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International**

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Age Friendly Project (SRSO/Help_AgeInt:)

PROJECT COMPLETION REPORT

15th June, 2013 to 31st March, 2014

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List of Abbreviations

ADA	Age Demand Actions
BHUs	Basic Health Units
CAP	Community Action Plan
CBDRM	Community Based Disaster Risk Management
CoCs	Care of Carers
DDMA	District Disaster Management Authority
DHQ	District Head Quarter
DRR	Disaster Risk Reduction
GMI	Group Maturity Index
HRD	Human Resource Development
HAI	HelpAge International
KAP	Knowledge, Attitude, Practices
LHV	Lady Health Visitors
NCDs	Non Communicable Disease
OPA	Older People Association
PDMA	Provincial Disaster Management Authority
RHC	Rural Health Center
SRSO	Sindh Rural Support Organization
ToT	Training of Trainers
VDRR	Village Disaster Risk Reduction
WHO	World Health Organization

Acknowledgement

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It is my ardent desire to pay my acknowledgement to my field team including Mustafa Qadir, Najab, Jabbar, Mr. Manzoor Jalbani (DM SRSO Jacobabad), for the completion of project, in an appropriate way and with full devotion.

General project information:

Project Information	Age Friendly Project
Duration	15 th June,2013 to 31 st March, 2014
Funded by	Help-Age International
Implemented by	SRSO
Location	Jacobabad & Shikarpur
Total Budget	Rs.6,894,400
Planned beneficiaries	3879 (Male2076, Female1804)
Achievement in terms of no: of beneficiaries	<p>Project activities were repeated with 3897 beneficiaries for livelihood, health, CBDRM and Advocacy activities. The activity wise number of actual beneficiaries are as following:</p> <p>Livelihood</p> <ul style="list-style-type: none"> - Total CRF Beneficiaries: 2823 including 1226 females Beneficiaries of reporting period = 436 including 189 females - Development of 30 OPAs and Capacity Building Trainings: 535 including 12 females - Poultry Training & Inputs: 150 females - Advocacy workshop with MFI & Social Safety Nets for inclusion of older people in their micro credit schemes and other programs. <p>CBDRM</p> <ul style="list-style-type: none"> - CBDRM Trainings: 30 OPAs in both districts Participation: 968 including 388 females - Review of VDRR Plans - KAP Survey - Group Maturity Index of OPA <p>Health</p> <ul style="list-style-type: none"> - Baseline Survey & End line Survey - ToT of health volunteers on CoC & NCD : 60 persons - Trickle down training: 753 including 509 females - Eye care services:850 including 450 females - Training of Health professionals:39 including 08 females - Provision of Mobility Aids: 509 OP & Persons with disabilities <p>Advocacy:</p> <ul style="list-style-type: none"> - ADA Campaign (1st October as World Elder people Day) - Media Sensitization Workshop - Follow up Senior Citizen Bill - ADA Health Campaign (7th April)

Project overview/executive summary:

Flood of 2010 in Pakistan were one of the major disasters of the world which affected 18,074,250 people across the country. Agencies estimate that the number of the people affected is larger than the Asian Tsunami, Kashmir and Haiti earth quakes combined. People lost their homes as well as their livelihood. Life became difficult and it was very alarming situation to cope with.

SRSO has been engaged in flood affected districts of Sindh since flood 2010, monsoon and rain fall of 2011-12. SRSO got an opportunity to work with Help Age International to support older people in two flood affected districts, Shikarpur and Jacobabad.

In continuation of activities from last few years, HelpAge International and SRSO agreed to work in humanitarian crisis for rehabilitation and development at rural areas of Shikarpur and Jacobabad, from 15th June, 2013 to 31st March, 2014.

There was need to continue project, in order to make the life of older people better in near future.

Major components in focus are:

- Livelihood
- DRR
- Health
- Advocacy

All activities were timely completed, yet senior citizens bill has to be passed from sindh assembly.

Older people from district shikarpur and Jacobabad has been benefitted from the project activities. Tangible change can be seen in the project areas where older people are enjoying their life much better than earlier, before the interventions.

Such activities will strengthen OPAs, so there is a need to continue in future. OPAs are on the way to sustainability so they need continuous support till their maturity and working as institutions for the older people.

Ultimate objectives of the Project:

The overall objective of the Age Friendly Project is to strengthen older people to live active and healthy lives in respective of HelpAge International Vision and make them enable to claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives.

The specific objectives of each component of the project are described as:

- Support older people for creating secure income generation sources
- Support older people in active and healthy living
- Support older people in socialization and inclusion in the society and utilize their experiences especially in DRR
- Support older people to claim their rights and protection

To achieve the objectives, following activities were targeted under this project for the duration of June 2013 to March 2014:

Livelihood Component

Activities	Targets
Development of OPAs/Cos	30 OPAs (15/District)
Trainings of OPAs/Cos	30 OPAs (15/District & 3 OP/OPA)
Advocacy with MFI and social safety net institutes for inclusion of OP and PWD in their programs	02 events (One in each district)
Trainings of OPAs/COs on livelihood	150 OPs
Follow up for CRF	51 OPAs

Health Component

Activities	Targets
Baseline survey (Health, Livelihood and DRR)	Survey in 30 newly formed OPAs
End line survey	Survey in 30 newly formed OPAs
Primary Eye care trainings for Health professionals	50 Health professionals from 50 BHUs (25 in each district)
TOT on Care of Carer and NCD	60 Persons (30/district & 2/new OPA)
Community Trainings on CoC and NCDs	30 Trainings (15/district)

DRR Component

Activity	Targets
Knowledge, Attitude Practice (KAP) survey	Survey in both district
Group Maturity Index Survey	Survey in 51 OPAs
Meeting of DDMA with DMCs to review CAP	Meetings of 51 OPAs with DDMA
Training of DMCs	30 Trainings (15/district)

Advocacy Component

Advocacy	Targets
Older people at the community, district, provincial and national level are advocating for their rights to health, protection and secure income as well as raise concerns related to emergencies	04 events

Achievement versus Targets

MoU for implementation of the proposed activities under Age Friendly Project was signed on 15th June, 2013 for the period ended on 31st March, 2014. Staff recruitment process was just started as contract signed. HR of SRSO recruited staff who joined on 1-August-2013 and project was started.

Component wise performance of the project as described following:

Performance on Livelihood related activities

People in rural areas of Shikarpur and Jacobabad often live under very difficult conditions. While many are cultivating a piece of land, the yield is hardly ever sufficient to make a living even for their own household. Per capita income is at the lowest level in these districts.

Due to salinity and water logging land is not always suitable for cultivation, and the infrastructure in a rather poor condition. Thus, access to food and other services is very much limited in the region – the more so for older people, who are subject to strict social control in many areas.

It's very logical and often demanding for other ways of income generation than farming only. While many choose micro business at village level, cattle farming, kitchen gardening etc. Along with labour migration in order to escape the poverty trap, there are numerous other ways to make a living, depending on the local setting. The most important aspects of livelihood targeted in the project are:

- Formation of OPAs for socialization and inclusion of older people
- Manage Community Revolving Fund (CRF)
- Capacity building trainings of OP for OPA management
- Trainings on home based poultry
- Provision of Poultry sets
- Advocacy workshop with MFI and social safety networks for inclusion of older people in their schemes

Development of OPAs/COs

30 new OPAs were formed and registered them with Social Welfare Department as per targeted activities. A criteria was devised for formation of new OPAs (15 in each district). Some points of selection criteria are as under:

- ✓ New OPAs established in the nearby villages of the existing OPAs.
- ✓ Population of the village was assumed more than 30-50 Households.
- ✓ People of the village were voluntarily agreed that primary objective of the OPA is to work for the protection of rights of older people. Provision of services (eye camp, mobility aid, livelihood, DRR etc) is not the main

objective but these are just complementary services depending upon the availability of funding.

- ✓ Formed OPA was agreed to get registration with Social Welfare Department.
- ✓ Formed OPA is convinced and motivated to become a member of OPAs network at district and tehsil level.

After having a series of social mobilization activities, OPAs were formed and registered with social welfare department in respective districts. Although, bank account opening was not in project targets but project teams facilitated formed OPAs to open bank account in any schedule bank in their area. Participation of all vulnerable groups as like persons with disabilities, elder women etc was ensured in newly developed OPAs.



Meeting with community for developing new OPA Ranjho Kurar

More than 10 OPAs have opened bank accounts and remaining have processed account opening requests.

The detail of membership in 30 OPAs is as under:

District	No: of OPAs	Male	Female	Total
Shikarpur	15	501	519	1019
Jacobabad	15	390	307	760
Total	30	891	826	1779

The detail of contact persons and their contacts details of OPAs is attached as [annexure # 1](#).

Capacity Building Trainings of newly formed OPAs

05 different capacity building trainings were included in project contract for representatives of newly formed 30 OPAs. After assessing allocated budget for capacity building trainings, it was decided by SRSO management that 03 representatives from each OPA will be invited for trainings. OPAs were requested to nominate 03 potential representatives for each training. SRSO teams further scrutinized



Participants of Capacity Building Training (Rights of OP" at Shikarpur

nominated trainees and then finalized them for the trainings. Last year developed training manuals were reviewed before imparting trainings.

Details of 05 trainings and participants attended said trainings is described in following table:

Title of the Training	Target Participants	Attended Participants	Variance
Organizational Management	90	89	1
Conflict Management	90	89	1
Advocacy for OP Rights	90	89	1
Monitoring at Local Level	90	90	0
Data Collection	90	89	1
Total	450	446	04

Advocacy workshop with MFI and social safety networks

02 advocacy workshops with Major Financial Institutes (MFI) and social safety networks for inclusion of OP in their schemes were included in project contract. Both events were successfully conducted in Shikarpur and Jacobabad attended by representatives of MFIs and Social Safety Networks including Khushali Bank, ASA Pakistan, National bank, Zarai Tarqiyati Bank, Social Welfare Department, First Micro Finance Bank, NRSP Bank, Sindh Bank, MCB bank, Bait ul Mal, Zakat Committee and Tameer Bank.



Advocacy workshop with MFI and Social Safty Nets at Shikarpur

Objective of the advocacy workshops were to advocate MFIs and Social Safety nets on inclusion of older peoples in micro credit schemes and other loan facilities as older people can contribute in the economy of the country.

Impacts of the workshops were too positive. After having a detail discussions participants were sensitized and agreed that older people can contribute in the economy and still good contributors to society, if manage them wisely.

More than 45 participants have participated in the advocacy workshops in both districts. Participants have very positive feedback regarding older people's contribution in the society but they have opinion that as they are not policy makers and also having no decision making authority in their relative MFIs, so it would be

more beneficial if these kind of sessions would be arranged for high level policy makers and decision makers. They are the followers of policies and decisions so despite having sensitized and agreed for inclusion of OP in micro credit schemes but can't do anything due to policies and SOPs of the respective MFIs.

Baitul ul Mal and Zakat committees ensured provision of every kind of support from their respective social safety nets for older people.

Training on home based poultry and provision of poultry inputs

To create income generation opportunities for older people, it was targeted that 150 older people will be trained on home based poultry and then provide them poultry inputs.

SRSO decided that women OP are more favorable beneficiaries of poultry farming so OPAs were requested to identify 05 deserving females from newly formed OPAs for poultry trainings and poultry inputs. Submitted lists of deserving females were further scrutinized and endorsed by OPAs for real beneficiaries.



Training session on Poultry Farming at Jacobabad

One day training was organized in communities to train them on home based poultry farming. 150 deserving female OPs got training on poultry farming and then poultry inputs were provided them at their door steps.

The list of poultry items provided to 150 female OPs is as following:

S. No	Poultry Item	Quantity
1	Misri layer hen	11
2	Misri cock	01
3	Khara	02
4	Feed	16 KG
5	Feeder	1
6	Drinker	1
7	Iron Wire	2 piece

As a part of the training, beneficiaries also trained on marketing of poultry products and breeding of the birds for continuation of the livelihood measures and effective mean of generation additional money in home expenses.

Manage Community Revolving Fund (CRF)

Rs.20,000,000/= (Two crore) were allocated 51 OPAs in the year 2011-12 as a Community Revolving Fund to initiate income generation activities for older people belonging to OPAs. Initially Rs.10, 000/= were given to 2000 approved beneficiaries from OPAs to initiate any livelihood activity.

Since then, OPAs were continuously mobilized to manage CRF in effective way. In continuation of earlier activities regarding CRF management, follow up activities were targeted in the recent project started from 15th June-13 and ended on 31st March-2014. During CRF follow up, following activities were focused on facilitation just like:

- Cash book maintenance
- Recon conciliation of bank statement and Cash book
- Process CRF application for new loan
- Mentoring proposal for CRF loan
- Issue cheques to approved beneficiaries
- Return of loan installments and revolve among other applicants
- Record keeping

5-10 OPA representatives of the OPAs were participated in activity conducted for CRF follow up in every month from October 13 to March 14, including president, secretary, finance secretary and other active members. Emphasized to participate more members in CRF follow up activity to make them familiar with CRF management and built their capacity regarding CRF management.

Till 31st March 2014, CRF beneficiaries were increased up to 2823. So increased in beneficiaries during the reporting period is 436 including 189 females. So increase measured during reporting period during reporting period is 15.44%.

District	Male OP	Female OP	Total
Shikarpur	659	589	1248
Jacobabad	938	637	1575
TOTAL	1597	1226	2823

Health

The WHO Constitution enshrines the highest attainable standard of health as a fundamental right of every human being. The right to health includes access to timely, acceptable and affordable health care of appropriate quality. The right to health means that States must generate conditions in which everyone can be as healthy as possible. It does not mean the right to be healthy. Vulnerable and marginalized groups in societies tend to bear an undue proportion of health problems.

Health of the older people is one of the important aspects of age friendly project because older people are vulnerable to both communicable (T.B, Scabies, hepatitis etc) and non-communicable diseases like diabetes mellitus, asthma, hypertension etc. In the later part of life, people face psycho social problems due to isolation, low income and less mobility, so to avoid these all hindrances, older people need better health, sound mind, gatherings and amusement to make their life meaningful. Being healthy they can contribute in the economy of the family and development of the community.

The details of progress versus targeted activities is as under:

Baseline Survey

Baseline survey was conducted in 30 new OPAs of both districts. Pre testing of the questionnaire was done. Age 50 and above was the inclusion criteria. Data collection form was filled with every individual older people in the family belonging to new formed OPAs. Collected data was further analyzed to know the current status of older people in their families and their behaviors with the practices in the communities.



The detailed report of base line survey was developed by MER section of SRSO based on findings of the survey. The base line survey report is attached as an [Annexure # 02](#).

Base line survey report will provide base for the developing strategies and program design for working on older people. The information yielded is a base of knowledge base planning and implementation and also this will open new horizon for further research studies older people. The results of present study may be used as base line for policy recommendations for social protection of the older peoples.

ToT on Care of Carers & NCD for health volunteers

2 days training was held at each district during September 2013, regarding ToT on CoC and NCD. 30 participants were included at each district from newly established OPAs. Two health volunteers were identified from each OPA, who were trained on CoC & NCD. Total health volunteers identified by OPAs were male. Same were trained accordingly.



Health volunteers are getting ToT on CoC & NCD

Objectives of the training

- To orient community about normal signs of ageing and different physiological changes occurring as a result of ageing.
- Characteristics of age friendly society
- Proper nutrition for older people
- Activities of daily living and proper use of mobility/assistive devices
- Roles and responsibilities of village health committees

Sessions covered during the training

- Introduction and getting to know each other
- Normal ageing and healthy living
- Care of carers
- Physical exercises for the older people
- Activities of daily living
- Non communicable diseases
- Roles and responsibilities of village health committees

Trickle Down Trainings on Care of Carers and NCD in 30 OPAs

Trained health volunteers had arranged trickle down trainings in their villages where new OPAs were formed after attending ToT. SRSO teams had facilitated health volunteers in arrangement of trickle down training. Same contents of ToT were replicated in trickle down trainings on Care of Carers and Non Communicable diseases.



753 people were trained in NCDs (non communicable diseases) and CoCs in terms of different methods for prevention from NCDs, value of nutrition and exercise in old age. Family members of older people were also invited in the training to train

them on Care of Carers and NCDs. Training was provided by health volunteers while SRSO team had facilitated them. Printed charts were also utilized in the training for clear understanding of the training contents.

The detail of participants is as under:

District	Male	Female	Total
Shikarpur	234	144	378
Jacobabad	164	211	375
Total	398	355	753

Primary Eye Care Training of Health care providers

Eye diseases worst affect to older people, making their life dark due to low vision, cataract etc. 39 health care providers, working at basic health units (BHUs) of PPHI were trained in primary eye diseases so that they can provide better health services to treat eye problems and can timely refer patients to tertiary care hospitals and district hospitals in both districts. Medical officers, Health Technicians, Dispensers and Lady Health visitors (LHVs) working at BHUs were participated in the Primary Eye Care Training. A MoU was signed with PPHI to involve health professionals in the training.



The detail of participants is as under:

District	M.O		Health Tech:	LHV	Total
	Male	Female			
Shikarpur	11	07	06	02	26
Jacobabad	09	00	04	00	13
Total	20	07	10	02	39

Arrange Eye Camp

3 days eye camp was arranged at RBUT hospital Shikarpur. Patients from district Shikarpur and Jacobabad were registered for cataract surgery and free medical consultation and free medicines. 82 cataract surgeries (including 40 females) were performed and patients were given follow up treatment. Other eye related diseases were also cured through medicines and provision of glasses during the free eye camp. Older people from Jacobabad and Shikarpur were prioritized to benefit from the eye camp services.



Following eye care related services were also provided in 3 days eye camp:

Activities	No. of beneficiaries
No. of screened patients	729
No. of patients provided medicines	593
No. of patients provided glasses	187
No. of cataract surgeries	82

Distribution of Mobility aids:

Older people are always at risk of back ache, osteo arthritis, fracture and stroke, which limits their mobility. SRSO/Help-Age team with the support of OPAs and volunteers identified disabled persons from both districts for mobility aids. Such disabled persons were provided walking sticks, elbow cultures, wheel chairs etc. 342 people got benefit from the mobility aids.



Details of the distributed mobility aids among deserving elder people and persons with disabilities is as under:

Mobility Aids beneficiaries

District	Male	Female	
Jacobabad	74	70	144
Shikarpur	109	89	198
Total	183	159	342

509 mobility aids were distributed among 342 beneficiaries. Priority was given to the people which were bed ridden, started to go from one place to another to meet basic life needs and to meet with dearest friends nearby. Now it has become easy for them to look after themselves, can go for morning walk and can also go to their fields.

District	Wheel Chair	Walking	Auxiliary Crutches	Elbow Crutches	Toilet Chair	Walker Adult	Hearing Aid	White Can	Total
Shikarpur	64	85	5	0	115	5	15	0	289
Jacobabad	60	25	1	0	113	0	19	2	220
Total	124	110	6	0	228	5	34	2	509

End Line Survey

End line survey was done with the same community to know the impact of the interventions. Questionnaire was filled with same older people aged 50 and above as of base line survey. Data was analysed by MER department of SRSO. Detailed report of end line survey is attached as [Annuxre#03](#)

Disaster risk reduction

Both districts (Shikarpur and Jacobabad) have suffered destruction during floods and rains. Much causality happened during disasters, leading other people handicapped in terms of health and economy. Due to lack of support from government and other NGOs, people were not timely and properly managed in disasters. All people suffered, but older people faced hard hindrances and were not able to avoid destructions. Even though they had vast experience in their life, but non availability of equipment made them at equal risk. The aim of CBDRM was to reduce disaster risk and enhance preparedness in future. Surveys conducted to check group maturity of OPAs, knowledge, attitude and practices. CBDRM trainings of 900 people were arranged, where older people were sharing their previous experiences and young people were getting skills and trainings to face disasters with low or negligible loss.

Factors contributing in making hazards into disasters:

- Uneven population density
- Unplanned development in hazard prone area
- Poverty and political instability
- Internal conflicts
- Pressure on natural resources

Activities of the DRR component:

- CBDRM trainings
- VDRR plan/registration
- VDRR plan review meeting
- Group maturity index survey
- KAP survey

CBDRM trainings

CBDRM includes different activities/trainings of project, initially ToT was conducted in which community members and field team participated. Then, 2 days CBDRM training was conducted in new formed 30 OPAs on DRR and development of village disaster risk reduction plans.

People were trained regarding:

- Kind of disasters
- Seasonal calendar
- Hazardous mapping
- First aid during disasters
- Formation of committees

- ✓ Management committee
- ✓ Information committee
- ✓ First aid committee
- ✓ Search and rescue committee

The detail of trained beneficiaries on CBDRM are:

Target Beneficiaries					
District	Older		Younger		Total
	Male	Female	Male	Female	
Shikarpur	156	85	136	173	450
Jacobabad	168	167	120	63	518
Total	324	252	256	236	968

Review VDRR Plans

51 VDRR plans were reviewed with 51 OPAs who developed them in 2012-13 and submitted to DDMA. VDRR plans were reviewed in presence of representative of DDMA nominated by the authority in both districts by members of the OPAs. Reviewed VDRR plans were further signed by nominated focal person of the DDMA and submitted them to DDMA for further processing to make it part of district contingency plan.

The detail of reviewed and submitted VDRR plans in both districts are as under:

District	# of OPAs	Reviewed VDRR Plans	Submitted to DDMA
Shikarpur	25	25	25
Jacobabad	26	26	26
Total	51	51	51

KAP Survey

SRSO had conducted KAP survey with existing 51 DMCs and newly established 30 DMC. The sample was 40% DMCs including old and newly established. 21 DMCs from 51 DMCs. HelpAge International have provided KAP format. KAP was conducted in supervision of MER of SRSO. A detailed report on KAP survey was developed based on survey observation and findings. Same report is attached as [annexure # 4](#).

Group Maturity Index (GMI) Survey

GMI was conducted with the DMCs to assess their maturity level in governance, resources, objectives, systems and impact at development stage. Following levels were allotted to each DMC by scoring,

- I. level-4 when sustainability stage is reached
- II. level-3 for maturity stage
- III. level-2 for growth and
- IV. level-1 for formation stage

Methodology and frequency:

The methodology was to involve both FGD and KI interviews. The process was also followed the physical verification of record to allot a score or level. GMI was conducted with 51 DMCs and included the assessment of all thematic areas of the programme. HelpAge International have provided format of GMI. SRSO team conducted GMI survey in supervision of MER. After survey in field, collected data was analyzed and developed a report.

GMI report is attached as an [Annexure # 5](#).

Advocacy

In our fast ageing world, older people will increasingly play a critical role - through volunteer work, transmitting experience and knowledge, helping their families with caring responsibilities and increasing their participation in the paid labour force. Advocacy activities are directly related with social protection and health of older people. Also it was aimed to advocate parliamentarians to present Senior Citizen bill in Sindh Assembly. Following activities were conducted under the banner of Advocacy in Sindh:

- Follow up of Senior citizens bill in Sindh Assembly
- Celebrate International older people day
- Media sensitization workshop on Senior Citizen Bill
- celebrate World Health Day

Follow up of Senior Citizen Bill in Sindh Assembly

Follow up of Senior Citizen Bill in Sindh Assembly continued during the project life. Meetings were conducted Provincial Minister, Social Welfare and Secretary Social Welfare Department, Govt. of Sindh. In a result of meetings, Mr. Sinakdar Mandhro, Secretary parliamentary affairs was designated to process senior citizen bill in Sindh assembly after consultations of all relevant departments and ministries. Hopefully the bill will be presented in Sindh Assembly in year 2014-15.

Celebrate World Older People Day (1st October)

Two events were organized at Shikarpur and Jacobabad to celebrate World Older



People Day on 1st October, 2013. 240 older people have participated in arranged walk/rally in both districts. Female older persons have not participated in the events due to their mobility issues and somehow cultural norms. Participation of females in the events will be ensured in upcoming events.

Media Sensitization Workshop

Media Sensitization workshop was arranged at Sukkur Press Club and attended by 38 male journalists and two female journalists. Objective of the workshop was to sensitize media persons on senior citizen bill in Sindh Assembly. The event was well reported in media. Media persons taken keen interest in the workshop contents. After workshop media persons ensured that they'll follow senior citizen bill with parliamentarians. Copies of draft senior citizen bill were also distributed among the media persons at Sukkur Press Club.

at Sukkur Press Club and attended by



Celebrate World health day (7th April)

World health day was celebrated by 81 OPAs (older people associations) at both districts Shikarpur and Jacobabad.



Older people are more prone to vector born diseases due to low immunity and poor nutrition. In areas like Shikarpur and Jacobabad there is high temperature which favors survival of insects like ticks, mosquitoes, flies etc. Living in such conditions older people may easily get malaria, dengue etc. Rain also affects this part of the world. Monsoon becomes ideal breeding season for insects like mosquitoes.

Better health for older people was slogan of the day and all activities were planned accordingly. OPAs were actively involved in the activities. Activities of the day were as under:

- Arrange awareness walk in both districts; Shikarpur and Jacobabad
- Arrange information distribution counters at District Headquarter Hospitals
- Arrange meetings with MS DHQs and DHO
- Display banners and distribution of IEC material

Large number of older people have participated in the World Health Day activities, having details as under:

District	Male	Female	Total
Shikarpur	106	10	126
Jacobabad	127	03	130
Total	233	13	256

Additional Activities

Besides project targeted activities, some additional activities were also followed for wellbeing of older people in the project implementation areas. Some details of such activities are described following:

Facilitation to District Federation of OPAs

SRSO has managed 2 district federations for older people. Each district federation comprises of elected body, elected by OPAs of the respective districts. Objective of the district federation is to develop linkage between community and other stake holders. It also function as advocacy platform for the rights of older people. District federations took active participation in decision making at district level.

- SRSO has continued facilitating district federations and strengthen them in terms of capacity building.
Provided office premises for meetings and trainings of district federation of OPAs
- Engaged them in project activities like CRF recovery, distribution of livelihood inputs and mobility aids etc.
- Introduced them as older community representatives at district level.
- Guide them to link them with government and other departments

Lesson Learnt Workshop

One of the additional activities of AFP is conducting lesson learnt workshop at the end of the project. The finance for the activity was managed from unspent budget. Staff worked on project, Mr Mukhtiar Talpur Director/ COO), GM Kalo (Manager HR), Mr Dittal Kalhoro (CFO), Dr Mansoor Ali (Focal Person for HelpAge projects), Mr Shahzad Khaskheli (P.M HelpAge Int: Pakistan) Mr Jameel (Media coordinator) were also participated in lesson learnt workshop, held at SRSO Complex. The key lessons learnt of the workshop are:



- Underutilization of the budget
- Blood related persons are guarantees for few CRF beneficiaries
- No women in district federation
- Slow progress in CRF
- Long list of CRF defaulters
- Less support from DMs and MER
- Delay in reporting

The detailed Lesson learnt workshop report is attached as [Annexure # 6](#).

Arrange Field visits of External Visitors

- Arrange Visit on Madam Ajeeba Aslam Country Director HAI & Syed Moez ud Din Senior Program Manager on 19-22 November, 2013.
- Arrange field visit of Ms. Amandine Allaire of HAI on 19th November, 2013
- Arrange field visit of Mr. Peter , Regional Director HAI on 18-21 February, 2014
- Arrange Field visit of Mr. Andrew Brazell, Internal Auditor of HAI on 7-10 March, 2014.

Monitoring and Evaluation of the project

Monitoring is important component for the success of any project, so district MER and focal person monitored the process and performance of the project activities time to time to ensure quality and quantity. DIP was followed to ensure all activities as per schedule. Monitoring reports were shared with filed team, senior management and with donor.

Program officer HelpAge Int: also closely monitored the activities of the project and suggested corrective measures (if any) time to time. Monitoring reports of the program managers were also shared with filed team, senior management and with MER. Suggested measures were followed accordingly and grey areas were improved.

Financial Report

A separate financial officer was dedicated to manage the finance of AFP. We had some unspent budget against some activities despite of 100% completion of the activities. For unspent budget we communicated to HelpAge Int:, after getting consent same were used in some additional activities including arrange eye camps, celebrate world health day 2014, arrange lesson learnt workshop etc. The detail of the budget and utilized cost are as under:

Deliverable/Milestone From Project Plan	Budgeted Cost From Project Plan	Utilized Cost	Variance (%) From Project Plan
Staff cost	1881000	1742280	138720
Operational cost	2405400	2045732	359668
Health	838500	1268004	(429504)
DRR	1073000	1061892	11108
Livelihood	596500	481228	115272
Advocacy	100000	97664	2336
Total	6894400	6696800	197600

The financial statement of the report is attached as [Annexure # 7](#).

Overall Issues/challenges

- Gap in between projects that affects CRF recovery
- Managing rising hopes of community for well being of older people
- Frequent change of focal persons and senior management of SRSO that also affects project activities.
- Less support from government
- Policies and plans are not available and resources for implementation are uncertain.
- Poor/less effective early warning system
- Deficiency of institutional capacities and expertise at the local level to face disasters
- Lack of trained human resource DRR
- Non availability of reliable data for carrying out accurate assessment of hazards and disaster risks
- Resilient Infrastructure

Good practices:

- Good Managerial Support
- Previous staff contract renewal phase of project
- Extra Support from donor
- OPAs leading role in activities
- Self-initiative by District Federation of OPAs
- CRF for sustainability of OPAs
- Eye camps for vulnerable groups
- Mobility Aid Provision
- Proceeding of senior Citizen bill to provincial Assembly
- Media Involvement in every Activity

Recommendation:

- **Continuity of project without any gap**

Gap in between project creates doubt in older people's mind that they might not have to return CRF. It creates uncertainty in staff also. There may be crop season in that gap, which worst affect CRF recovery.

- **More focus on older people specially women health**

As there are less health facilities for older women, so women suffer lot of psychosocial and post-menopausal problems, which are yet to be understand by health care providers and community.

- **Publishing magazine for older people**

To create communication among OPAs, it would be good tool for sharing good practices and experiences of other OPAs

- **CRF for all OPAs (including new OPAs)**

Some OPAs have CRF, others do not get benefit from CRF, so it creates disappointment among OPAs.

- **Budget for eye camps**

Eye camp is the need of community. It is visible change of our interventions with in community.

Annexures

[Annex# 1 – Contact List of OPAs](#)

[Annex# 2 Base line survey Report](#)

[Annex # 3- End Line Survey Report](#)

[Annex # 4 – KAP Survey Report](#)

[Annex -5 – GMI Report](#)

[Annex – 6- Lesson Learnt Workshop Report](#)

[Annex – 7 – Finance Report Final](#)

[Annex – 8 – Case Study \(livelihood\)](#)

[Annex – 9 – Case Study \(Health\)](#)

[Annex – 10 - Testimonial from Social Welfare Department Shikarpur](#)

(Designated Person for DDMA representative to review VDRR Plans)

[Annex – 11 - Testimonial from Social Welfare Department Jacobabad](#)

(Designated Person for DDMA representative to review VDRR Plans)