

Market Impact

Digital Solutions Ltd.



EVALUATION REPORT

HelpAge International

Humanitarian Capacity Strengthening (HCS)

Programme (2021–2025)

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Date:	6 March 2026

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Disclaimer

- This evaluation was conducted by MarketImpact Digital Solutions Ltd. as an independent external assessment. The views expressed in this report are those of the evaluators based on information shared by HelpAge International staff or its network members.
- All data was collected remotely. Findings are based on triangulated evidence from document review, key informant interviews, and an online survey.

Acronyms and Abbreviations

AAP	Accountability to Affected Population
AIHI	Age-Inclusive Humanitarian Intervention
CBO	Community-Based Organisation
CHS	Core Humanitarian Standard
DAC	Development Assistance Committee (OECD)
EPP	Emergency Preparedness Plan
EQ	Evaluation Question
ERT	Emergency Response Team
GDPR	General Data Protection Regulation
HCS	Humanitarian Capacity Strengthening
HIS	Humanitarian Inclusion Standards
HLG	Humanitarian Learning Group
HOPE	Humanitarian Operations Programme for Emergencies
HR	Human Resources
HRP	Humanitarian Response Plan
IRC	International Rescue Committee
KII	Key Informant Interview
LPMF	Localisation Performance Measurement Framework
MEAL	Monitoring, Evaluation, Accountability and Learning
NEAR	Network for Empowered Aid Response
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Co-operation and Development
OP	Older Person(s)
PLP	Partner-Led Programming
PSEA	Prevention of Sexual Exploitation and Abuse
SADDD	Sex, Age and Disability Data Disaggregation
SHAPE	Strengthening Humanitarian Action through Participatory Engagement
ToC	Theory of Change
ToR	Terms of Reference
ToT	Training of Trainers
UNHCR	United Nations High Commissioner for Refugees
Unicef	United Nations Children’s Fund
WFP	World Food Programme

Executive Summary

Evaluation Purpose and Scope

This independent evaluation assesses the quality, effectiveness and relevance of HelpAge International’s Humanitarian Capacity Strengthening (HCS) programme (2021–2025) in delivering on its two strategic objectives: providing a consistent approach to humanitarian capacity strengthening across the HelpAge network, and strengthening network members to develop and deliver quality, age-inclusive humanitarian responses. The evaluation also generates actionable recommendations to inform the design of the next HCS strategy chapter.

The evaluation framework integrates OECD-DAC criteria (relevance, effectiveness, coherence, sustainability), Core Humanitarian Standard (CHS) principles (inclusion, accountability), and selected dimensions of the NEAR Network’s Localisation Performance Measurement Framework (LPMF) to assess equitable partnerships and locally led capacity strengthening. All data was collected remotely through desk review, 19 key informant interviews (in English, Spanish, Arabic), a multilingual online survey (48 respondents), four written testimonies (in English, Spanish and Ukrainian), and three case studies spanning Asia, Africa, the Middle East, Latin America and Eastern Europe.

Evaluation Criteria Overview

Evaluation Criteria	Score	
Coherence	High	HCS activities were well aligned with strategic objectives and programme components complemented each other effectively within a consistent yet flexible methodology.
Relevance	High	HCS addressed priority gaps to a high or very high extent; the demand-driven SHAPE ensured activities matched organisational needs.
Impact	Moderate/High	Partners report enhanced advocacy, new partnerships and contributions to national policies; longer-term impact on older people’s lives is plausible but not yet systematically measured. Changes in policies are clear, while changes in practices are less systematic.
Efficiency	Moderate	Blended learning model and light reporting requirements maximised partner time for implementation; post-restructuring staff constraints and limited in-person delivery reduced programme delivery efficiency.
Effectiveness	High	90% of SHAPE participants reported organisational change; significant policy and

Evaluation Criteria	Score	
		systems improvements across governance, MEAL, inclusion, and emergency response.
Inclusion	Moderate	Significant improvements in inclusion of older people with concrete policy changes. Older people were not meaningfully involved in HCS programme design itself.
Accountability	Moderate/High	Improved accountability to affected populations; diversified feedback mechanisms, CHS standards adoption, and improved donor compliance. Feedback/complaint mechanisms for older people showed moderate improvement in survey.
Sustainability	Moderate	Policy and strategic document changes are likely to endure, however significant risks from staff turnover, funding uncertainty and limited policy-to-practice translation remain.
PLP/ Localisation	High	Equitable partnerships, high-quality relationships, and mutual trust between HelpAge and its partners. Partner-led design shifted power dynamics within the programme and influenced partners' own understanding of what equitable partnerships should look like.

Key Findings

Coherence and Alignment (EQ1, EQ3)

The HCS programme demonstrated strong strategic coherence. Activities matched the strategy's intent through a consistent, yet flexible methodology anchored in the SHAPE framework, complemented by e-courses, webinars, regional trainings, ToT pathways and coaching. Programme objectives were commonly understood by staff and partners alike. The integration of multiple training formats—with SHAPE identifying gaps, Kaya and online live sessions providing foundational learning, and regional workshops enabling practical application—proved a particularly effective combination. SHAPE was rated the most impactful component (79.2% of survey respondents), followed by Kaya e-learning (58.3%) and regional workshops (50%).

Relevance and Responsiveness (EQ4)

The programme was highly relevant to partners' needs, largely because capacity strengthening priorities were identified and owned by partners themselves through the SHAPE self-assessment. The quality of facilitation and the field-based expertise of trainers were consistently praised. Challenges included limited multilingual content, time-zone barriers for Latin American partners (with some sessions scheduled at 5:00 AM), connectivity issues for frontline staff outside capitals, and the volume of activities relative to partners' operational workloads.

PLP, Localisation and Equitable Partnerships (EQ2, EQ7, EQ12, EQ13)

Partners reported high autonomy within the SHAPE framework and described their relationship with HelpAge as equitable, trust-based and genuinely partner-led. Decision-making on priorities, implementation and spending was owned by partners, with HelpAge playing a supportive and advisory role. The peer-to-peer accompaniment model—where experienced partners mentored newer organisations across countries—emerged as a strong example of local-to-local, partner-led capacity strengthening. However, partners had limited influence over the initial HCS strategy design, and the September 2025 restructuring reduced mentor availability and created communication gaps.

Inclusion and Accountability of Older People (EQ6)

HCS contributed significantly to partners adopting more inclusive policies and practices: needs assessments, age-disaggregated data, revised response manuals, and dedicated inclusion staff. Partners also strengthened accountability mechanisms, diversifying feedback channels and adopting CHS standards. Advocacy gains were notable, with partners influencing national policy processes in Zimbabwe, Venezuela and El Salvador. However, older people were not meaningfully involved in HCS programme design itself, and a gap persists between policy adoption and full operational practice.

Effectiveness (EQ5, EQ8, EQ9)

The programme delivered substantial organisational performance improvements across SHAPE’s three domains (governance and leadership, influence, and preparedness and response). Partners developed or revised strategic plans, HR and finance manuals, emergency preparedness plans, MEAL frameworks, and safeguarding policies. Several partners secured new partnerships (UNICEF, UNHCR, WFP, Start Network) and gained recognition as credible humanitarian actors. 74.4% of survey respondents reported improved ability to respond to shocks. The main gap identified was a lack of systematic mechanisms to track knowledge retention and policy-to-practice translation.

Sustainability (EQ10)

Policy and strategic document changes are likely to endure, and the ToT model offers a pathway for sustained knowledge transfer. However, embedding changes beyond documentation remains a challenge. Partners expressed concern about losing HelpAge advisory support, and the restructuring exacerbated anxieties about continuity. Sustainability risks include staff turnover and ‘poaching’ of trained personnel, loss of SHAPE-funded positions, and the deteriorating global funding landscape. Financial sustainability was cited by 90.7% of survey respondents as the hardest area to strengthen.

Conclusion

The evaluation finds that the HCS programme has been a well-conceived, strategically coherent and highly relevant investment in the capacity of HelpAge’s network to deliver quality, age-inclusive humanitarian action. Its flagship SHAPE framework, blended learning model, trust-based partnerships and emerging peer-to-peer mentoring approach represent genuine good practice in partner-led capacity strengthening—and align closely with the principles of the Grand Bargain localisation agenda, the NEAR LPMF and the CHS.

The programme has delivered demonstrable results: partners have adopted more inclusive policies and systems, strengthened governance and preparedness structures, improved their standing in national coordination mechanisms, and—in several cases—translated these gains into more effective, age-sensitive humanitarian responses. The quality of the HelpAge–partner relationship,

characterised by flexibility, mutual respect and genuine autonomy, stands out as an exemplar of equitable partnership practice in the sector.

At the same time, the evaluation identifies a critical transition point. While policy-level change is well advanced, the embedding of these changes into day-to-day operational practice remains incomplete for many partners. Sustainability is the programme’s most significant vulnerability: staff turnover, funding fragility, the loss of SHAPE-funded positions, and the reduced availability of HelpAge accompaniers following HelpAge September 2025 restructuring all threaten to erode hard-won gains. The limited involvement of older people in programme governance and design also represents an area where the programme’s practice has not yet matched its ambition.

The next HCS strategy chapter, therefore, has a clear mandate: to protect and deepen the gains achieved, while addressing structural gaps that could undermine them. This means co-designing the strategy with partners, investing in implementation accompaniment beyond policy development, formalising peer-to-peer exchange as a core localisation mechanism, building partners’ financial resilience, and institutionalising the participation of older people as a programme principle rather than solely a thematic focus. If these shifts are made, the HCS programme is well positioned to serve not only as HelpAge’s primary vehicle for network strengthening, but as a credible, evidence-based model for locally led, age-inclusive humanitarian capacity strengthening in the wider sector.

Key Recommendations

The evaluation produced 18 recommendations (8 strategic, 10 operational) to inform the next HCS strategy chapter. They are grounded in evaluation evidence, aligned with DAC/CHS/NEAR standards, and organised below by thematic category.

#	Recommendation	Priority
Strategy and Design		
S1	Revise the HCS Theory of Change to differentiate individual and organisational capacity pathways and articulate contribution to localisation outcomes.	High
S2	Co-design the next strategy chapter with partners and older people’s representatives from inception, through a Partner Advisory Group with decision-making authority.	High
S3	Develop a sustainability and transition framework with phased exit criteria, graduated support tiers, peer network models and restructuring protocols.	High
S8	Position HCS explicitly within the localisation architecture (Grand Bargain, NEAR LPMF, CHS) and articulate HelpAge’s distinctive contribution to locally led humanitarian action.	Medium
Capacity Strengthening Model and Delivery		
S4	Scale and formalise peer-to-peer exchange as a core component with dedicated resources, structured matching criteria and quality assurance.	High
S6	Develop a dedicated resource mobilisation and financial sustainability component, including training on donor engagement and diversified funding strategies.	High
O1	Increase the proportion and geographic coverage of in-person/regional training—the most effective modality for skills transfer and networking.	High
O4	Extend SHAPE engagement timelines or introduce an implementation accompaniment phase to support policy-to-practice translation.	High

O2	Expand multilingual content and local consultant capacity, prioritising Spanish, Arabic and French.	High
O3	Appoint dedicated SHAPE coordinators at regional level to reduce accompanier-to-partner ratios and ensure consistent follow-up.	High
Inclusion and Accountability		
S5	Strengthen participation of older people in HCS governance, design and monitoring—moving from inclusion as a thematic focus to inclusion as a programme principle.	High
O9	Set gender and disability inclusion targets for future HCS cohorts, addressing the gender imbalance and underrepresentation of persons with disabilities.	Medium
Learning, MEAL and Knowledge Management		
S7	Strengthen the MEAL framework to track capacity change at organisational level, including policy-to-practice translation, with proportionate, co-designed indicators.	Medium
O5	Introduce structured post-training follow-up mechanisms (reflection sessions, communities of practice, internal cascading) to address knowledge retention gaps.	Medium
O6	Establish a cross-regional knowledge management platform: quarterly thematic exchanges, a digital best-practice repository and an annual learning summit.	Medium
O10	Develop a policy-to-practice tracking tool with a maturity scale and field-level verification.	Medium
Accessibility and Programme Management		
O7	Adjust scheduling of online sessions for time-zone equity and offer asynchronous alternatives for connectivity-challenged contexts.	Medium
O8	Strengthen post-restructuring communication and transition protocols with advance notice, clear contact matrices and structured handover processes.	High

1. Introduction

1.1 Background and Context

HelpAge International is a global non-profit organisation that works to improve the lives of older people worldwide through the HelpAge Global Network — an alliance of around 200 member organisations across 99 countries committed to the well-being, dignity, and voice of older people. Guided by its 2030 Strategy which envisions a world where every older person leads a dignified, healthy, and secure life, HelpAge has prioritised inclusive humanitarian action as one of its focus areas, promoting age-inclusive humanitarian preparedness and response so that older people are protected, feel safe, and have full access to assistance. As a signatory to the Charter for Change and a committed agency against the localisation agenda, HelpAge has undertaken a strategic transition from direct implementation to partner-led programming, recognising demand-led capacity strengthening as a vital element of meaningful localisation — one that shifts decision-making power and resources to national and local actors while building sustainable, locally owned capacity to deliver quality, inclusive humanitarian responses for older people and their communities.

1.2 The HCS Programme

HelpAge's Humanitarian Capacity Strengthening (HCS) strategy was developed in 2021 and covers the period through early 2026. Situated within the broader HelpAge 2030 Strategy and closely aligned with the Partner-Led Programming (PLP) approach, the HCS strategy articulates HelpAge's commitment to demand-led, inclusive capacity strengthening as a core element of its engagement with the localisation agenda. The strategy is built around two strategic objectives:

(A) providing a consistent approach to humanitarian capacity strengthening across the HelpAge network through the development and delivery of a capacity strengthening framework — encompassing a core curriculum, consistent methodology, minimum standards of delivery, shared best practice, and innovative approaches — that ensures an inclusive approach to capacity strengthening activities;

(B) strengthening the HelpAge network through offering a range of capacity strengthening activities throughout the humanitarian continuum of preparedness and response to enable network members to develop and deliver quality, inclusive humanitarian responses.



Video introduction to the HCS programme

To deliver on these objectives, the HCS programme operated through a combination of complementary modalities, targeting individuals and organisations at different levels of engagement, including:

- Monthly online live sessions on a wide range of topics, including the Core Humanitarian Standard (CHS), humanitarian inclusion standards, older people's rights, inclusive climate change adaptation, effective humanitarian responses and anticipatory actions, age-inclusive cash interventions, resource mobilisation, project management, safety, security and risk management, and other age-inclusion technical topics.
- Regional in-person workshops focused on emergency response and preparedness for members in Asia, Africa, and the Middle East, and on project management (Asia).
- Self-paced e-courses were designed and published on the Kaya learning platform: Age and Disability Inclusion in Humanitarian Action (HIS), Age-Inclusive Humanitarian Interventions (AIHI), and Helping Older People in Emergencies (HOPE), with Spanish and Arabic translations offered for the HIS course. Participants also had access to a wider range of e-courses on Kaya from different providers.
- **At the organisational level**, the programme's flagship component was the Strategic Humanitarian Assessment and Participatory Empowerment (SHAPE) framework — an in-depth, multi-year programme of support to local organisations to strengthen their capacity to determine, influence, and deliver humanitarian preparedness and response by across three core areas — governance and leadership, influence, and preparedness and response.
- **Training of Trainers (ToT) and coaching/mentoring** pathways were developed to build a cadre of capable trainers and coaches from within the network. These included a General ToT course, a CHS ToT course, and coaching skills courses, aiming to build internal capacity so that network members could deliver training and accompaniment independently over time.



Regional Training Overview

1.3 Evaluation Purpose and Objectives

This evaluation serves a dual purpose. First, it assesses the quality, effectiveness, and relevance of the HCS programme for HelpAge's network members from 2021 to 2025 in delivering on its two strategic objectives. Second, it generates evidence-based findings and actionable recommendations to directly inform the design of the next chapter of the HCS strategy. In accordance with the Terms of Reference (ToR), the evaluation examines programme performance, results, and overall contribution to

strengthening the capacity of humanitarian workers and their organisations for better age-inclusive humanitarian responses, with particular attention to alignment with the HCS and PLP strategies, coherence across programme components, and improvements in organisational performance areas including advocacy, governance and leadership, financial sustainability, service provision across the crisis cycle, and networking. The evaluation framework integrates the ToR evaluation questions with OECD-DAC and CHS criteria (relevance, effectiveness, inclusion, accountability, sustainability), complemented by key elements of the NEAR Network's Localisation Performance Measurement Framework (LPMF) to assess the programme's contribution to equitable partnerships and locally led capacity strengthening.

1.4 Evaluation Scope

The evaluation covers HCS programme activities implemented from 2021 to December 2025, spanning all regions where the programme operated: Asia, the Middle East, Eastern and Southern Africa, Latin America, and Eastern Europe. All data collection was conducted remotely through desk review, online key informant interviews (KII), a multilingual online survey, written testimonies, and case studies. As agreed during the inception phase, simplified capacity strengthening for CBOs in Ukraine and Syria (delivered through network members) was excluded from the evaluation scope and evaluated separately. The evaluation is structured around 15 evaluation questions (EQ1–EQ15), mapped in the Evaluation Matrix (Annex B) to OECD-DAC, CHS, and NEAR LPMF criteria.

1.5 Intended Users

The primary intended users of this evaluation are HelpAge's HCS programme team and senior leadership, who will use the findings and recommendations to inform the design and strategic direction of the next strategy chapter. The evaluation is equally intended for HelpAge's Monitoring, Evaluation, Accountability, and Learning (MEAL) team, who can draw on the methodological insights and evidence base to strengthen programme monitoring and learning systems going forward. Network member organisations that participated in HCS activities are also key intended users, both as contributors to the evidence and as stakeholders whose experiences and priorities should be reflected in future programme design. The evaluation findings may additionally be of value to current and potential donors seeking evidence of the programme's effectiveness, relevance, and contribution to the localisation agenda. Consistent with a utilisation-focused approach, the evaluation was designed from the outset around how HelpAge will use the findings — specifically, to revise the HCS strategy for its next chapter. To this end, the recommendations are structured as an actionable map linking evidence to programmatic decisions, and validation steps with stakeholders were incorporated throughout the process to ensure ownership and uptake of findings.

2. Methodology

2.1 Evaluation Design and Framework

This evaluation employs a theory-informed, mixed-methods design that draws primarily on the Humanitarian Programme Theory of Change (ToC) and HCS stated objectives and is aligned with HelpAge's network-based, partner-led, and localisation-driven approach. It is designed to answer all evaluation questions in the ToR while remaining sensitive to the diverse and changing contexts in which HCS activities were delivered, acknowledging the multi-actor environment in which partners operate and the multiple concurrent inputs that may influence organisational change.

The evaluation framework integrates criteria from three complementary standards. The OECD-DAC evaluation criteria provide the basis for assessing relevance (appropriateness to the needs of network members), effectiveness (progress towards outcomes and objectives), and coherence (alignment

between strategy, components, and implementation). The CHS informs the assessment of inclusion (use of participatory, partner-led approaches) and accountability (feedback mechanisms, transparency, and CHS compliance). Sustainability is a cross-cutting criterion, focusing on the decrease in reliance on HelpAge and the likelihood that capacity gains will be maintained beyond the programme. Additionally, the evaluation draws on selected indicators from the NEAR Network's LPMF to provide complementary evidence of the programme's effectiveness as a best practice in localisation and power shifting, examining dimensions such as equitable partnerships, funding quality and flexibility, coordination and complementary response, and the participation of affected populations.

Rather than claiming strict attribution, the evaluation uses a contribution analysis approach to assess the plausibility that the HCS programme contributed to observed changes in partner capacity, organisational performance, and inclusion outcomes.

A comprehensive Evaluation Matrix (Annex B) serves as the backbone of the evaluation. It maps all 15 evaluation questions to specific DAC/CHS/NEAR criteria, identifies evidence sources for each question, defines key indicators or thresholds for "what good looks like," and ensures that every question is addressed systematically and that findings are grounded in robust, triangulated evidence. The evaluation adheres to HelpAge's Evaluation Policy in terms of accuracy, collaboration, feasibility, impartiality, participation, transparency, and utility, and complies with HelpAge's policy and international standards on sex, age, and disability disaggregation data (SADDD) practice.

2.2 Data Collection Methods

2.2.1 Document and Data Review

A structured desk review was conducted to reconstruct the programme's logic, assess strategy-to-implementation coherence, identify preliminary hypotheses, and provide a robust basis for triangulation with primary data. The review covered relevant strategy documents, guidance, training content/ToR, training report, and the SHAPE capacity strengthening plans and reports developed by the partners. A full list of documents reviewed is provided in Annex H.

2.2.2 Online Survey

A comprehensive online survey (Annex E) was administered to capture broader patterns across regions and modalities. The survey targeted all individuals who participated in HCS programme activities, including online live sessions, regional workshops, Kaya e-courses, ToT and coaching/mentoring courses, and the SHAPE process. It was designed to assess perceived relevance, accessibility, and quality of HCS activities (including adult learning principles of self-pacing, experience transfer, and immediate use); self-reported learning and application of content; barriers to application at the individual, organisational, resourcing, and contextual levels; examples of practice change; alignment with capacity strengthening needs; and organisational-level changes attributed to the programme. The survey was distributed via Survey Mars in two languages (English and Spanish) and was open from 10 to 16 February 2026. It was sent to 94 individuals identified by HelpAge, including those who participated in KIIs and provided written testimonies, who were also encouraged to share the survey with colleagues who had participated in the programme to expand the reach. Overall, the survey was viewed by 221 individuals. The survey was designed to take a maximum of 15 minutes to complete. In accordance with HelpAge and international good SADDD practice, the survey collected information on age, gender, and disability to enable disaggregated analysis where sample size permitted. In total, 48 responses were received which represents 51% of the 94 people who received it directly and 21% out of 221 participants who had access to the survey.

2.2.3 Key Informant Interviews (KIIs)

Semi-structured KIIs were conducted with 19 informants to capture in-depth qualitative insights on the quality, effectiveness, and relevance of HCS support. Two separate interview guides were

developed — one for HelpAge's network member partners (Annex C1) and one for HelpAge staff (Annex C2) — to better capture their respective experiences, perspectives, and roles within the programme. 15 KIIs were conducted with partner representatives and four with HelpAge staff directly involved in the design, delivery, or oversight of HCS activities. All interviews were conducted individually to ensure that participants felt comfortable sharing information and that their inputs remained confidential. Discussions followed a semi-structured format, ensuring that key topics were covered systematically while leaving room to explore individual experiences. Interviews were conducted in English, Spanish, and Arabic, spanning all programme regions — Asia, Africa, the Middle East, Latin America, and Eastern Europe — and covering a diversity of engagement pathways. The sample included individuals occupying a range of roles — leadership and decision-makers, programme coordinators and technical leads, and operational staff to ensure that findings reflect the breadth of perspectives within the programme.

Additionally, to maximise the qualitative data corpus and ensure the evaluation was inclusive of individuals who do not speak Arabic, English, or Spanish, four written testimonies were collected (one from SHAPE focal points, two from organisation leaders, and one from HelpAge staff) via a qualitative questionnaire that replicated the interview guides and was adapted for written content sharing. These testimonies were available in English, Spanish, and Ukrainian, ensuring that language barriers did not exclude any participant from contributing to the evidence base.

2.2.4 Case Studies

Three case studies (Annex A1, A2 and A3) were developed to capture programme outcomes and impact holistically, using a storytelling format that brings forward the voices and lived experiences of HelpAge's partners. Partners were selected to reflect diversity in geographic context, organisational profile, and stage in the capacity strengthening journey, and to illustrate different dimensions of the programme's contribution — including partner-led peer-to-peer learning and coaching. Each case study consists of a two-page document exposing in detail a partner's experience, learning journey, challenges encountered, and outcomes achieved, providing relevant insights into the potential for sustainability of programme components. The case studies draw on multiple data sources — including KII transcripts, SHAPE self-assessment documentation, capacity strengthening plans, completion reports, and survey data — to construct a triangulated narrative of each partner's capacity strengthening trajectory and the plausible contribution of HCS support to observed changes.

2.3 Sampling Strategy

Sampling for this evaluation follows a purposive approach with maximum variation, designed to ensure wide and fair representation of programme participants across activities, roles, and regions. HelpAge identified individual representatives of organisations as well as own staff engaged in a wide array of activities as participants, coaches, and accompaniers. The sampling strata were defined along five dimensions:

- **Geographic diversity** ensured coverage across Africa, Asia, the Middle East, Latin America, and Eastern Europe, reflecting the programme's global reach and the diversity of contexts in which HCS activities were delivered.
- **Engagement pathway/intensity** captured the full spectrum of programme modalities, including participants and mentors/coaches engaged in ToT and coaching, CHS ToT, General ToT, the SHAPE organisational strengthening process, regional in-person workshops, and online live sessions.
- **Roles and perspectives** were deliberately varied to allow a wide array of viewpoints and experience of the capacity strengthening efforts, including leadership and decision-makers,

technical leads, MEAL staff, trainers and coaches, and operational staff applying learning in preparedness and response settings.

- **Gender/age considerations:** balance was paid attention to, and gender sensitivity was considered in the administration of KIIs. The sample provided for KII comprised 22% female/78% male respondents for partners, and 20% female/80% male respondents for staff. SADD data was incorporated into the survey to provide disaggregated analysis where relevant.
- **Language considerations** ensured representation of participants who engaged through English, Spanish, Arabic. The written testimony option was specifically introduced to include individuals more comfortable in languages other than the three interview languages, ensuring no participant was excluded from contributing to the evaluation on linguistic grounds.

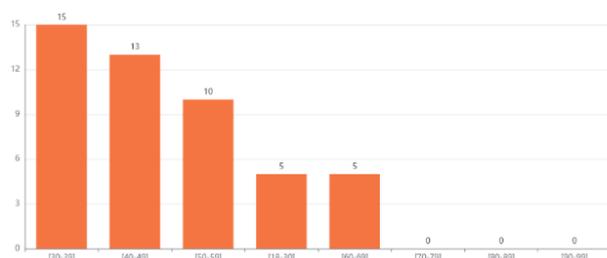
2.3.1 Sample KII

Respondents per region (partners only)	Africa: 8 Asia: 4 Latin America: 3 Middle East: 3
Age (partners only)	[30-39] : 3 [40-49] : 2 [50-59] : 11 [60-69] : 1 Undisclosed : 1
Gender (partners only)	Male : 11 Female : 5 Undisclosed : 2

Table 1 Sample KII

2.3.2 Online survey – demographic and participation data

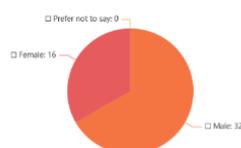
Age distribution



Choices	Responses	Percentage
[30-39]	15	31.25%
[40-49]	13	27.08%
[50-59]	10	20.83%
[18-30]	5	10.42%
[60-69]	5	10.42%
Total	48	

Table 2 Survey participants - Age distribution

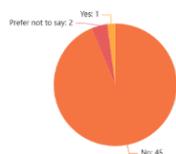
Gender distribution



Choices	Responses	Percentage
Male	32	66.67%
Female	16	33.33%
Prefer not to say	0	0%
Total	48	

Table 3 Survey participants - Gender distribution

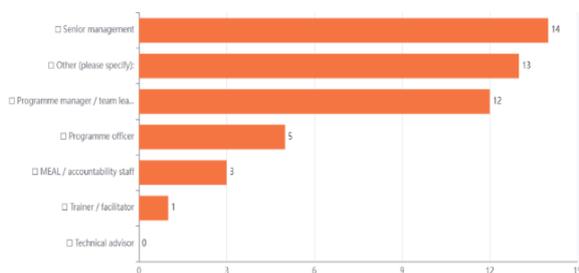
Disability information



Choices	Responses	Percentage
No	45	93.75%
Prefer not to say	2	4.17%
Yes	1	2.08%
Total	48	

Table 4 Survey participants - Disability data

Role/position



Choices	Responses	Percentage
Senior management	14	29.17%
Other (please specify):	13	27.08%
Programme manager/team leader	12	25%
Programme officer	5	10.42%
MEAL / accountability staff	3	6.25%
Trainer / facilitator	1	2.08%
Technical advisor	0	0%
Total	48	

Table 5 Survey participants - Roles and positions

For those who answered 'other', the majority represented field-based programme support roles.

Country where respondents are based

Choices	Responses	Response %	Choices	Responses	Response %
Kenya	8	16.67%	Germany	1	2.08%
Nepal	7	14.58%	Somalia	1	2.08%
Philippines	5	10.42%	India	1	2.08%
Yemen	5	10.42%	El Salvador	1	2.08%
Ethiopia	3	6.25%	Myanmar	1	2.08%
Lebanon	3	6.25%	South Sudan	1	2.08%
Venezuela	2	4.17%	Syria	1	2.08%
Tanzania	2	4.17%	Uganda	1	2.08%
Moldova	2	4.17%	United Kingdom	1	2.08%
Zimbabwe	2	4.17%			
Total			48		

Table 6 Survey participants - countries

Activity(ies) respondents participated in



Choices	Responses	Percentage
Kaya e-learning course(s)	38	79.17%
SHAPE-related learning or processes	37	77.08%
Online sessions / webinars (including Humanitarian Learning Group)	33	68.75%
Core Humanitarian Standards (CHS) (ToT)	26	54.17%
Regional in-person workshop	24	50%
Training of Trainers (ToT)	15	31.25%
Coaching / mentoring programme	10	20.83%
Other (please specify): 1.4 For how long have you been engaged in the HCS programme?	2	4.17%
Total	N/A	

Table 7 Survey participants - HCS activities

2.4 Analysis Plan

Data analysis was guided by the Evaluation Matrix, whereby each evaluation question was analysed according to relevant DAC/CHS/NEAR criteria, measured with associated indicators, and verified from the corresponding data sources.

Systematic triangulation was used to compare patterns across documents, KIIs, survey results, and case studies, ensure findings are reliable, valid, and relevant across contexts. **Contribution** analysis assessed the plausibility that HCS contributed to observed changes — rather than claiming strict attribution. **Thematic coding** was conducted through structured coding against the evaluation matrix questions using NVivo software, with extraction of illustrative examples and deliberate identification of negative cases to avoid confirmation bias. An **equity and inclusion** lens was applied throughout, analysing inclusion outcomes for older people and examining how inclusion is embedded in organisational systems and programme choices.

2.5 Ethics and Safeguarding

The evaluation adheres to standard research and humanitarian ethics, HelpAge's Evaluation Policy, and the European Union's General Data Protection Regulation (GDPR). Informed consent was obtained from all participants in their preferred language prior to data collection, with the purpose, data use, sharing arrangements, and right to withdraw clearly communicated. Interviews were conducted individually to ensure confidentiality. All data was stored securely with restricted access, qualitative data was anonymised in reporting, and disposal will follow agreed retention protocols.

In line with HelpAge's SADD minimum standards, the survey incorporated a minimum set of questions on age, gender and disability, enabling disaggregated analysis where sample size permitted.

2.6 Limitations

Several limitations were identified during the conduct of the evaluation, which could impact on the comprehensiveness, quality and accuracy of the results. The table below presents each limitation alongside the mitigation strategies that were applied.

Limitation	Mitigation
Time constraints The time allocated for data collection and analysis was very limited (2	Flexible scheduling was employed and an option to submit written testimonies for a group of nine participants was included. Each consultant operated from a different time zone, which expanded the time available

<p>weeks), while the number of KIIs and testimonies was high (30 target). As a result, if interviews could not be scheduled quickly, there was a risk that not everybody could be interviewed. Time constraints also risked affecting the quality of the first presentation of findings.</p>	<p>to engage with KIIs across regions. Purposeful sampling was used for qualitative interviews, which allowed for early direct engagement with stakeholders and optimised the data collection period. The analysis was refined between the initial findings presentation and the draft and final report.</p>
<p>Low response rates to online survey Given competing operational priorities and the global distribution of the HelpAge International network, participation in the online survey was moderate/high. 48 (21.7%) participants out of 221 who could access the survey, or 51% of those (94) who received it directly responded. This may have introduced a degree of self-selection bias, whereby feedback may overrepresent more motivated or digitally active users, potentially skewing perceptions of satisfaction.</p>	<p>Multiple reminders and targeted outreach HelpAge focal points were used. KII participants and written testimony respondents were also encouraged to share the survey with colleagues who participated in the programme to expand reach. The initial list of 38 recipients was expanded to 94, and the survey was viewed by 221 individuals following broader circulation. The recipient lists included participants to all regional trainings conducted to date and SHAPE focal points. Survey findings were triangulated with qualitative data to mitigate bias.</p>
<p>Respondents more comfortable in a language other than Arabic, English or Spanish Although the research instruments were available in three languages (English, Spanish, Arabic), some respondents preferred to communicate in other languages (e.g. Ukrainian).</p>	<p>To mitigate language-related barriers, the team allowed for written responses to the semi-structured interview questions, which were translated using back translation online.</p>

3. Findings

The findings below are organised around six thematic areas that correspond to the evaluation criteria drawn from the OECD-DAC, the CHS, and the NEAR LPMF: (3.1) Coherence and Strategic Alignment; (3.2) Relevance and Responsiveness; (3.3) Partner-Led Programming, Localisation and Equitable Partnerships; (3.4) Inclusion and Accountability of Older Persons; (3.5) Effectiveness of the HCS Programme; and (3.6) Sustainability of the Capacity Strengthening. Within each thematic area, findings are mapped to the 15 evaluation questions (EQ1–EQ15) defined in the Evaluation Matrix, drawing on triangulated evidence from the desk review, KII, the online survey, and case study material. Where evaluation questions cut across multiple criteria — as is the case for PLP alignment (EQ2), inclusion outcomes (EQ6), and the NEAR-derived questions on equitable partnerships, funding quality, coordination, and participation (EQ12–EQ15) — findings are presented under the most relevant thematic heading with cross-references to related sections.

3.1 Coherence and Strategic Alignment

3.1.1 Alignment with HCS Strategy (EQ1)

The first Evaluation Question (EQ1) asks: to what extent was the implementation of HCS aligned with the HCS strategy? To answer this question, the evaluation assessed whether activities delivered matched strategic intent; whether staff and partners shared the same understanding of objectives; and whether the observed changes suggest results were achieved. The stated objectives of the HCS programmes are stated in Section 1.2.

The desk review and the data collected through survey and interviews show that most activities proposed within the HCS programme did match the strategic intent by providing a **consistent (yet flexible) methodology** across partners articulated around a core framework (SHAPE methodology, series of e-courses and webinars, regional trainings, ToT, and continuous mentoring/coaching). While the extent of participation to each of those activities varied across partners and regions, the methodology showed consistency and adherence to the uniform standards throughout the programme. This is especially true for SHAPE, where tools, templates, and reporting formats were shared across partners.

The objectives of the programme are **commonly understood** by both staff and partners, which supported consistency in the methodology and engagement.

Overall, the majority of HelpAge’s partner organisations and staff interviewed understand the HCS as looking to enhance the capacities of local and national organisations to effectively respond to emergencies and humanitarian crises through improved planning and execution, ensuring an approach that is age-inclusive and compliant with key international standards throughout both preparedness and response.

The focus is generally perceived as to be at the organisational level, with fewer references to individual capacity strengthening. Some respondents mentioned that the programme also seek to help participants to gain a better understanding of the humanitarian systems and standards, while others perceived the programme as a ‘win-win’ combination, as partners benefit from multilevel capacity strengthening and support, while HelpAge gains certainty on the quality of programming and operational delivery of its partners. A small number of partners understood the HCS programme objective as to strengthen HelpAge’s network as a whole and to advance the localisation agenda.

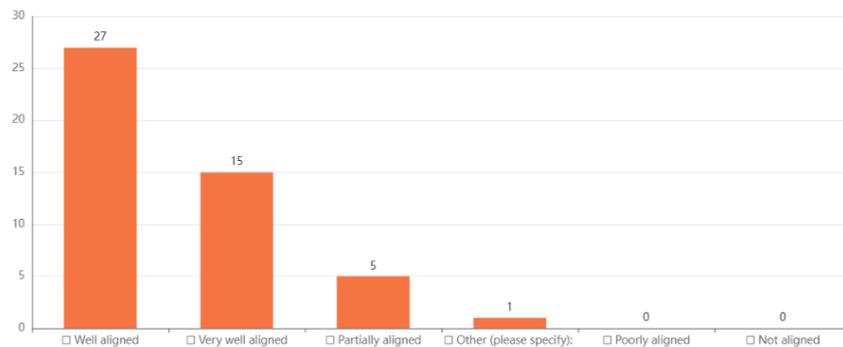


Table 8 HCS alignment with local needs and strategic priorities

The survey responses indicate a generally positive perception of the alignment of HCS interventions with local needs and strategic priorities. A significant majority, 87.5% (31.25% + 56.25%), believe that the interventions are either "Very well aligned" or "Well aligned". Only a small fraction, 10.42%, feel that the interventions are "Partially aligned", and there are no responses indicating "Poorly aligned"

or "Not aligned". In the "Other" category the only response states that 'the majority of support was highly relevant for our partners and programmes.'

As for the perceptions of participants on results, a large majority of partners' representatives feel that the programme was successful in achieving the intended results and attribute it in part to the fact that each organisation could define the objectives and priorities of the SHAPE programme. To support this, respondents cite an overall strengthened organisational capacity, mostly through better or new policies, manuals and procedures in key areas. Most cited successes include better inclusion policies, enhanced staff capacities, overall improved quality in their response and service delivery, and increased confidence and abilities for networking and external engagement in their countries. HelpAge staff also expressed an overall impression that the expected results were achieved, citing a few examples of policy change, improvement in inclusion mainstreaming, and overall organisational and individual capacities.

Few **gaps** were mentioned, which are elaborated on in the recommendations section (Section 5). The most frequently mentioned are the **limited in-person support versus online**, the need to have support for more **sustained focus on implementation** and translation of new policies into organisational practices (including accompanying organisation to field activities), **limited funding** for the application of the changes in policies and procedures in a real response scenario, **limited timeframe** for processes that are long-term in nature, as well as the need to increase support on **resource mobilisation and fundraising** capacities.

The **workload** and competing priorities in the agenda of accompaniers were also highlighted as limitations, especially in the ability to provide direct mentoring and coaching of participating organisations, a reality that has been exacerbated after the September 2025 restructuring exercise.

3.1.2 Coherence of HCS Components (EQ3)

EQ2 assesses overall coherence by asking: How coherent were the different HCS capacity-strengthening components with each other? To answer this question, the evaluation enquired about learning pathways, sequencing, complementarity between individual training, SHAPE, and ToT/coaching.

In total, the HCS provided capacity strengthening support in at least one form to 40 organisations. Of those, 23 were onboarded in the SHAPE programme for a structured organisational capacity strengthening process.

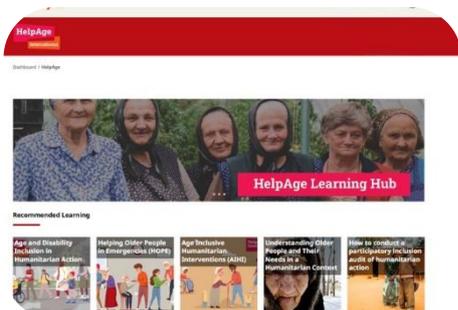
Overall, interviewees recognised that the different components of the programme complemented each other effectively. The SHAPE Framework was designed to identify organisational gaps and address them through various capacity strengthening methods. Training methods included e-courses, online sessions, and regional workshops, with regional trainings being the most effective due to enhanced interaction, knowledge sharing, and networking opportunities. They addressed a range of humanitarian and inclusion issues, including emergency preparedness, response systems, developing and resourcing Emergency



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Preparedness Plans (EPP), international coordination systems, MEAL, project cycle management and a variety of other topics, which collectively empowered the organisation to better meet local needs. **The integration of different training formats (Kaya online courses, practical (regional) workshops, mentoring and accompaniment) proved beneficial** for both individual staff development and

organisational growth, as it allowed participants to build a theoretical understanding of subjects first and then acquire practical skills on how to apply them during the face-to-face trainings and workshops.



Key insights included the importance of contextual adaptations of trainings, ensuring coherence with organisational needs, and of applying the concepts and theory to one’s operational reality to see how the components connect with each other. It was also noted that while SHAPE tended to engage more management and decision-making staff, online courses provided opportunities to a wider range of personnel, including volunteers. The fact that SHAPE came with funding was considered positively, as it gave space and flexibility to put

in practice learnings and skills without putting pressure on their own existing resources.

The **connection between SHAPE and coaching** is where most obvious coherence was found, as described by interviewees. While SHAPE allowed organisations to identify core needs and fostered significant improvements in areas like finance, Human Resources (HR), and accountability, coaching sessions complemented theoretical learning, making skills applicable to real-world scenarios. Additionally, face-to-face interactions provided more practically focused interaction, enhancing the overall impact of the training initiatives.

The complementary of the HCS with other programmes, including HelpAge SCORE programme and projects funded by other donors, was also highlighted, as for some partners it provided an opportunity to apply new concepts and test policies and tools in real time. Several respondents also mentioned the CHS training a foundation for many of the other trainings received.

Mentions of particularly well coupled activities include the SHAPE-Kaya-ToT combination, which for individual learning provide self-paced learning and interactive exchange with others, as well as SHAPE and coaching at the organisational level, which mix partner-led capacity strengthening with external expert support where necessary. Several partners and staff interviewed also mentioned the importance of the monthly meetings as a valuable complement to address need for clarification, for support, guidance, etc., however those did not take place evenly across regions.



The survey reveals that the SHAPE capacity strengthening process is perceived as the most impactful activity from the HCS programme, with 79.17% of respondents acknowledging its contribution to improvements. In contrast, coaching and mentoring received the least recognition, with only 16.67% of

participants selecting it. It is likely that the lower % of respondents selecting this activity reflects the fact that fewer people participated in it, compared to more widely accessible SHAPE activities and online courses. The Kaya e-learning courses also stood out with 58.33% indicating a strong preference for this mode of learning. Regional in-person workshops (50%) and online courses/webinars (37.5%) are also notable contributors, suggesting that a blended approach to training is effective.

Choices	Responses	Percentage
<input type="checkbox"/> SHAPE capacity strengthening process	38	79.17%

<input type="checkbox"/> Kaya E-learning courses	28	58.33%
<input type="checkbox"/> Regional in-person workshops	24	50%
<input type="checkbox"/> Online course and webinars (including HLG)	18	37.5%
<input type="checkbox"/> Training of Trainers - Core Humanitarian Standards	18	37.5%
<input type="checkbox"/> Training of Trainers – General	16	33.33%
<input type="checkbox"/> Coaching and mentoring	8	16.67%
<input type="checkbox"/> Other (please specify):	2	4.17%
Total	48	

Table 9 HCS related improvements observed

We have implemented what we proposed, so of course we have got what we needed.

-Dilip Gurung, Deputy Director, Community Support Group (CSG), Nepal

3.2 Relevance and Responsiveness

3.2.1 Responsiveness to Capacity Needs (EQ4)

EQ4 enquired whether the programme was responsive to HelpAge’s partners’ needs, and whether the activities proposed were perceived as accessible and of good quality.

An overwhelming majority of members noted the programme was relevant to them and aligned well with their organisational goals. The organisations identified key gaps through the SHAPE framework and addressed them through hiring consultants, coaching, and collaborative feedback from HelpAge with significant flexibility. Overall, the trainings improved organisational capacity, fostering inclusivity and responding to gaps in humanitarian standards.

Some of the **most appreciated characteristics** of the programme was the quality of the facilitation, the relevant and ‘field-based’ experiences brought by the facilitators and the quality of the contents proposed. The practical examples, real-life scenarios and interactive forms of training were deemed the most beneficial. For SHAPE and the in-person regional workshops, participants appreciated having enough time to plan those activities in advance.

There were an agenda and a direct dialogue, clear and concrete, with HelpAge’s facilitators. It was organised in advance, which made it possible to plan and prepare with sufficient time.

-Maribel Aguilar, Executive Director, Asociación Alianza de Salvadoreños Retornados (ALSARE) El Salvador

They (the facilitators) did not only have theoretical expertise, but they also had practical experience from a variety of field contexts.

-Luis Francisco Cabeza, Executive Director and Founder, Asociación Civil Convite (Convite), Venezuela

Some **challenges** were identified around language, especially for non-native English speakers, for whom the quantity of contents in their language was not as broad, while identifying qualified consultants to support organisational development in other languages could prove difficult. Having to

translate the report to English also added extra work for non-English speaking partners. For the Latin America region specifically, the difference in time zones made it difficult to attend certain meetings and online convenings, with respondents mentioning some activities taking place at 5:00 am and earlier in their region. Internet connection and power interruptions were also a challenge, especially for frontline staff and volunteers outside the capitals, which could have benefited more from in-person trainings. Online trainings were less accessible to older people who may have been less familiar with virtual learning technology. Finally, the quantity of activities, coupled with their own workload, made it difficult for some to sufficiently commit to all components of the HCS, for both HelpAge staff and network members. Funding limitations and environmental policies also limited travels, which in turn limited valuable face to face interaction.

The responses to the question regarding the extent to which the HCS programme addressed priority capacity gaps within the organisation indicate a predominantly positive perception among participants. A significant majority, (83.33% combining "Very high extent" and "High extent"), feel that the programme effectively addressed their gaps. Only a fraction (2.08%) believe it did not address gaps at all, and none reported a low extent of impact.

The moderate extent category received 12.5% of responses, suggesting that while some participants see room for improvement, the overall sentiment is largely favourable. The "Other" option also indicates that 'the majority of support were highly relevant for partners and programmes.'

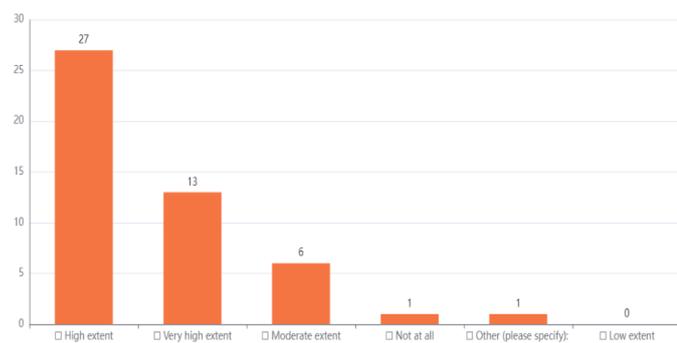


Table 10 Relevance to partners' priorities

3.3 Partner-Led Programming, Localisation and Equitable Partnerships

This section examines how effectively HCS operationalised PLP principles as presented in HelpAge PLP strategy and contributed to localisation and equitable partnerships. It brings together the PLP dimension (EQ2, EQ7) with the NEAR localisation lens (EQ12, EQ13) to provide an integrated assessment of how power, ownership, and partnership were experienced across the programme.

3.3.1 Alignment with Partner-Led Programming Principles (EQ2) and Equitable and Complementary Partnerships (EQ12)

EQ2 assessed how effectively the HCS aligns with PLP principles (local leadership, capacity strengthening and skill sharing, mutual accountability, contextual relevance, empowerment and participation, and resource sharing), while EQ12 examines how the HCS contributed to more equitable and complementary partnerships, including through partner engagement throughout the programme cycle.

To answer those questions, the KII and survey assessed whether partners **influenced priorities and pace** of the HCS programme. Findings from KII suggest that HelpAge played an advisory role while partners maintained decision-making power within the SHAPE programme but had limited influence over the design of the HCS programme itself, as most partners entered once the programme had already started and used the tools and methodologies proposed by HelpAge. Those were initially developed as part of the Start Network Shifting the Power initiative and piloted in Asia.

Despite this, the degree of **autonomy and self-direction** embedded in the design of the SHAPE framework was highly regarded by participants. The initial self-assessment let them determine their

own priorities, and adjustments during the implementation phase (including timing, budget reallocation, priority shifts, etc.) were easily and flexibly coordinated with HelpAge, demonstrating trust and a supportive rather than prescriptive approach. Some organisations were actively involved in regional workshops design and some of the online sessions, influencing direction and contents. Decision-making on how to implement the programme and spend the associated funds was owned by the partners, with HelpAge playing what respondents described as a supportive, adaptive (to contexts uniqueness), and advisory role. Limitations to establishing priorities came mostly from funding constraints, which meant for a small number of partners that certain priorities could not be supported. Influence over the Kaya e-courses was minimal, as the courses came already designed by HelpAge and other institutions. Partners had full autonomy in the selection of which courses to prioritise.

It's different to other partnerships, because they are a real partner, they are flexible and supportive, they listen and act based on our feedback.

-Nabila, CEO, Life Makers Meeting Organisation (LMMPO), Yemen

Overall, partners also report being satisfied with the **level of engagement throughout the programme cycle** (referring to the SHAPE component) as they led priority setting, implementation and self-assessment at the beginning and the end of the programme.

Our relationship with HelpAge is not a sub-contracting relationship, they are truly a partner-led organisation. They are generous in their relationships, meaning they really care about us and they invest their time to bring the best results to partners, whether it's directly connected to the HCS scope or outside. As long as it benefits us, they will support.

- Mustafa Alokoud, Humanitarian Advisor, Hope Revival Organisation (HRO), Syria

As per the **quality of partnership**, most respondents described an **equitable, healthy and mutually beneficial** partnership. Partners did not feel like mere implementers or sub-contractors and were treated as equal interlocutors. Respect and mutual understanding prevailed over transactional interactions, with a high degree of flexibility and autonomy given to the partners, allowing for useful contextualisation and innovation within the programme. Several partners mentioned appreciation for the reasonable reporting and documentation demands, which were – in most cases – not perceived as overwhelming or unnecessarily heavy.

Partner organisations felt that they were genuinely in the **driving seat** in all aspects of the SHAPE framework implementation, with minimum constraints related to the main donor's timeframe. The peer-to-peer support provided in some instances, where a partner played the role of a mentor to another organisation in another country, was also regarded as a **strong example of partner-led programming**.

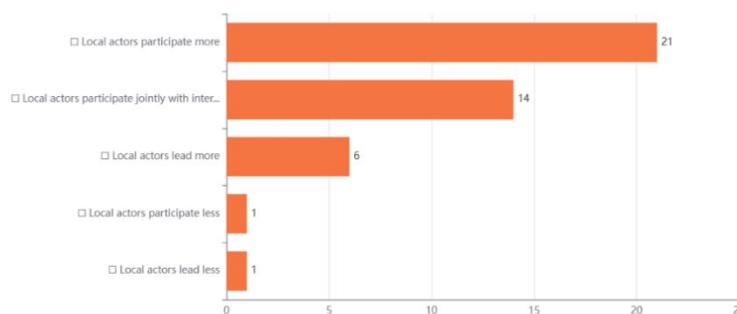
It's a healthy partnership, HelpAge always respected our mandates; we have a mutual understanding. HelpAge never forced us to do anything; they used to guide and advise us on how to become an independent organisation.

-Lal Bahadur Mahara, Programme Director, Forum for Awareness and Youth Activity (FAYA), Nepal

Respondents highlighted the **supportive role** provided by HelpAge to its partners, emphasising **open communication**, trust, flexibility and responsiveness to questions, feedback and concerns. While no partner mentioned having serious concerns to raise throughout the programme, most said they would have felt comfortable raising them to HelpAge due to the trust-based nature of the relationship established. A notable point raised by a few partners is the reduced availability of HelpAge mentors following **restructuring in September 2025**, which led to unclarity on who should be contacted for

queries at the regional and global levels, and less responsiveness due an increase workload for the remaining staff members. Former HelpAge country offices, which transitioned to independent national organisations, also felt occasionally that the former hierarchy global vs national office continued to play out, sometimes affecting the quality of the partnership. Feedback was taken on a regular basis, mostly through the monthly meetings and updates, one-on-one meetings between the accompaniers and partners, and via written feedback provided following capacity strengthening activities.

The survey reveals that most respondents (48.84%) believe that local actors are participating more in humanitarian crisis planning and response. This suggests a positive trend towards increased involvement of local organisations, which is essential for culturally relevant and effective responses. However, a notable percentage (32.56%) indicates that local actors are participating jointly with international actors, highlighting an approach that may still be necessary in certain contexts. The minimal responses indicating that local actors lead less (2.33%) or participate less (2.33%) suggest that there is a strong perception of growing local leadership and participation.



Choices	Responses	Percentage
<input type="checkbox"/> Local actors participate more	21	48.84%
<input type="checkbox"/> Local actors participate jointly with international actors	14	32.56%
<input type="checkbox"/> Local actors lead more	6	13.95%
<input type="checkbox"/> Local actors participate less	1	2.33%
<input type="checkbox"/> Local actors lead less	1	2.33%
Valid Count Per Participant	43	

Table 11 Local Leadership in Humanitarian Response

In general, the supportive structure of HelpAge enabled organisations to independently make the most of the support offered and to develop inclusive humanitarian programmes. The focus on mentorship and capacity strengthening efforts tailored to specific organisational goals and the built-in flexibility of the HCS programme contributed to sustained impact and effectiveness through shared decision-making and adaptive strategies. The above findings are consistent with selected NEAR LPMF dimensions related to equitable partnerships and local leadership, particularly in relation to decision-making authority, flexibility, and partner autonomy; however, the programme did not explicitly position itself as a localisation initiative.

3.3.2 Support During Capacity Journeys (EQ7)

EQ7 assessed the adequacy of the support provided throughout the participants' journey by looking at the models employed, the opportunities the support unlocked, and the reasonableness of the programme demands vs benefits and partners' capacity and availability.

The support models offered by HelpAge (accompaniment, coaching and mentoring, ToT component, and multi-format trainings) were viewed positively by most respondents, who reported engaging in a

range of ways, including resources transfer, facilitation support, technical (coaching and mentoring) support for policy/strategy development and quality assurance, online and in-person technical trainings. The **significance of the accompaniment model** in enhancing interpersonal engagement and empowering individuals to address their own challenges was highlighted. The average SHAPE engagement of two years was deemed sufficient for a solid change process initiation, but partners acknowledged that the **long-term nature of the changes** proposed require **continuous engagement** beyond the programme duration. Less common but notable cases of support to joint emergency response fundraising and implementation as well as peer-to-peer coaching were highlighted by partners as particularly useful.

As highlighted in previous sections, the programme was **self-paced, adaptive and responsive**, which made it suitable to the wide array of needs, size and contexts in which partners operate. Most respondents indicated that the flexibility embedded in the programme made it manageable in terms of time and commitment, despite challenges being raised in navigating recurring emergencies and competing priorities in parallel to investing in a sustained organisational development process. HelpAge provided ongoing technical support and resources, facilitating workshops and consultations, though there were concerns about balancing professional commitments with training opportunities, which limited in particular the participation of some decision-makers to the extent desired.

Challenges included **technological barriers** for older individuals, and coordination of logistics for training sessions, especially when travelling was involved. Respondents note that while the approach has been effective, resource limitations, **particularly time constraints and high ratios of SHAPE partners to accompanier**, hindered full support at time, a trend that has increased since the restructuring. Numerous respondents called for a dedicated SHAPE coordinator to improve time management and enhance programme effectiveness.

When asked if **“the support provided helped participants apply learning independently (rather than creating reliance on external support)”** the data indicates a very positive perception, with 79.17% of respondents agreeing/strongly agreeing that the support helped them apply learning independently. A small percentage (2.08%) disagreed, while a significant portion (18.75%) remained neutral. This suggests that most participants found the support effective in fostering independent learning.

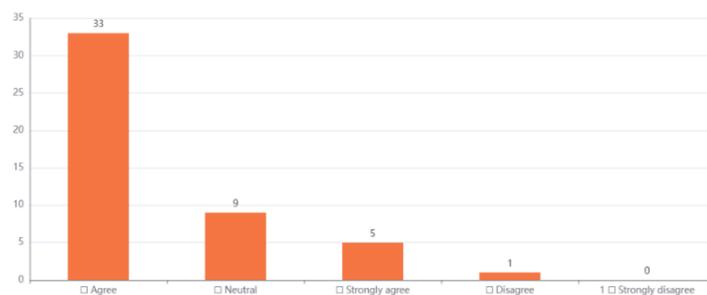


Table 12 Support Enabling Independent Learning Application

Overall, the project received positive feedback for its flexibility and comprehensive support, leading to improved management, emergency responses, internal organisational policies and ongoing collaboration with stakeholders, particularly in humanitarian coordination efforts mostly within the country. The emphasis on accompaniment that supports independent application of learning (rather than reliance on external support) also contributes indirectly to longer-term localisation outcomes, discussed further in Section 3.3.4.

3.3.3 Locally Led Capacity Strengthening (EQ13 and EQ15)

EQ13 explored to what extent the HCS programme was demand driven, providing in-depth insights into the value of the embedded programme flexibility. It also looked specifically at financial management capacity strengthening and the contribution to financial independence among partners as well as at the way the programme allowed a power shift in the design, implementation and conduct of the activities. Complementarily, EQ15 assessed whether partners’ work, expertise and engagement

were recognised and valued fairly. This subsection draws selectively on NEAR’s localisation concepts, particularly local leadership, autonomy, and peer-to-peer exchange, to interpret findings related to demand-driven capacity strengthening, while remaining grounded in observed programme practice.

The organisations expressed satisfaction with the **flexibility** and open communication with HelpAge, nothing they were able to shift priorities, focal points, redistribute focus, postpone activities and that changes were mostly driven by partner’s feedback. An example is the incorporation of regional trainings, which were not part of the initial design, but were included as a result of partners’ requests.



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Policies developed under the SHAPE framework have strengthened **financial management** and systems, transparency and accountability, enhancing predictability and long-term planning for some but not all partners. Resource mobilisation remains a priority for many, while very few partners mentioned having significantly improved in that area. Nevertheless, at least four partners indicated having secured additional funding as a result of the support received through HCS, and staff perceived partners showed increased confidence in applying for new funding opportunities because of better, more compliant policies and systems.

Recently we were able to raise an alert and respond to a drought, we accessed fund through the START fund. - Marck Chikanza, National Director, National Age Network of Zimbabwe (NANZ) Zimbabwe



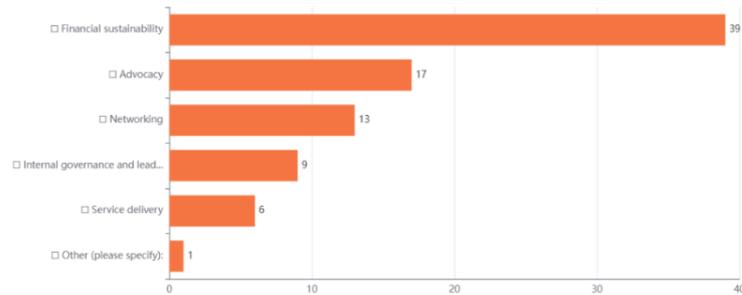
NANZ - Zimbabwe, HCS participation feedback

We had resources from WFP, we are the only national NGO funded by WFP, and we attribute it to SHAPE because now we were more strategic in developing the proposal and we shared with WPF our policies, strategic plan which were well aligned with their policies, as they speak about inclusive humanitarian actions.

– Andrew Kavala, Country Director, Malawi Network of Older Persons’ Organisations (MANEPO), Malawi

Training in financial management and risk management has bolstered internal capacities, leading to better financial planning, but **gaps still exist in financial sustainability** that require ongoing support from HelpAge, as financial stability is being increasingly difficult to achieve in the current global funding environment. Some organisations still seek improved practices and knowledge in fundraising and risk management, as their SHAPE process focused on other priorities.

Survey data reveals that the area of "Financial sustainability" was perceived as the hardest to strengthen, with a significant 90.7% of respondents indicating this challenge. In contrast, "Service delivery" was seen as less challenging to improve, with only 13.95% of participants selecting it.



Other areas such as "Advocacy" and "Networking" had moderate responses at 39.53% and 30.23%, respectively, while "Internal governance and leadership" also showed to be challenging at 20.93%.

Choices	Responses	Percentage
<input type="checkbox"/> Financial sustainability	39	90.7%
<input type="checkbox"/> Advocacy	17	39.53%
<input type="checkbox"/> Networking	13	30.23%
<input type="checkbox"/> Internal governance and leadership	9	20.93%
<input type="checkbox"/> Service delivery	6	13.95%
<input type="checkbox"/> Other (please specify):	1	2.33%
Valid Count Per Participant	43	

Table 13 Hardest Capacity Areas to Improve

In terms of **power shift**, the programme showed a substantial amount of autonomy, leadership and decision-making left to partners. While most were not involved in the design of HCS programme, the very nature of the programme let them choose what each wanted to focus on and take the lead on how to reach the goals they set for themselves. This was also reflected in the flexibility and independence given to partner in the planning, organisation and resource spending throughout implementation, where the only requirement, as one of HelpAge staff put it, was to 'update us regularly on progress and challenges faced'.

Another element which illustrates a practical shift in power dynamics is the integration of a **peer-to-peer** component, in which a partner benefited from the SHAPE support while playing the role of the accompanier for another, newer partner organisation.

With support from HelpAge, colleagues from Zimbabwe assisted in developing strategies for Zambia, colleagues from the Philippines supported a partner in Bangladesh, including policy development and remote support.

While the evaluation could not dedicate a full chapter to this aspect of the programme, the partners interviewed who engaged in this process as mentors reported feeling empowered in their supportive role, while the partners receiving coaching felt supported and appreciated the opportunity to learn from another organisation with similar organisational goals.

Regular catch-up meetings and workshops facilitated **knowledge sharing and localisation of practices**, drawing on examples from partners, especially across the Africa region. Peer-to-peer exchanges through HelpAge enhanced learning and the dissemination of best practices, with training sessions and internal dedicated exchange spaces where good practices from one region were shared to help solve common issues across the network. The ToT component played a pivotal role in enabling replication and knowledge dissemination within and between participating organisations. While learning exchanges occurred, improvements are needed for regular reviews and sharing practices within the network, which were often hampered due to busy schedules and perceived to be unevenly encouraged across regions. As will be further discussed in the recommendation section (5) however, the most across both partners and staff believe that the HCS programme could be enhanced with a more structured and systematic approach to experience exchanges, best practice and knowledge sharing across HelpAge’s network, including extending it to more local and community-based organisations representing older persons.



Africa Regional Training.
February 2024

All respondents indicated feeling their work, **contribution and expertise had been acknowledged** fairly during the programme, highlighting specifically joint responses to emergencies that occurred while the HCS programme was ongoing, but which were managed under HelpAge’s broader humanitarian response. HelpAge also ensured adequate partner visibility in its reporting to the donor, and in some instances involved partners in donor meetings for specific emergency responses. However, some respondents felt that their region was deprioritised in external communications by HelpAge compared to other regions, potentially linked to donor interests, despite being well-established network members. Others also mentioned they felt they were often asked to contribute, participate, provide inputs, but that they were not systematically informed of how their contributions were used and shared. Overall, their contribution to the HCS programme and other responses was acknowledged, and the majority expressed the wish to continue to partner with HelpAge on various projects, showcasing mutual trust and benefit.

Finally, while HCS was not designed exclusively as a localisation programme, its partner-led design, flexibility, and peer-based modalities generated outcomes that align with several NEAR localisation dimensions, particularly at the level of partnership practice rather than system transformation.

3.4 Inclusion and Accountability of Older Persons

This section examines how the HCS contributed to improve the quality of inclusion of and accountability to older persons through changes in partners’ policies and practices, as well as through the way partners were able to use HCS support to amplify the voice of older persons in their networks and spheres of influence.

3.4.1 Improvements in Inclusion of Older People (EQ6)

The capacity strengthening received from HelpAge **significantly contributed to improve the organisations’ ability to respond to emergency situations, particularly for older persons (OP) and persons with disabilities (PWD)**. According to partners, it contributed to enhance their understanding of common issues faced by those groups of people and allowed for targeted assistance during crises.

Staff interviewed highlighted that while partners had different priorities and mandates, the inclusion theme was a unifying one which all partners decided to prioritise via the SHAPE framework and addressed by enrolling in thematic online trainings.

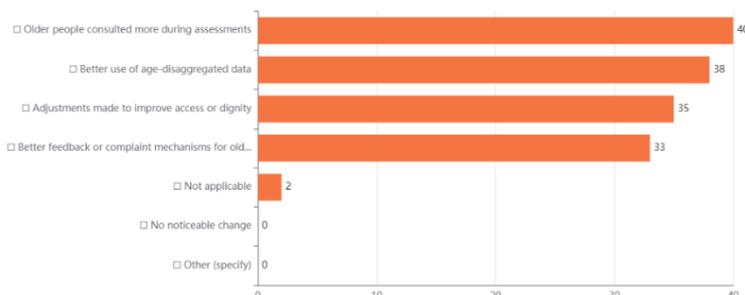
Concrete changes made by partners to their policies, which translated into practices, included adopting more inclusive tools for needs assessments (i.e. inclusion of the Washington Group Questions), adapting MEAL systems, designing responses based on age-disaggregated data and strengthening the targeting approach for older persons, incorporating/strengthening the place of older persons in their mandate and core strategies, as well as hiring inclusion specialist or equivalent dedicated staff with HCS resources. Specific examples of policies that were revised and/or developed by partners include more inclusive emergency response manuals, safeguarding policies, codes of conduct and HR onboarding processes.

Some partners developed complete age inclusion policies, while others focused on adopting organisational ethics for working with older persons. Many of those organisational policy changes translated into practical changes in the way the partners addressed the needs of older persons, including by enrolling older persons in community outreach teams, distributing assistance at the household instead of in public distribution points, or adopting a companionship approach in care centres for older persons. While most partners mention that the inclusion of older persons was already part of their vision and mission, the support provided by HCS programme helped them operationalise their strategic intentions. A few partners indicated needing additional support during the implementation phase to fully put into practice newly developed policies and tools.

The survey results for the question "Since HCS, have you noticed any of the following in your work?" indicate a generally positive trend in the **perception of changes related to the treatment and consideration of older individuals**

in the workplace. The highest percentage of respondents (83.33%) noted that "Older people were consulted more during assessments," suggesting a strong recognition of increased engagement with this demographic. 79.17% observed "Better use of age-disaggregated data," which reflects an

improvement in data practices that could enhance decision-making and policy formulation. "Adjustments made to improve access or dignity" received a favourable response from 72.92% of respondents, indicating a commitment to enhancing the experience of older individuals in various settings. The least notable change was seen in "Better feedback or complaint mechanisms for older people," with 68.75%. This suggests an area that may require further attention to ensure that older individuals can voice their concerns effectively.



Choices	Responses	Percentage
<input type="checkbox"/> Older people consulted more during assessments	40	83.33%
<input type="checkbox"/> Better use of age-disaggregated data	38	79.17%
<input type="checkbox"/> Adjustments made to improve access or dignity	35	72.92%
<input type="checkbox"/> Better feedback or complaint mechanisms for older people	33	68.75%
<input type="checkbox"/> Not applicable	2	4.17%
<input type="checkbox"/> No noticeable change	0	0%

<input type="checkbox"/> Other (specify)	0	0%
Valid Count Per Participant	48	

Table 14 Reported Changes in Age-Sensitive Practices

3.4.2 Accountability to Older People (EQ6)

A great number of partners adopted a more inclusive approach, revising policies and adopting practices to ensure the involvement of older persons in **consultations and decision-making processes**. Partners were able to address **accountability** gaps by diversifying their feedback mechanisms, including allowing for oral surveys, simplifying languages around the response provided, and even organising intergenerational workshops to capture experiences across age groups. A few partners also mentioned incorporating the CHS into their organisational work after receiving the training and adapting it to ensure older persons' inclusion, with some acceding to the CHS Alliance as members (i.e. Asociación Civil Convite, Venezuela). Communications and messaging were also adapted to ensure older people were included in how service delivery is presented to communities. Finally, inclusion principles, especially the use of age disaggregated data, were incorporated into programme design and implementation.

We diversified the feedback mechanisms to show that we have places where the community can reach out directly. It has strengthened our accountability and consultation processes with the communities. We have better feedback mechanisms, hotlines, etc. in IDP sites.

– Abass Aden, Operations Manager, Horn International Relief and Development Organisation (HIRDO), Somalia



HIRDO - Somalia, HCS participation feedback

As to whether older persons were **included in the design of the HCS** programme, the data collected suggest they were not, or to a very limited extent. However, through the SHAPE programme, some partners did consultations with them, and their inputs were taken into consideration in the development of the organisational capacity strengthening plan.

Finally, partners also mentioned positive developments in their ability to **advocate for older people** in different coordination spaces. Working on advocacy capacities and strategies helped some of them gain confidence to speak on the importance of inclusion in humanitarian coordination and national dialogue platforms, present their results and key messages more effectively, while others were proactive in reaching out and building alliances with other like-minded organisations. While it is difficult to attribute all those efforts exclusively to the HCS programme, a few examples were linked to the support received through HCS, as a result of prioritising advocacy and coordination in SHAPE capacity strengthening plans. Asociación Civil Convite (Venezuela), with support from HCS, was able to hire an inclusion officer, which allowed the organisation to fully commit to advocating for the inclusion of older people in the national humanitarian architecture. This resulted in the creation of a Working Group on Age and Inclusion which produced a guide for inclusive humanitarian action, which was later translated and adopted at the country level. Another example includes the successful introduction by Asociación Alianza de Salvadoreños Retornados (ALSARE, El Salvador) of assistance to older people in emergencies and disasters as a key topic in intergovernmental dialogue fora following several months of engagement in the HCS programme. Finally, National Age Network Zimbabwe (NANZ¹) highlighted the organisation's substantial contribution to the revision of the national ageing policy, where they were able to influence and improve the emergency response chapter of the policy. They attribute the quality of their contribution partially to the trainings received via the HCS programme.

The responses to the survey indicate a generally positive shift in understanding the needs of older people after HCS, with 77.08% of participants either agreeing or strongly agreeing. However, the presence of 6.25% who strongly disagree and a neutral response rate of 16.67% suggests that there are still areas for improvement.

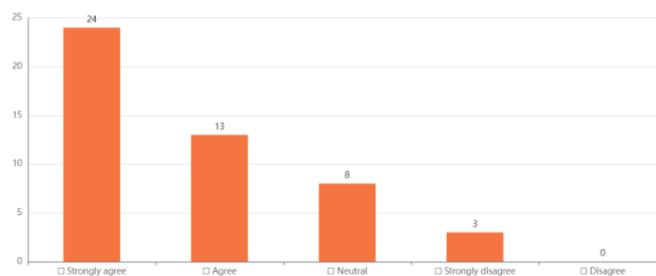


Table 15 Improved Understanding of Older People's Needs

3.5 Effectiveness of the HCS programme

3.5.1 Training and Learning Effectiveness (EQ5)

EQ5 assessed the effectiveness of the different trainings/courses and examines how the knowledge was applied. While the question focuses on individual learning, some of the information presented is relevant to both the individual and the organisational level.

Training programmes have improved staff capacity, particularly around disaster risk reduction and humanitarian response, leading to better advocacy for older persons. At the individual level, the most valuable knowledge gains reported by interview respondents were highlighted in the areas of **inclusion**, **CHS** and **SPHERE** standards, as well as in MEAL and SADDD. In terms of practice, there were limited examples of concrete behaviour change at the individual level, however partners did mention that their teams were required to adhere to, and were working to apply new policies adopted, referring to examples in the areas of inclusion, in practical humanitarian response scenarios, or in key organisational areas such as HR, finance, procurement. A few partners mentioned that the training contents were further simplified, adapted and applied to their context by the implementation teams, and some respondents at management level reported observing an increase in their staff's confidence in coordination space.

¹ Additional details shared by NanZ's National Director on how HCS supported capacity strengthening can be found in the following video <https://www.youtube.com/watch?v=kLB9M-spACU>.

A positive effect reported by HelpAge Tanzania is that the SHAPE programme specifically contributed to **improve internal communication, coordination and teamwork** between the different departments of the organisation as a result of individual engagement around a common vision. Another notable observation made by a few partners is that organisations often preferred to focus on policies and system changes over individual training, as turnover and staff mobility often make it more difficult to retain those investments. Staff interviewed also converged on the lack of ability to really assess knowledge retention and subsequent behaviour change for trained individuals, given the large number of courses offered and the flexibility partners were given to 'mix and match' and enrol their personnel as they saw fit.

The survey results indicate that "Accountability (to affected people)" and "Compliance (to donors)" are the most improved aspects of programming within the organisation, with response rates of 88.37% and 81.4%, respectively. These high percentages suggest that the organisation has made significant strides in ensuring responsibility and adherence to donor requirements, which are critical for maintaining trust and transparency. In contrast, "Sustainability" showed the lowest improvement at 37.21%, indicating a potential area for growth. The absence of responses for "None" and "Other" suggests that participants felt that improvements were indeed made.

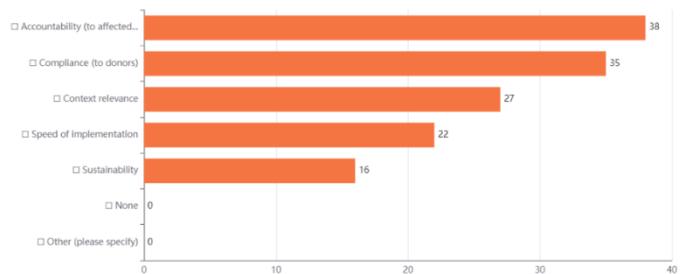


Table 16 Most Improved Programming Aspects - Organisational Level

SHAPE Domain Analysis Framework

- Governance and Leadership (strategy, policies, decision-making)
- Preparedness and Response (planning, implementation, quality)
- Influence (advocacy, networking, external engagement)

While the impact of SHAPE is documented in a cross-cutting manner throughout the evaluation questions, EQ8 and EQ9 focused exclusively on this component of the HCS programme. The following questions address the impact and effectiveness of **SHAPE specifically**.

3.5.2 Integration of New Practices (EQ8)

EQ8 examined to what extent were new/modified systems and practices integrated by looking at policy changes, procedural adoption, new tools or frameworks adopted by partner organisations.

The respondents' contribution outline improvements in organisational policies and strategies to enhance emergency and humanitarian responsiveness.

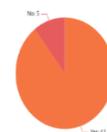


Table 17 Participation in SHAPE

Major changes included updates to the organisational constitution, HR, procurement and financial manuals, emergency preparedness and response manuals, and the development/update of multiannual strategic plans with clearer definition of humanitarian pillars and which place inclusion at their core. A significant number of partners indicated that they have **restructured internal processes** to enhance efficiency, with a focus on participatory decision-making and financial transparency. Key changes in the areas of safeguarding, Prevention of

Sexual Abuse and Exploitation (PSEA) and codes of conducts for staff were implemented by several partners.

Enhanced internal policies improved procurement processes and promoted inclusivity regarding employment practices, representation of older people and people with disabilities, and overall, significantly improved responsiveness to emergencies and disaster situations.

An important area of work several partners is **organisational governance**, whereas roles and responsibilities were clarified and decision-making processes streamlined and made more transparent. Additionally, many partners chose to focus on their MEAL systems, which resulted in better data and more evidence-based programme design, in particular in terms of age inclusion.



SHAPE Workshop with Stop Zambia and Manepoin October 2024

All changes are documented and used. As they're based on our needs, we are working towards achieving them. It's not like our partner is requesting us to make those changes; we are requesting them ourselves.

- Mustafa Alokoud, Humanitarian Advisor, Hope Relief Organisation (HRO), Syria

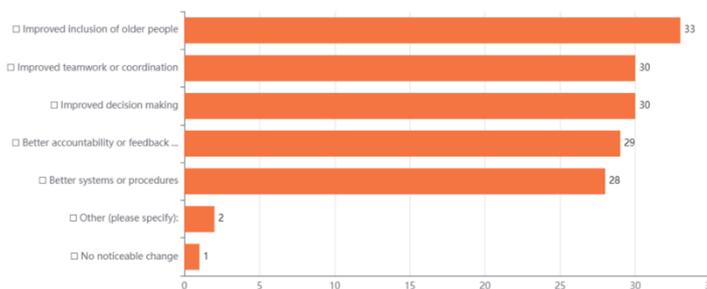
While there is no monitoring system in place to quantitatively track new systems and policy adoption, most partners openly attributed the above-mentioned changes directly to HCS support provided. Furthermore, **examples suggest some changes were integrated and translated into practice**, such as partners securing new partnerships, (i.e. UNHCR, IRC) and funding (i.e. WFP, Start Network), and changes in the proportion of older people supported during emergency responses compared to responses delivered prior to HCS. External recognition by UN agencies/donors and partners were also highlighted as an impact resulting from better organisational performance. Another example is the changes made by Support to Older People (STOP) Zambia to the composition of its board of directors' membership to be more gender and disability inclusive. HelpAge mentors also observed, in some cases, notable improvements in the way partners developed proposals, which reflected clearly investment made in more inclusive frameworks, response strategies and budget development.

Finally, the shift from a small number of partners from being accompanied to accompanying other organisations show a clear step forward in the integration of stronger systems and policies, to the point of being empowered to transfer that beyond their own teams. **This suggests sustained changes in compliance with international standards and more structured operations, significantly benefiting service delivery and networking efforts.** Despite those advances, several partners indicated needing more time and support to move from theory to practice. This was corroborated by staff interviewed, as many mentioned that it had not been possible to observe how partner effectively integrated policies beyond progress reports, procedures and other organisational changes in their day-to-day practice, or clearly stated that they did not have time to fully integrate those, highlighting a risk of 'creating a lot of documents without follow-up' if the programme came to an end.

Overall, 90% of survey respondents indicated that their organisation was engaged in SHAPE programme to some extent. Of those, most respondents observed significant positive changes in various areas, particularly in the inclusion of older people (76.74%), improved teamwork or coordination (69.77%), and improved decision-making (69.77%). The relatively low percentage of respondents who noted "No noticeable change" (2.33%) indicates a consensus on the positive developments within organisations. The "Other (please specify)" option received only 4.65% of

responses, indicating that staff are more aware of how the organisation processes are running practically.

When we asked participants, "To what extent have the capacity changes altered how your organisation operates?", the data indicates that most respondents (74.41%) believe that capacity changes have either moderately (39.53%) or fundamentally (34.88%) altered their organisation's operations. This suggests a significant impact of capacity changes on operational processes. A quarter of respondents (25.58%) feels that operations have only slightly changed.



Choices	Responses	Percentage
<input type="checkbox"/> Moderately changed operations	17	39.53%
<input type="checkbox"/> Fundamentally changed operations	15	34.88%
<input type="checkbox"/> Slightly changed operations	11	25.58%
<input type="checkbox"/> No change	0	0%
<input type="checkbox"/> Other (please specify):	0	0%
Valid Count Per Participant	43	

Table 18 Positive Developments Reported

The survey results indicate that a majority of respondents (53.49%) believe that capacity gains are "Mostly institutionalised" within their organisation, suggesting a strong foundation for these improvements. However, 18.6% of respondents feel that the gains are only "Partially institutionalised," and 11.63% indicate that they are "Dependent on individuals."

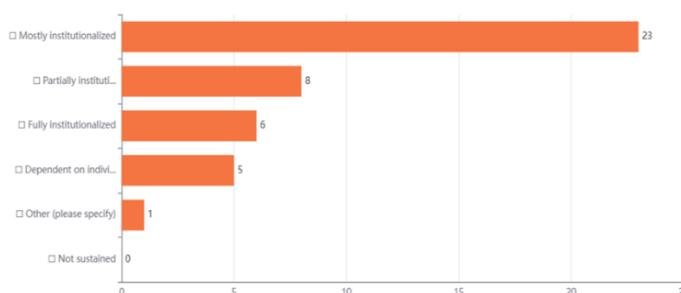


Table 19 Integration of Capacity Gains

The absence of responses for "Not sustained" suggests a general perception that the gains are being maintained to some extent. However, the low percentage who feel gains are "Fully institutionalised" (13.95%) points to an opportunity for further integration into organisational processes.

3.5.3 Organisational Performance Change (EQ9)

Across the portfolio, SHAPE delivered system-strengthening (policies, plans, SOPs, tools), people-strengthening (skills, roles, leadership practices), and positioning-strengthening (more credible participation and influence in coordination/advocacy) across the three SHAPE domains. Important changes were observed across programme documents and primary data in the three key sectors (governance and leadership, influence, and preparedness and response).

Governance and Leadership: Across the portfolio, SHAPE strengthened governance and leadership by supporting partners to develop clearer strategic direction for inclusive humanitarian action through

refreshed strategic plans, vision and mission framing, and operational manuals that more explicitly integrate age, disability, safeguarding, and humanitarian quality standards. Partners also strengthened internal controls and "fit-for-emergency" systems, including updated HR policies for emergency deployment, finance and procurement SOPs, and improved governance and board functioning. MEAL and learning practices were also enhanced through the development of frameworks, SOPs, standard tools, and more consistent attention to accountability and evidence-based decision-making.

Influence, Advocacy, and Coordination: Partners shifted from ad hoc advocacy to more structured influencing, producing advocacy strategies, stakeholder mapping, consistent messaging tools, and staff training to advocate for older people's rights and inclusion. Engagement in coordination spaces and with national authorities deepened, with examples including greater participation in clusters and sub-working groups and formalised engagement with national disaster management agencies. Resource mobilisation foundations were also strengthened through donor mapping, fundraising strategies, indirect cost recovery policies, proposal templates, and peer-to-peer mentoring that advanced localisation objectives.

Preparedness and Response: Practical preparedness capacity increased through the development of emergency preparedness and response plans, contingency planning, simulation exercises, and the creation or strengthening of Emergency Response Teams (ERT) and rosters with clearer activation procedures. Quality and inclusion were embedded more consistently through expanded training on CHS, Sphere, safeguarding, PSEA, Accountability to Affected Population (AAP), and inclusive approaches, alongside better use of sex, age, and disability-disaggregated data. Early evidence points to improved operational readiness and response delivery, with several partners reporting faster and more compliant mobilisation, more confident staff coordination, and application of updated standards during real responses in drought and flood contexts.

The data indicates that most respondents (74.42%) feel that their ability to respond to change or shocks has improved due to strengthened capacity, with an additional 21% reporting that it has greatly improved. Only a minimal percentage (2.33%) indicated no change, and none reported a reduction in their response capability. This suggests a strong positive perception of the impact of capacity strengthening on adaptability to change.

Choices	Percentage
Improved	74.42%
Greatly improved	20.93%
No change	2.33%
Other (please specify):	2.33%
Reduced	0%

Table 20 Ability to respond to shocks and adapt to change

Overall, the dominant portfolio-level result is a shift in institutionalised organisational capability, with partners increasingly able to plan, resource, coordinate, and deliver more inclusive humanitarian preparedness and response with greater autonomy and credibility.

3.6 Sustainability of the capacity strengthening

3.6.1 Sustainability of Capacity Gains (EQ10)

EQ 10 enquired how likely are capacity gains from HCS to be sustained beyond programme support, by assessing ToT replication, coaching skills maintained, systems surviving staff turnover, reduced

reliance on HelpAge, amongst other changes, drawing on sustainability respondents' perceptions on the fragility of early gains and what conditions support or undermine long-term retention.

While many respondents indicated that changes made to policies, strategic plans, norms and procedures were going to remain, they also almost unilaterally conceded that **limited progress had been made in terms of really embedding those beyond documentation**. Many of them had not been able to fully roll policies and strategies out or had not had yet the chance to pilot new procedures in a real-life situation. Partners consider those changes are long-term and such deep transformations cannot be fully achieved within the HCS programme, and most specifically the SHAPE, timeframes.

It has not taken 'depth' yet in the organisation, it's still new, so more needs to be done for it to be synthesised and translate it into more practice. More support to strengthen this is needed, it needs to become the culture of the organisation.

– Katelo Guyo, Executive Director, Pastoralist Integrated Support Programme (PISP), Kenya

Some **indicators of sustainability** beyond 2026 were mentioned, including the approval of new organisational statutes with a clear focus on older people inclusion, approval of strategic plans by the board of directors, approval of revised norms and regulations by the local government level, etc. These mark changes that may not yet have materialised into behaviour change on the ground, but that will remain in the heart of these organisations and guide future actions. Capacity gains frequently framed as sustainable and embedded by partners include changes in inclusion policies and practices, especially targeting and the delivery of age sensitive humanitarian services. These were changes that were often said to appear both in manuals and procedures and which have been reflected by staff practice in recent emergencies (see section 4 for examples).

Case of **capacity gains which led to organisational growth** also include the development of new, multiannual partnerships (i.e. universities, UNHCR), official recognition by the government as key stakeholders on older person's inclusion and/or emergency response matters (i.e. National Age Network Zimbabwe-NANZ), and additional funding secured (Malawi Network of Older Persons' Organisations-MANEPO). A respondent also notes the importance of the ToT on training and mentoring in the sustainability of the programme results, as it will make it easier to replicate and create new trainings for incoming staff, expand it to other areas of the organisation or even to other partners. Nevertheless, no mechanism exists currently to systematically track those efforts. Finally, a partner mentioned hoping the peer-to-peer would continue beyond the current HCS programme, while two of them were worried that these engagements would stop.

Several respondents expressed concerns at the idea of losing HelpAge advisory and coaching/mentoring support, as many feel they would still need it, especially as they rollout their revised policies, norms and procedures. This view was exacerbated by the changes felt after the 2025 restructuring, in which both staff and partners felt that HelpAge Advisors were less available because of an increase workload and/or geographical coverage. Partners and staff also indicated that benefits (current and potential) from engaging with the network on capacity exchange would be lost. Some partners also expressed confusion regarding who and how to contact HelpAge staff after their accompanier left, suggesting clearer communication is needed on what is the support available and what are the new communication channels post September 2025.

Coaching and mentoring from HelpAge staff will be lost, but our organisation will manage as we are maintaining the learning within the organisation and coaching and mentoring each other. Also, we will be looking for further support from HelpAge in the future, as well as from other organisations.

- Dilip Gurung Deputy Director, Community Support Group (CSG), Nepal

Some also feared that without SHAPE funding, it would become harder for them to prioritise some of the organisational strengthening efforts that have been pursuing, including losing some critical

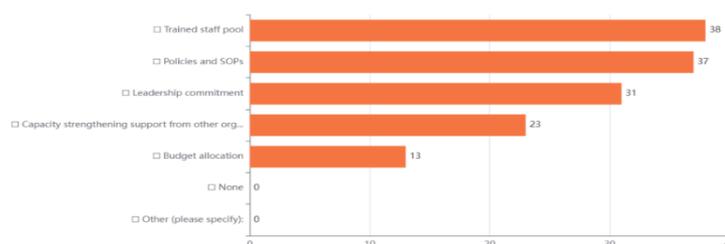
inclusion specialist/officer positions funded by the programme, for which continuity is not yet guaranteed by other funding sources.

A widely shared view is that staff knowledge retention may not last because of staff turnover, funding struggles, and ‘poaching’ of qualified staff by other organisations. While they seek to retain trained staff and build financial capacity, they acknowledge that ongoing funding is essential for maintaining capacity-building initiatives; at least two partners are currently facing challenges with staff retention because of their staff being better trained and able to access opportunities in larger organisations with more financial capacities. A staff also observed that when the process is steered by only one person, it decreases the likelihood of long-term change if that person leaves.

They are very resilient and capacitated, they are not dependent on SHAPE, what could be lost is the potential that could be built upon from the broader network and exchanging learning, best practices and advice.

- Karim Kassab, Humanitarian Programme Manager, MENA and Europe, HelpAge

As per measure taken by partners to integrate changes, the survey results indicate a strong preference for maintaining changes through "Trained staff pool" (88.37%) and "Policies and SOPs" (86.05%), suggesting that respondents prioritise human resources and established guidelines for sustainability. However, "Budget allocation" (30.23%) and "Capacity strengthening support from other organisations" (53.49%) received significantly lower support, indicating potential areas of concern regarding financial and collaborative sustainability.

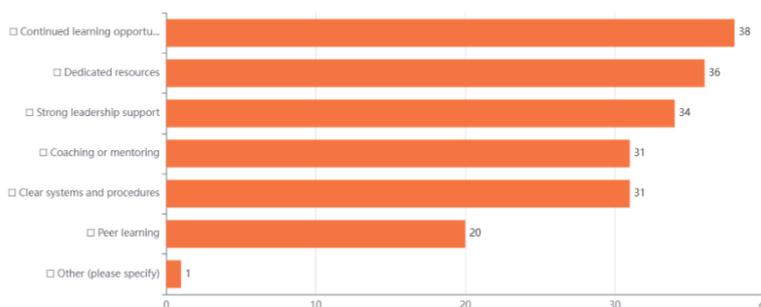


Choices	Responses	Percentage
<input type="checkbox"/> Trained staff pool	38	88.37%
<input type="checkbox"/> Policies and SOPs	37	86.05%
<input type="checkbox"/> Leadership commitment	31	72.09%
<input type="checkbox"/> Capacity strengthening support from other organisations	23	53.49%
<input type="checkbox"/> Budget allocation	13	30.23%
<input type="checkbox"/> None	0	0%
<input type="checkbox"/> Other (please specify):	0	0%
Valid Count Per Participant	43	

Table 21 Sustaining Changes Beyond HCS

The survey also reveals that most respondents believe that "Continued learning opportunities" (88.37%) and "Dedicated resources" (83.72%) are crucial for sustaining changes in the future. Additionally, "Strong leadership support" (79.07%) is also seen as important, indicating a strong preference for ongoing support and resources to maintain progress.

In contrast, options like "Peer learning" (46.51%) and "Other (please specify)" (2.33%) received significantly lower support. This suggests that while collaborative learning



is valued, it may not be seen as a primary driver for sustaining change compared to formal learning and resource allocation.

Choices	Responses	Percentage
<input type="checkbox"/> Continued learning opportunities	38	88.37%
<input type="checkbox"/> Dedicated resources	36	83.72%
<input type="checkbox"/> Strong leadership support	34	79.07%
<input type="checkbox"/> Coaching or mentoring	31	72.09%
<input type="checkbox"/> Clear systems and procedures	31	72.09%
<input type="checkbox"/> Peer learning	20	46.51%
<input type="checkbox"/> Other (please specify)	1	2.33%
Valid Count Per Participant	43	

Table 22 Sustainability Factors

3.6.2 Coordination and positioning (EQ14)

Lastly, EQ14 examined whether the HCS programme strengthened partners' leadership and participation in coordination mechanisms and complementary response by enquiring about partners' participation/leadership in clusters, working groups or equivalent, and whether they are able to influence other actors and coordination spaces to be more inclusive.

Several organisations have made significant strides in **expanding partnerships** for addressing humanitarian issues, particularly with government ministries and international NGOs. Examples include recognition by Unicef Zambia of Support to Older People (STOP) Zambia as a key partner for outreach activities targeting marginalized populations, the recognition of the National Age Network Zimbabwe (NANZ) in Zimbabwe by the national government as a core contributor to the national aging policy review, as well as the creation of a working group on age and disability inclusion which advises the clusters within the Venezuelan humanitarian coordination



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architecture and succeeded in strengthening the language around inclusion in the Humanitarian Response Plan (HRP). In Yemen and Ukraine, Life Makers Meeting Organisation (LMMPO) and the Charitable Foundation We Help (POMAGAEM in Ukrainian) are actively participating in cluster meetings, which was not the case before the HCS programme. In Syria, Hope Relief Organisation (HRO) is engaging with the Ministry of Health on the intersecting impacts of war and ageing on age-related and social protection policies. In El Salvador, the Asociación Alianza de Salvadoreños Retornados (ALSARE) effectively brought age inclusion on the agenda in local inter-governmental coordination dialogues, while in Nepal, Forum for Awareness and Youth Activity (FAYA) was invited to participate in government-led local disaster management committee and are able to bring an inclusion lens to the committee's actions.



FAYA-Nepal - HCS Participation feedback

Training on humanitarian standards has improved staff’s capabilities, enhancing advocacy efforts and technical skills at the individual and organisational levels. This has allowed them to effectively participate in cluster meetings, presenting results more effectively and advocating for older people’s needs. Overall, their engagement in local and global platforms has strengthened their presence and influence, positioning them as advocates for older persons’ rights in humanitarian contexts.

As mentioned in section 3.6.1 above, funding uncertainty is a concern for many partners, and threatens gains in coordination, influence and networking, especially when a key inclusion/advocacy position was funded mostly through SHAPE. The partners who have developed advocacy strategies as part of their SHAPE engagement are still, for the most part, in or before the roll-out phase, and many mentioned needing further support in making transforming it into action.

The data also reveals that a majority (72.09%) feel that coordination among HCS network members and other mechanisms has improved, with an additional 18.6% indicating it has greatly improved. The combined positive response rate is 90.69%, which suggests a strong perception of enhancement in coordination efforts. Only a fraction (6.98%) noted no change, and there were no respondents indicating a decline in coordination.

Choices	Responses	Percentage
Improved	31	72.09%
Greatly improved	8	18.6%
No change	3	6.98%
Other (please specify):	1	2.33%

Table 23 Improved coordination

4. Conclusion

4.1 Overview of Evaluation Questions

The table below summarises the evaluation of the HCS programme against each evaluation criterion, drawing on evidence from the desk review, key informant interviews, online survey, written testimonies and case studies. Scores reflect the weight of evidence across all data sources.

Evaluation Criteria	Score	Justification
Coherence	High	HCS activities were well aligned with strategic objectives; 87.5% of survey respondents rated interventions as well or very well aligned, and programme components (SHAPE, Kaya, ToT, coaching) complemented each other effectively within a consistent yet flexible methodology.
Relevance	High	83.33% of respondents reported that HCS addressed priority capacity gaps to a high or very high extent; the demand-driven

Evaluation Criteria	Score	Justification
		<p>SHAPE self-assessment ensured activities matched organisational needs, though language barriers and time zone challenges limited accessibility for some partners. Interview results highlight the relevance of the support received because capacity strengthening priorities were identified and prioritised by partners, not HelpAge.</p>
Impact	Moderate/High	<p>Partners report enhanced advocacy influence, new partnerships (UNICEF, UNHCR), and contributions to national policy revisions (e.g. Zimbabwe ageing policy, Venezuela HRP); however, longer-term impact on older people's lives is plausible but not yet systematically measured. Changes in policies are clearly observable, while changes in practices, while they exist and are positive, are less systematic.</p>
Efficiency	Moderate	<p>The blended learning model and light reporting requirements maximised partner time for implementation; however, high accompanier-to-partner ratios, post-restructuring staff constraints, and limited in-person delivery relative to demand reduced programme delivery efficiency. This was reported by partners and HelpAge staff alike.</p>
Effectiveness	High	<p>90% of SHAPE participants reported organisational change; 74% said capacity changes moderately or fundamentally altered operations; significant policy and systems improvements documented across governance, MEAL, inclusion, and emergency response, though a gap remains between policy adoption and full operational practice.</p>
Inclusion	Moderate	<p>Partners reported significant improvements in inclusion of older people (83.33% consulting OP more in assessments, 79.17% better use of SADDD), with concrete policy changes (age-inclusive response manuals, safeguarding policies). However, older people were not meaningfully involved in HCS programme design itself, and interviews show that there remains a gap between policy change and rollout in several contexts. The sustainability of those changes is also uncertain, given funding constraints anticipated in the near future.</p>
Accountability	Moderate/High	<p>88.37% of respondents reported improved accountability to affected populations; partners diversified feedback mechanisms, adopted CHS standards, and improved donor compliance (81.4%), though feedback/complaint mechanisms specifically for older people showed the least improvement (68.75%). The degree of accountability from HelpAge to its partners is considered high on all accounts.</p>

Evaluation Criteria	Score	Justification
Sustainability	Moderate	Policy and strategic document changes are likely to endure, and 53.49% report gains as mostly institutionalised; however, only 13.95% consider them fully institutionalised, with significant risks from staff turnover, funding uncertainty (90.7% cite financial sustainability as hardest to strengthen), and limited policy-to-practice translation to date.
PLP/ Localisation	High	The programme provided strong evidence of equitable partnerships, high-quality relationships, and mutual trust between HelpAge and its partners. Partners were consistently in the driving seat, leading priority setting, decision-making, and implementation, while HelpAge played a facilitative and advisory role. This partner-led design not only shifted practical power dynamics within the programme but also influenced partners' own understanding of what equitable partnerships should look like. As a result, partners described their relationship with HelpAge as healthy, impactful, flexible, caring, and supportive, reflecting a clear move away from transactional models towards locally led, trust-based collaboration.

4.2 Unintended Effects and External Constraints

This section documents positive and negative unintended effects on HelpAge's own teams and partners, the wider humanitarian system, and older people directly, as well as maps out external constraints which may have impacted the ability of the HCS to yield optimal results.

Most of the unintended effects reported by the partners are positive. They include:

Resource mobilisation and partnerships

- Increased awareness of funding opportunities and training platform: partners know where to search and monitor opportunities;
- Partnership with a university (MoU, training and internship programme established) and selection as partners by UN agencies;
- More strategic positioning to negotiate complementary capacity strengthening support from other donors/organisations as a result of a well-developed capacity strengthening plan.

Advocacy and influence

- Increased influence on government bodies to engage in humanitarian coordination spaces and discussions on inclusion;
- Increased staff confidence when engaging with other experts on topics they were trained on (i.e. engaging with academics, other humanitarian workers, etc.);
- Strong national positioning and contribution to national age-related social protection policy revisions;
- Influence on practices of humanitarian actors through the creation of manuals and working groups formally adopted;
- Enhanced visibility into a diversity of unique contexts for HelpAge's network members and external allies.

Organisational performance

- Better overall team coordination and integration beyond the humanitarian portfolio as a result of more coherent vision and policies;
- Low reporting requirements meant more time to dedicate to the actual programme.

Only one **negative** unintended effect was identified, however it was mentioned by several partners. At least four partners mentioned losing their staff to larger organisations offering better paid and longer-term opportunities, which they attribute at least partially to the training received by their personnel.

Partners mentioned a variety of **external constraints and limitations** which directly affected their ability to engage in the programme but also may have prevented the programme to reach its full potential in terms of results. Common challenges experienced include political instability/elections, restricted humanitarian space in countries, complex national legal environments for civil society organisations, continuous emergencies to respond to (including droughts, floods, disease outbreak, violence and displacement), time constraints (both HelpAge and partners’ staff) and already overstretched teams, staff turnover, funding limitations, a deteriorating global funding landscape and prioritization of high visibility crises (Gaza, Ukraine) over local emergencies.

Some **context specific constraints** mentioned by individual partners included the distance between training location (for in-person trainings) and where staff live and work, lack of presence in Europe impacting effective resource mobilisation and donor engagement, difficulty in finding local experienced consultants for support (especially in non-English speaking countries), and visa restrictions to participate in global events organised by HelpAge.

4.3 Best practices

Drawing on the evidence presented in Section 3, the evaluation identified five best practices that distinguished the HCS programme and contributed most strongly to its positive outcomes. These represent programme features that should be explicitly maintained and further strengthened in the next chapter of the HCS strategy. Each best practice is grounded in specific findings, linked to evaluation questions, and accompanied by a forward-looking rationale for its continuation.

#	Best Practice	Evaluation Questions
1	The SHAPE Framework as a Partner-Owned Capacity Strengthening Model	EQ1, EQ2, EQ3, EQ7, EQ8, EQ12, EQ13
2	The Peer-to-Peer Accompaniment and Local to Local Mentoring Model	EQ3, EQ7, EQ13, EQ14
3	The Multi-Format, Blended Learning Approach	EQ3, EQ4, EQ5
4	Trust-Based, Flexible and Equitable Partnerships	EQ2, EQ4, EQ7, EQ12
5	Using Capacity Strengthening as a Catalyst for Advocacy, Coordination and External Positioning	EQ6, EQ8, EQ9, EQ14

Best Practice 1: The SHAPE Framework as a Partner-Owned Capacity Strengthening Model

Related Evaluation Questions: EQ1, EQ2, EQ3, EQ7, EQ8, EQ12, EQ13

The SHAPE framework emerged as the most consistently praised element of the HCS programme. Its design embeds partner ownership at every stage: partners conduct their own self-assessment, define their own priorities, lead their own implementation, and self-assess again at the end of the process. This model operationalises Partner-Led Programming (PLP) principles in a way that is both structured and flexible.

Supporting Evidence from the Findings:

- Partners reported being ‘genuinely in the driving seat’ across all aspects of SHAPE implementation, with HelpAge playing a supportive and advisory rather than prescriptive role (EQ2, EQ12).
- The self-assessment at entry allowed each organisation to identify its own gaps and set its own priorities, meaning no two SHAPE journeys were identical — a design feature that maximised relevance across diverse contexts (EQ4, EQ13).
- The built-in funding component gave partners the space and flexibility to put learning into practice without straining their own resources, which was critical for smaller organisations (EQ7, EQ13).
- 93% of survey respondents engaged in SHAPE reported observing organisational change, and 74% said capacity changes had moderately or fundamentally altered how their organisation operates (EQ8, EQ9).
- Adjustments during implementation (timing, budget reallocation, priority shifts) were flexibly coordinated with HelpAge, demonstrating trust and responsiveness (EQ2, EQ7).

Why Maintain and Strengthen in the Next Chapter:

SHAPE’s partner-owned design is a genuine embodiment of localisation principles and distinguishes HCS programme from top-down capacity building approaches common in the sector. It aligns with the NEAR LPMF emphasis on local leadership and the Grand Bargain commitment to support locally led action. In the next strategy chapter, SHAPE should be retained as the backbone of organisational capacity strengthening, with enhancements focused on extending timelines, strengthening implementation support, and building a more systematic policy-to-practice tracking mechanism.

Best Practice 2: The Peer-to-Peer Accompaniment and Mentoring Model

Related Evaluation Questions: EQ3, EQ7, EQ13, EQ14

The introduction of a peer-to-peer component, in which an experienced SHAPE partner played the role of accompanier for a newer partner organisation in another country, was one of the most innovative and highly valued features of the programme. It represents a concrete shift in power dynamics, moving capacity strengthening from an international-to-local to a local-to-local paradigm.

Supporting Evidence from the Findings:

- Partners from Zimbabwe supported strategy development for Zambia; Philippines-based partners provided policy development and remote support to a partner in Bangladesh (EQ13).
- Both mentoring partners and mentee organisations reported feeling empowered by the process — mentors felt valued for their expertise, while mentees appreciated learning from organisations with similar goals and contexts (EQ7, EQ13).
- The model was highlighted by multiple respondents as a strong example of partner-led programming and a practical mechanism for power shift within the network (EQ2, EQ12).

— Regional workshops and the ToT component also facilitated cross-organisational learning and knowledge dissemination, with good practices from one region shared to help solve common issues across the network (EQ3, EQ5).

Why Maintain and Strengthen in the Next Chapter:

This model is among the strongest examples of meaningful localisation emerging from the programme and directly responds to the global humanitarian sector’s call for shifting power and resources to local actors. It builds network resilience by reducing dependence on HelpAge staff and creating a distributed capacity strengthening infrastructure. In the next chapter, this model should be formalised as a core programme component with dedicated resources, structured matching criteria, quality assurance, and explicit recognition of peer mentors’ contributions.

Best Practice 3: The Multi-Format, Blended Learning Approach

Related Evaluation Questions: EQ3, EQ4, EQ5

The HCS programme’s combination of self-paced e-learning (Kaya), live online sessions, regional in-person workshops, ToT, and coaching/mentoring created a comprehensive ecosystem. Rather than relying on a single delivery mode, this blended approach allowed participants to build theoretical understanding first and then acquire practical skills through interactive and face-to-face formats.

Supporting Evidence from the Findings:

- Respondents recognised that the different components complemented each other effectively, with the integration of training formats benefitting both individual staff development and organisational growth (EQ3).
- The SHAPE–Kaya–ToT combination was cited as particularly effective for individual learning (self-paced learning plus interactive exchange), while SHAPE and coaching were the strongest pairing at the organisational level (EQ3).
- Kaya e-learning had the highest participation rate (79.17%) amongst survey respondents, demonstrating strong uptake of accessible online formats, while regional in-person workshops were rated as the most effective for deep learning due to enhanced interaction, knowledge sharing, and networking (EQ4, EQ5).
- The CHS training was mentioned by several respondents as a foundational element that underpinned many of the other trainings received, suggesting effective sequencing of core content (EQ3, EQ5).
- The quality of facilitation, field-based experiences brought by facilitators, and the use of practical examples, real-life scenarios and interactive methods were highly appreciated (EQ4).

Why Maintain and Strengthen in the Next Chapter:

The blended approach reflects current global best practice in adult learning and capacity strengthening, recognising that different learning needs require different modalities. It maximises reach (through e-learning) while preserving depth (through in-person and coaching formats). In the next chapter, this model should be retained and enhanced by: developing a clearer documented learning pathway for partners, increasing the proportion of in-person delivery, and introducing structured post-training follow-up mechanisms to strengthen knowledge retention.

Best Practice 4: Trust-Based, Flexible and Equitable Partnerships

Related Evaluation Questions: EQ2, EQ4, EQ7, EQ12

The relational quality of the HelpAge–partner dynamic throughout the HCS programme was consistently described as equitable, trust-based, and mutually respectful. Partners did not feel treated as sub-contractors or mere implementers, and the programme’s light reporting requirements, open communication channels, and adaptive management approach contributed to a partnership model that stands out in the humanitarian sector.

Supporting Evidence from the Findings:

- Most respondents described an equitable, healthy and mutually beneficial partnership characterised by respect and mutual understanding rather than transactional interactions (EQ2, EQ12).
- Partners reported that HelpAge was flexible and responsive to feedback and concerns, and that changes to the approach were mostly driven by partner feedback — including the incorporation of regional trainings, which were not in the original programme design (EQ4, EQ13).
- Reasonable reporting and documentation demands were specifically praised, with most partners noting they were not perceived as overwhelming or unnecessarily heavy. One respondent noted that low reporting requirements meant more time to dedicate to the actual programme (EQ7, EQ12).
- Most partners said they would have felt comfortable raising serious concerns to HelpAge due to the trust-based nature of the relationship (EQ2).
- Regular monthly meetings, one-on-one meetings between accompaniers and partners, and written feedback following activities provided consistent but non-burdensome communication channels (EQ7).

Why Maintain and Strengthen in the Next Chapter:

In a sector where unequal power dynamics between international and local organisations remain a persistent challenge, the HCS programme’s partnership model provides an evidence-based example of how equitable partnerships can be operationalised in practice. It directly embodies HelpAge’s PLP principles and aligns with CHS Commitment 6 on coordination and complementarity. In the next chapter, this relational approach should be explicitly protected and codified, including in programme design standards and staff performance expectations, to ensure it survives personnel changes and organisational restructuring.

Best Practice 5: Using Capacity Strengthening as a Catalyst for Advocacy, Coordination and External Positioning

Related Evaluation Questions: EQ6, EQ8, EQ9, EQ14

An important and partly unintended outcome of the HCS programme was the extent to which organisational capacity strengthening translated into enhanced external positioning, advocacy, and coordination engagement by partners. The combination of improved internal systems, strengthened technical knowledge, and increased staff confidence enabled partners to step into leadership and influence roles in their national and regional contexts.

Supporting Evidence from the Findings:

- Asociación Civil Convite (Venezuela) created and led a Working Group on Age and Inclusion within the national humanitarian architecture, producing a guide for inclusive humanitarian action adopted at country level (EQ6, EQ14).
- Asociación Alianza de Salvadoreños Retornados (ALSARE, El Salvador) introduced age-inclusive assistance in emergencies as a key topic in intergovernmental dialogue fora (EQ14).

- National Age Network Zimbabwe (NANZ, Zimbabwe) made a substantial contribution to the revision of the national ageing policy, influencing the emergency response chapter, which they attribute partly to HCS training (EQ14).
- Support to Older Persons (STOP) Zambia was recognised by UNICEF as a key partner for outreach to marginalised populations; Life Makers Meeting Organisation (LMMPO, Yemen) and Charitable Organisation We Help (POMAGAEM, Ukraine) began actively participating in cluster meetings for the first time (EQ14).
- Several partners reported increased confidence in coordination spaces, more effective presentation of results, and proactive alliance-building with like-minded organisations (EQ9, EQ14).
- Survey data showed strong inclination towards advocacy improvements, with 81% of respondents rating their advocacy capacity as moderately or significantly improved (EQ8).

Why Maintain and Strengthen in the Next Chapter:

This finding demonstrates that well-designed organisational capacity strengthening can generate multiplier effects that extend well beyond the programme’s immediate scope. It validates HelpAge’s Theory of Change assumption that internal strengthening leads to external influence and shows how localisation investments translate into local leadership in humanitarian coordination. In the next chapter, this pathway from capacity to influence should be intentionally designed and supported, including through dedicated advocacy strategy support, coordination skills training, and systematic documentation and sharing of partners’ policy influence achievements across the network.

5. Recommendations

The following recommendations are grounded in the evaluation findings presented in Section 3, triangulated across document review, KII and the online survey. They are designed to be practical, prioritised, PLP-aligned, and feasible in the post-2025 context. They are organised into strategic recommendations (informing the design and direction of the next HCS strategy chapter) and operational recommendations (guiding programme management, delivery, and quality assurance). Each recommendation is linked to specific evaluation questions (EQs) and rated by priority.

Recommendations reflect current global trends in humanitarian capacity strengthening, localisation, and inclusion, including alignment with the Grand Bargain localisation commitments, the NEAR LPMF, the CHS, and HelpAge’s own 2030 Strategy and PLP principles. They are informed by a capacity strengthening and sustainability lens, emphasising the transfer of ownership, the building of local systems, and the reduction of dependency on external support.

5.1 Recommendations Map

The table below provides an at-a-glance overview of all recommendations, linking each to the evaluation questions that generated the supporting evidence, its priority level, and its classification as strategic or operational. Section 5.2 unpack each recommendation in detail.

#	Recommendation	Evidence Base (EQ)	Priority	Type
S1	Develop/revise/update the HCS Theory of Change to reflect lessons learned, clarify	EQ1, EQ3	High	Strategic

	individual vs. organisational capacity pathways, and articulate expected contribution to localisation outcomes.			
S2	Co-design the next HCS strategy chapter with partners from the outset, including involving partners and older people's representatives in priority setting, methodology design, and governance of the programme.	EQ2, EQ12, EQ13	High	Strategic
S3	Develop a structured sustainability and transition framework, including phased exit criteria, graduated support tiers, and a peer network model to reduce dependence on HelpAge technical support.	EQ10	High	Strategic
S4	Embed a systematic peer-to-peer exchange mechanism as a core programme component, scaling the successful accompanier model and building a formal network of trained partner-mentors.	EQ3, EQ7, EQ13	High	Strategic
S5	Strengthen the inclusion of older people as active participants in the design, governance and monitoring of HCS, moving beyond inclusion as a thematic focus to inclusion as a programme principle.	EQ6, EQ14, EQ15	High	Strategic
S6	Develop a dedicated resource mobilisation and financial sustainability component within the next HCS strategy, supporting partners to diversify funding, and reduce financial vulnerability.	EQ8, EQ9, EQ10, EQ13	High	Strategic
S7	Strengthen the MEAL framework to better track capacity change at organisational levels, with a focus on policy/procedure, behaviour change, and policy-to-practice translation – while seeking to balance reporting burden with objective change measurement across partners.	EQ5, EQ8, EQ9	Medium	Strategic
S8	Position the HCS programme explicitly within the broader localisation architecture (Grand Bargain, NEAR LPMF, Charter 4 Change) and use the next strategy chapter to articulate HelpAge's distinctive contribution to locally led humanitarian action; Integrate the programme objectives with CHS and NEAR standards that would contribute widely to the broader accountability and localisation efforts within the humanitarian sphere and align HelpAge commitments to international ones.	EQ2, EQ12, EQ13, EQ14	Medium	Strategic

O1	Increase the proportion and geographic coverage of in-person and regional training activities, which were consistently identified as the most effective modality for skills transfer, networking, and contextualisation.	EQ3, EQ4, EQ5	High	Operational
O2	Expand the availability of HCS training content, tools, and SHAPE resources in languages beyond English, with priority for Spanish and Arabic and invest in identifying qualified local consultants in non-English speaking contexts.	EQ4	High	Operational
O3	Appoint dedicated SHAPE coordinators at regional level to reduce the accompanier-to-partner ratio, ensure consistent follow-up, and mitigate the impact of restructuring and staff turnover on programme continuity.	EQ7, EQ10	High	Operational
O4	Extend SHAPE engagement timelines (beyond two years) or introduce a second phase 'implementation accompaniment' tier to support partners in translating newly adopted policies into operational practice and sustained behaviour change.	EQ8, EQ9, EQ10	High	Operational
O5	Introduce a structured post-training follow-up mechanism, combining short reflection sessions, thematic communities practice, and periodic knowledge assessments, to address knowledge retention gaps and staff turnover effects.	EQ5, EQ10	Medium	Operational
O6	Establish a formal, cross-regional knowledge management and learning exchange platform (e.g. quarterly thematic exchanges, a digital best-practice repository, annual learning summit; partner visits) to systematise the sharing of innovations and adaptations across the network.	EQ3, EQ5, EQ13	Medium	Operational
O7	Adjust scheduling of online sessions and webinars to accommodate time zone differences, particularly for Latin American partners, and offer asynchronous alternatives (recorded sessions, self-paced modules) for contexts with connectivity challenges.	EQ4	Medium	Operational
O8	Strengthen communication and transition protocols post-restructuring by clarifying partner contact points, support entitlements, and escalation pathways, and ensuring that institutional knowledge is documented and transferred when staff change.	EQ7, EQ10	High	Operational

O9	Include gender-responsive and disability-inclusive participation targets for future HCS cohorts, addressing the gender imbalance identified in survey data (67% male) and the underrepresentation of persons with disabilities.	EQ4, EQ6, EQ15	Medium	Operational
O10	Develop a tracking mechanism to monitor and document how newly developed or revised policies are implemented in practice, including through field-level observation where possible, to close the gap between policy adoption and operational behaviour change.	EQ8, EQ9	Medium	Operational

5.2 Strategic Recommendations

Strategic recommendations address the design, direction, and positioning of the next HCS strategy chapter. They are intended for HelpAge senior leadership, the HCS programme team, and the network governance structures that will shape the programme’s future.

S1. Revise and Strengthen the HCS Theory of Change (ToC)

Evidence Base: EQ1, EQ3 | **Priority:** High | **Actioned by:** HCS Programme Lead, MEAL Team

Supporting Finding:

The evaluation found strong alignment between HCS activities and strategic intent, with consistent methodology across partners. However, the programme did not have a dedicated ToC (embedded in the overall humanitarian programme), which did not sufficiently differentiate between individual and organisational capacity strengthening pathways, and the connection between capacity gains and broader localisation outcomes was not explicitly articulated. Some partners understood HCS as primarily organisational strengthening, while others viewed it more at the individual level.

Recommendation:

The next HCS strategy should include its own ToC that clearly delineates the individual and organisational capacity strengthening pathways, articulates how they interact and reinforce each other, and maps expected contributions to localisation and inclusion outcomes in humanitarian responses. The revised ToC should incorporate contribution pathways that acknowledge the multi-actor environment in which capacity changes occur and include measurable milestones for each level of change. This should be developed in consultation with partners and validated through sensemaking sessions.

S2. Co-design the Next Strategy Chapter with Partners

Evidence Base: EQ2, EQ12, EQ13 | **Priority:** High | **Actioned by:** HCS Programme Lead, HelpAge Senior Leadership, Partner Representatives

Supporting Finding:

Partners reported high levels of autonomy and ownership within the SHAPE framework, but most entered the programme after its design phase was complete and had limited influence over the overall HCS methodology and tool selection. The Kaya e-courses were pre-designed with minimal partner input. While the partnership quality was rated as equitable and supportive, genuine co-design of the overarching programme was limited. Some former country offices felt legacy hierarchies persisted.

Recommendation:

Involve a representative group of partner organisations (including diverse regions, sizes, and levels of HCS engagement) and older people's representatives in the design of the next HCS strategy chapter from inception. This should include co-definition of strategic priorities, methodology, governance structures, and monitoring frameworks. Establish a Partner Advisory Group with defined terms of reference and decision-making authority over key programme design choices. Address residual power dynamics, particularly with former country offices transitioning to independent organisations.

S3. Develop a Sustainability and Transition Framework

Evidence Base: EQ10 | **Priority:** High | **Actioned by:** HCS Programme Lead, HelpAge Senior Leadership, Regional Teams

Supporting Finding:

While partners reported sustainable changes in policies and strategic documents, many acknowledged limited progress in embedding these beyond documentation. Several partners expressed concern about losing HelpAge advisory and coaching support, and the September 2025 restructuring exacerbated anxieties about continuity. Key sustainability risks include staff turnover and 'poaching' of trained personnel, loss of SHAPE-funded positions (e.g. inclusion officers), reliance on individual champions, and insufficient time to roll out newly adopted policies. Only 14% of survey respondents considered capacity gains 'fully institutionalised'.

Recommendation:

Develop a structured sustainability framework that includes: (a) phased exit criteria based on demonstrated capacity milestones; (b) graduated support tiers allowing partners to transition from intensive accompaniment to lighter-touch advisory support to peer-led exchange; (c) a formal peer network model where advanced partners provide mentoring to newer ones, reducing reliance on HelpAge staff; (d) explicit strategies for institutional memory retention, including knowledge documentation protocols and multi-person engagement to avoid single-point-of-failure risks. The framework should include a clear communication protocol for restructuring scenarios.

S4. Scale and Formalise Peer-to-Peer Exchange

Evidence Base: EQ3, EQ7, EQ13 | **Priority:** High | **Actioned by:** HCS Programme Lead, Regional HCS Teams

Supporting Finding:

The peer-to-peer component, where experienced partners accompanied newer organisations, was highlighted as one of the programme's strongest innovations. Partners from Zimbabwe supported Zambia; Philippines partners supported Bangladesh. Both mentors and mentees reported feeling empowered. However, these exchanges were ad hoc rather than systematised, and the majority of respondents across partners and staff called for a more structured approach to experience sharing and best practice dissemination across the network.

Recommendation:

Formalise the peer-to-peer mentoring model as a core programme component with dedicated resources, structured matching criteria, clear terms of engagement, and quality assurance mechanisms. Establish regular cross-regional learning exchanges (not just within regions) and create structured communities of practice with thematic working groups. Explore extending this model to include community-based organisations representing older persons. Ensure the model is resourced to continue beyond individual programme cycles.

S5. Strengthen the Active Participation of Older People in HCS

Evidence Base: EQ6, EQ14, EQ15 | **Priority:** High | **Actioned by:** HCS Programme Lead, Inclusion Advisors, Partner Organisations

Supporting Finding:

The HCS programme achieved significant improvements in partners' inclusion policies and practices for older people, including adoption of Washington Group Questions, age-disaggregated data, and revised response manuals. However, the evaluation found that older people were not meaningfully included in the design of the HCS programme itself. Some partners conducted consultations with older people during SHAPE implementation, but this was not systematic. The programme treated inclusion of older people primarily as a thematic area rather than embedding it as a governance and design principle.

Recommendation:

The next HCS strategy could institutionalise the participation of older people and their representative organisations in programme governance, design, and monitoring. This includes: (a) establishing an older persons' advisory mechanism at programme level; (b) requiring SHAPE partners to demonstrate meaningful consultation with older people in their capacity strengthening plans; (c) integrating older people's feedback into programme quality assurance processes; (d) supporting partners to include older people in their own organisational governance structures as part of SHAPE. This aligns with CHS Commitment 4 on participation and HelpAge's 2030 Strategy.

S6. Develop a Resource Mobilisation and Financial Sustainability Component

Evidence Base: EQ8, EQ9, EQ10, EQ13 | **Priority:** High | **Actioned by:** HCS Programme Lead, HelpAge Resource Mobilisation Team, Partner Organisations

Supporting Finding:

While SHAPE strengthened financial management systems, transparency, and accountability for many partners, resource mobilisation and fundraising capacity remained a priority gap. Very few partners reported significant improvement in this area. Financial sustainability was rated with moderate confidence (48.84%) and as a source of ongoing concern. Some partners secured additional funding (e.g. Start Fund, UNHCR partnerships), but this was not systematic. The deteriorating global funding landscape threatens to undo capacity gains, especially where key positions were SHAPE-funded.

Recommendation:

Integrate a dedicated resource mobilisation and financial sustainability module into the next HCS strategy, including: (a) practical training on donor engagement, and fundraising strategy; (b) supporting partners to develop diversified funding strategies; (c) facilitating introductions to potential donors and supporting joint fundraising with HelpAge and between partners where appropriate; (d) providing targeted support for partners' grant management and compliance systems to meet donor requirements. Consider establishing a small transition fund to bridge critical positions (e.g. inclusion officers) during funding gaps.

S7. Strengthen the MEAL Framework for Capacity Change Tracking

Evidence Base: EQ5, EQ8, EQ9 | **Priority:** Medium | **Actioned by:** MEAL Team, HCS Programme Lead

Supporting Finding:

The evaluation identified a gap in the ability to systematically track capacity changes. Staff acknowledged the lack of ability to assess knowledge retention and subsequent behaviour change for trained individuals. No quantitative monitoring system was in place to track policy adoption and practice integration. The high flexibility given to partners in selecting and combining HCS components made it difficult to assess which combinations were most effective.

SHAPE completion reports provided some evidence and were relatively standardise, but did not always include comparable indicator measurement and not all partners had a monitoring system in place.

Recommendation:

Develop and implement a strengthened MEAL framework that includes a tracking mechanism for policy-to-practice translation, including periodic spot-checks/field-level verification that can be objectively compared across partners. The standardised reporting templates across SHAPE partners are already established, and can be adjusted with simple, not burdensome indicators to enable cross-organisational comparison. The framework should be proportionate, avoid excessive burden on partners, and be co-designed with them.

S8. Position HCS Explicitly Within the Localisation Architecture

Evidence Base: EQ2, EQ12, EQ13, EQ14 | **Priority:** Medium | **Actioned by:** HCS Programme Lead, HelpAge Policy and Advocacy Team

Supporting Finding:

The HCS programme demonstrated strong alignment with localisation principles through partner autonomy, flexibility, and the peer mentoring model. Partners reported strengthened participation in coordination mechanisms, increased influence on national policy processes, and recognition by UN agencies and governments. However, only a small number of partners explicitly connected HCS to the broader localisation agenda (Grand Bargain, NEAR), and the programme objectives were not clearly linked to global globalisation frameworks. The programme’s contribution to locally led humanitarian action was evident but not strategically framed or communicated.

Recommendation:

The next HCS strategy chapter should explicitly articulate how the programme contributes to the localisation commitments of the Grand Bargain and the principles of the NEAR LPMF and CHS standards. This includes: (a) framing HCS as an investment in locally led humanitarian action; (b) developing localisation-specific indicators aligned with the NEAR LPMF and CHS dimensions; (c) communicating partner leadership and coordination achievements as localisation outcomes in donor reporting and external communications; (d) exploring formal engagement with the NEAR Network and Charter 4 Change as part of HelpAge’s institutional positioning.

5.3 Operational Recommendations

Operational recommendations provide specific, actionable guidance for HCS programme management, delivery teams, regional coordinators/advisors, and the MEAL function. They address practical improvements to programme modalities, accessibility, quality assurance, and partner support processes.

O1. Increase/maintain In-Person and Regional Training

Evidence Base: EQ3, EQ4, EQ5 | **Priority:** High | **Actioned by:** HCS Programme Lead, Regional Teams, Finance

Supporting Finding:

Regional in-person trainings were consistently rated as the most effective modality due to enhanced interaction, knowledge sharing, practical skills application, and networking opportunities. However, only 50% of survey respondents participated in them, compared to 79% for Kaya e-learning. Funding limitations and environmental policies constrained travel. Online formats were less accessible to older people and those with connectivity challenges outside capital cities.

Recommendation:

Increase the budget allocation and geographic coverage of in-person regional trainings in the next programme cycle. Where full in-person delivery is not feasible, explore hybrid models that combine brief intensive face-to-face workshops with sustained online follow-up. Prioritise in-person delivery for practical skills components (e.g. emergency simulation, policy drafting workshops) and reserve online modalities for theoretical or knowledge-building content. Ensure in-person events rotate across sub-regions to maximise accessibility.

O2. Expand Multilingual Content and Local Consultant Capacity

Evidence Base: EQ4 | **Priority:** High | **Actioned by:** HCS Programme Lead, Regional Teams, Knowledge Management

Supporting Finding:

Language was consistently raised as a barrier, particularly for non-native English speakers. The breadth of content available in languages other than English was perceived as limited, and finding qualified consultants to support organisational development in other languages proved difficult. Latin American partners faced additional time zone challenges, with some activities scheduled at 5:00 AM in their region.

Recommendation:

Conduct a language needs mapping across the partner network and prioritise the translation/adaptation of core HCS resources (SHAPE tools, key Kaya modules, training materials) into Spanish and Arabic. Invest in identifying, training, and maintaining a roster of qualified local consultants and facilitators in non-English speaking regions. Where possible, co-develop new content with partners in their own language rather than relying solely on translation.

O3. Appoint Dedicated SHAPE Coordinators at Regional Level

Evidence Base: EQ7, EQ10 | **Priority:** High | **Actioned by:** HCS Programme Lead, HR, Regional Directors

Supporting Finding:

Numerous respondents called for a dedicated SHAPE coordinator to improve time management and programme effectiveness. The accompanier-to-partner ratio was identified as a constraint, with HelpAge Advisors managing competing priorities that limited their availability for sustained direct mentoring. The September 2025 restructuring significantly worsened this situation, with both staff and partners reporting reduced availability, unclear communication channels, and increased workload for remaining staff.

Recommendation:

Establish dedicated SHAPE coordination roles at regional level in the next programme cycle, with manageable accompanier-to-partner ratios. These roles should be protected from reassignment to other duties and should include clear terms of reference, performance expectations linked to partner satisfaction and progress, and structured handover protocols.

O4. Extend SHAPE Engagement or Introduce an Implementation Phase

Evidence Base: EQ8, EQ9, EQ10 | **Priority:** High | **Actioned by:** HCS Programme Lead, Regional Teams, Donors

Supporting Finding:

The average SHAPE engagement of two years was considered sufficient for initiating change processes but insufficient for embedding them. Many partners had not yet been able to fully roll out newly adopted policies or pilot new procedures in practice. Partners and staff warned of the

risk of ‘creating a lot of documents without follow-up’ if the programme ended prematurely. Only 14% of survey respondents considered gains ‘fully institutionalised’, while 53% said they were ‘mostly institutionalised’.

Recommendation:

Extend the standard SHAPE engagement timeline to three years, or introduce a formal second-phase ‘implementation accompaniment’ tier (12–18 months) focused specifically on: (a) supporting partners to operationalise new policies and procedures in practice; (b) accompanying partners through at least one real emergency response cycle using new tools and systems (where feasible); (c) conducting joint after-action reviews to refine adopted practices; (d) supporting the transition from external accompaniment to internal quality assurance processes. The phase-two support can be lighter-touch and partner-led.

05. Introduce Post-Training Follow-Up and Knowledge Retention Mechanisms

Evidence Base: EQ5, EQ10 | **Priority:** Medium | **Actioned by:** HCS Programme Lead, Training Team, MEAL Team

Supporting Finding:

Staff acknowledged a lack of ability to assess knowledge retention and behaviour change for trained individuals. Organisations often preferred to focus on policy and system changes over individual training, given that turnover and staff mobility made it difficult to retain investments in individuals. At least two partners reported losing trained staff to larger organisations. The large number of courses offered was greatly appreciated but made systematic tracking difficult.

Recommendation:

Design and implement a structured post-training follow-up protocol that includes: (a) short reflection sessions (online, quarterly) on key topics; (b) support partners to develop internal cascading and onboarding processes to mitigate the impact of staff turnover. Build on the existing ‘training of trainers’ certification pathway to strengthen sustainable knowledge gains.

06. Establish a Cross-Regional Knowledge Management and Learning Platform

Evidence Base: EQ3, EQ5, EQ13 | **Priority:** Medium | **Actioned by:** HCS Programme Lead, Knowledge Management, Communications

Supporting Finding:

Learning exchanges occurred but were perceived as uneven across regions and often hampered by busy schedules. Most respondents called for a more structured approach to experience sharing and best practice dissemination. Examples of successful innovation (e.g. crowdfunding, age inclusion working groups, peer accompaniment) were known locally but not systematically shared across the network. Monthly meetings provided some exchange space but were not consistent across all regions.

Recommendation:

Establish a multi-layered knowledge management system that can include: (a) quarterly thematic cross-regional exchange sessions (rotating facilitation among partners); (b) a digital repository of adapted tools, case studies, policy templates, and implementation guides; (c) an annual HCS learning summit (in-person or hybrid) bringing together partners, staff, and stakeholders, and donors; (d) structured documentation of innovations and adaptations for replication. Assign knowledge management responsibilities to a named focal point within the programme team.

07. Adjust Scheduling and Offer Asynchronous Alternatives

Evidence Base: EQ4 | **Priority:** Medium | **Actioned by:** HCS Programme Lead, Training Team

Supporting Finding:

Time zone differences made it difficult for Latin American partners to attend certain online meetings and convenings. Internet connection and power interruptions were challenges for frontline staff and volunteers outside capital cities. The volume of activities, combined with workload pressures, made it difficult for some to commit to all HCS components.

Recommendation:

Implement a scheduling policy that ensures no region is systematically disadvantaged by session timing, rotating start times across regions or offering multiple time slots. Develop asynchronous alternatives (recorded sessions with discussion forums, self-paced modules with live Q&A follow-up) for contexts with connectivity challenges. Review the overall volume and pacing of HCS activities to ensure they are manageable alongside partners' operational commitments, particularly during emergency response periods.

O8. Strengthen Post-Restructuring Communication and Transition Protocols

Evidence Base: EQ7, EQ10 | **Priority:** High | **Actioned by:** HCS Programme Lead, HR, Regional Directors

Supporting Finding:

The September 2025 restructuring had a notable impact on partner perceptions and programme continuity. Partners reported reduced availability of HelpAge mentors, unclarity on who to contact at regional and global levels, and reduced responsiveness due to increased workload. Several partners expressed confusion regarding communication channels after their accompanier left.

Recommendation:

Develop and implement a formal transition communication protocol that includes: (a) advance notice to partners of any staff changes or restructuring that may affect their support; (b) a clear communication matrix identifying partner contact points at all levels; (c) structured handover processes including a documented partner dossier with history, progress, and pending issues; (d) an interim support plan to maintain continuity during transitions; (e) regular check-in communications from the HCS team during periods of organisational change.

O9. Set Gender and Disability Inclusion Targets for Participation

Evidence Base: EQ4, EQ6, EQ15 | **Priority:** Medium | **Actioned by:** HCS Programme Lead, Inclusion Advisors, MEAL Team

Supporting Finding:

The survey revealed a significant gender disparity (67% male, 33% female) and substantial underrepresentation of persons with disabilities (2.08%) among HCS participants. Online training formats were also noted as less accessible to older people unfamiliar with virtual learning technology.

Recommendation:

Establish gender-responsive and disability-inclusive participation targets for the next HCS cohort. This includes: (a) setting minimum targets for female participation in all HCS components; (b) encouraging partners to consider gender balance and disability representation in their SHAPE nominations; (c) ensuring accessibility of training platforms and materials for persons with disabilities; (d) developing specific outreach strategies to increase engagement of older people in HCS learning activities. Monitor and report on diversity metrics as part of programme reporting.

O10. Develop a Policy-to-Practice Tracking Mechanism

Evidence Base: EQ8, EQ9 | **Priority:** Medium | **Actioned by:** MEAL Team, HCS Programme Lead, Regional Teams

Supporting Finding:

While significant policy changes were documented (updated HR, procurement, emergency, safeguarding manuals; inclusive strategies; restructured governance), staff and partners acknowledged a gap between policy adoption and operational practice. Many staff members mentioned that it had not been possible to observe how partners effectively integrated policies beyond progress reports. The risk of ‘creating documents without follow-up’ was explicitly flagged.

Recommendation:

Introduce a practical tracking tool that monitors the journey from policy adoption to operational implementation. This could include: (a) a simple ‘policy maturity scale’ (drafted → approved → disseminated → applied → reviewed) for each key deliverable; (b) integration of field-level verification where accompaniers observe practice during partner activities or emergency responses; (c) after-action reviews following emergency responses to assess whether new policies and tools were actually used; (d) partner self-reporting against practice indicators (not just output indicators) in completion reports.

Annexes

Annex A: Case studies

Annex B: Evaluation Matrix

Annex C: Data Collection Tools

Annex C1: KII Questionnaire — Partners

Annex C2: KII Questionnaire — HelpAge Staff

Annex D: Written testimonies

Annex E: Survey Questionnaire

Annex F: List of Key Informants

Annex G: Survey Data Summary

Annex H: List of documents reviewed

Annex I: Terms of Reference