LPAs* |

HAI Moldova and its local implementing partners should lobby the LPAs in all 4 project sites to get local budget allocations at least to supply medical consumables of the toolkits provided by the project. A preliminary rough estimations shows that the local volunteers need about 400-500 E per year for this purpose and, in the opinion of the evaluator, this amount of resources is more than accessible for any of the localities covered by the project. The important point to take into consideration is that LPAs should be approached before the approval of the local budget for the next year (October-November).

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| *Rec. 6* | *Promote the talents from the HAI Moldova network of volunteers*  |

The final evaluation revealed that there are at least two talents within the HAI Moldova network of volunteers that deserve to be promoted by the HAI Moldova: a representative of the Jewish community (Trimberg Daniel) who is talented in poetry writing and the volunteers from Comrat who are talented in singing. Edition of a brochure with the poems, placing the songs on the youtube, facebook etc are a few examples that could be implemented.

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| *Rec. 7* | *Increase the visibility and include more actively local mass media for further awareness raising and combine with the fundraising*  |

Awareness raising is very important in promoting the values and the priorities related to the health care support of the elderly people. A specific recommendation is to include more actively mass media outlets such as newspapers, radio, and television. Mass media should play a more active role in elderly people related issues, because it is the most important and efficient tool for awareness raising. For instance, print and electronic media outlets could highlight some case studies, and include special columns dedicated to this. One could well envisage that a local radio programme interviewing stakeholders, including those that had challenged existing stereotypes, could offer an additional and powerful influencing mechanism for the project.

A video spot could be very effective in reaching a wide audience including “duty bearers” at the central and local levels, partners, potential donors etc. It also can be uploaded to YouTube or Facebook with English subtitles for further outreach. The use of the traditional and social media could make a major difference in increasing the visibility, information dissemination and sensitiveness raising.

**VI. ANNEXES**

**Annex 1**

**QUESTIONNARES FOR STAKEHOLDERS**

1. Questions for beneficiaries and volunteers
2. What kind of support did you get/provide?
3. How long do you receive/provide the support?
4. What are your health conditions; did they improve, decrease or remain the same since you joined the project?
5. What difference has this support made in your live?
6. How would you describe the impact of support provided to you by the project, is there something to be added, reduced or removed?
7. Do you think they have a good understanding of your problems? How do you interact with them?
8. To what extent are you satisfied with the project interventions/support?
9. What were the main implementing challenges?
10. What do you recommend for the future?
11. Questions for project team

 **Relevance**

1. How do you assess the relevance of the project design and strategy in responding to the needs of beneficiaries?
2. To what extent was the project focused on the target group?
3. To what extent the project design addressed locally defined needs and priorities?
4. To what extent the project activities were relevant and realistic?
5. To what extent did you implement the recommendation of the Mid Term Review? Where they relevant?

**Effectiveness**

1. What would you say are the project's major achievements?
2. To what extent have project outputs been achieved to date and why?
3. What were major obstacles in achieving the outcomes and how has the project addressed these?
4. To what extent have capacities of the project partners and key local stakeholders been strengthened? What other capacity development activities should take place in the future similar initiatives?
5. How has the project specifically tried to influence and develop capacities of *right-holders* as opposed to capacity building of *duty bearers*?
6. What are the project's unexpected results? Which factors contributed to them?
7. What are the lessons learned that have emerged thus far in the project?

**Efficiency**

1. How do you assess the efficiency of project implementation?
2. Is the relation between input of resources and results achieved appropriately and justifiablly (cost-benefit ratio)?
3. Have resources been used most economically?
4. Are there any alternatives for reaching the same result with less input? Are there feasible options for cost reduction and cost saving while realizing the same level of results and quality?
5. Could the outcomes and results have been achieved at lower cost through applying a different approach?
6. How appropriate is the project budget to achieve project objectives?
7. In what way are implementing partners contributing to the overall costs of the project, and is there any practice of cost sharing and partnership arrangements? Please provide examples.
8. Have administrative delays or problems (e.g. human recourses, financial transfers, timely provision of information, procurement, etc.) impacted on project implementation and results? What are the reasons for this?

**Annex 2**

***List of Documents Reviewed***

1. Terms of Reference for final evaluation of the project “*Towards healthy ageing: new shape of community-based healthcare support”* funded by World Jewish Relief.
2. Project proposal “*Towards healthy ageing: new shape of community-based healthcare support*”
3. Guidebook to the community- based healthcare model for civil society networks
4. Quarterly narrative reports
5. Quarterly financial reports
6. Data base of the project beneficiaries
7. Case management files

**Annex 3**

**The List of consulted stakeholders**

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| *Nr* | *Name* | *Function* | *NGO* |
| 1 | Palamarciuc Pavel | volunteer | *Vtoroe Dyhanie* (Second Breath), Balti |
| 2 | Palamarciuc Silvia | volunteer |
| 3 | Cornei Maria | beneficiary |
| 4 | Moseeva Galina | volunteer |
| 5 | Cebotari Domnica | beneficiary |
| 6 | Zikina Margareta | volunteer |
| 7 | Asireli Eudochia | volunteer |
| 8 | Dotsina Maria | beneficiary |
| 9 | Bodnari Raisa | beneficiary |
| 10 | Sosnitca Lidia | volunteer |
| 11 | Denisova Dora | volunteer |
| 12 | Orlova Maria | beneficiary |
| 13 | Nimerenco Lidia | volunteer |
| 14 | Trimberg Daniel | volunteer |
| 15 | Pavlova Evghenia | volunteer |
| 16 | Stupalova Maria | volunteer |
| 17 | Russu Ludmila | volunteer |
| 18 | Micotina Valentina | President | *Inspiration* (Vdohnovenie), Comrat |
| 19 | Monin Victor | volunteer |
| 20 | Gagauz Ivan | beneficiary |
| 21 | Mitiko Zinaida | volunteer |
| 22 | Manaf Maria | beneficiary |
| 23 | Kara Ecaterina | beneficiary |
| 24 | Kozlova Zinaida | volunteer |
| 25 | Dobrioglo Ecaterina | beneficiary |
| 26 | Bejan Lidia | volunteer |
| 27 | Cozari Aliona | volunteer |
| 28 | Ceban Ecateria | beneficiary |
| 29 | Gherasimova M. | beneficiary |
| 30 | Ciornaia Ecaterina | volunteer |
| 31 | Brailean Valentina | beneficiary |

1. *Demographic Health* Survey, 2005 [↑](#footnote-ref-1)
2. During the course of 5 years HelpAge Moldova’s strategic plan on health is to expand the area of non-communicable diseases with inclusion of eye-care, health promotion and management of chronic conditions of older people. [↑](#footnote-ref-2)
3. See the Narrative Reports of the local implementing partners [↑](#footnote-ref-3)
4. The monitoring reports on the health status of project beneficiaries are regularly completed by the volunteers and serve as a tool to monitor health indicators and manage the chronic conditions of older people. The monitoring forms indicate also the number of visits to the target group of beneficiaries, health indicators measurements taken (blood pressure levels, and blood sugar levels), receipt of food packages and other support offered to project beneficiaries. [↑](#footnote-ref-4)
5. For instance, application for social aid or material support by completing social assistance questionnaires. [↑](#footnote-ref-5)
6. See the “Effectiveness” part of the project evaluation report [↑](#footnote-ref-6)