

**AN ASSESSMENT OF THE OLDER CITIZEN MONITORING MODEL BY
HELPAGE INTERNATIONAL IN SIAYA COUNTY**

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**A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILMENT OF THE
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ARTS IN-MONITORING AND EVALUATION OF POPULATION AND
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2018

DECLARATION

This is original my work and hasn't been presented for a degree in any other University.

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DEDICATION

This project is dedicated to my people – my family and friends, who have been very understanding and supportive throughout this study period. I also dedicate this project to HelpAge International for the invaluable support by providing resources and moral support during the data collection time and for financial contribution during my study period.

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To my entire family especially my parents, my husband and children for their consistent encouragement and prayers, may God always bless the work of our hands.

ABBREVIATIONS AND ACRONYM

CMS	–	Complains Mechanism Structure
HUMC	–	Health Unit Management Committee
MDGs	–	Millennium Development Goals
MIPAA	-	Madrid International Plan of Action on Ageing
NGO	–	Non Governmental Organization
OCM	-	Older Citizens Monitoring
OP	–	Older People / Person
OPA	-	Older Persons Association
OPCT	–	Older Persons Cash Transfer

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ABSTRACT

Approaches that are applied by citizens or civil society organizations (CSO) to hold authorities accountable are categorised under social accountability. HelpAge International has used the older citizen monitoring approach as a social accountability approach for many years . The assessment's key objective was to examine how the OCM model in Siaya County was implemented against the agreed standards or measured the functionality of each of the functions of the model and check if the OCM Model achieved its objective. The specific objectives were to describe the functions of the OCM Model and determine if the functions were effectively implemented, to establish if the OCM Model utilized in Siaya accomplished its objectives; and to determine factors in the environment of the model that caused the observed outcomes

According to (Juppe, Ali & Baracoa 2010) there has been minimal improvements in measuring success of right based approaches like the OCM approaches. Older citizen monitoring (OCM) encompasses mobilizing and training older men and women at the basic level to track the implementation of local and national policies and services impacting their lives. The monitors agree on specific indicators and use the evidence they gather to advocate and lobby for inclusivity and structured improvements at different levels. The research design used a non-experimental approach where data was collected using a mixed method approach where both qualitative and quantitative data collection approaches. The study also interviewed key informants for verification of the findings and better understanding of the interpretations.

The study found that the OCM model has a lot of potential to provide results. However, implementation of the OCM Model was not effectively delivered. It noted the concept of rights was difficult for some of the older people to understand and that information about laws and policies on older persons had not filtered down from either the government, civil society organization or the OCM groups therefore, older people were ignorant of their rights and entitlements. The awareness level on the recommended OCM process and procedures was low among the Older Citizen Monitoring Groups and the capacity of the OCM groups to conduct their mandate was wanting. Also, local government officials were willing to support the OCM model, but had yet to be involved in the implementation.

Several recommendations were made to researchers studying social accountability work, organizations implementing social accountability work and to the government who are proactively encouraging citizen participation in policies and programs

CHAPTER ONE: INTRODUCTION

1.1 Background

Malena and McNeil (2010) say that the backbone of good governance is good practice of accountability and transparency. Critical benefits like equal distribution of wealth, opportunities and privileges that are a result of good governance will remain unachievable unless citizen hold their authorities to account. “Social accountability” refers to the different approaches citizen and/or civil society organizations (CSO) and societal actors apply directly or indirectly to hold the authorities to account. In the world, governments are increasingly being engaged by the public to be more transparent, responsive and accountable particularly to marginalized and vulnerable groups.

Citizen or community monitoring is an example of an approach of citizen participation. Citizen participation is the will of citizens to influence political and social practices. Citizen monitoring is a way that the most deprived people in society can demand their governments to explain and accept responsibility for actions on the fulfilment of their mandates and allowing them access to their human rights or entitlements. Citizen monitoring is a system of tracking, determining the extent, noting down, examining and interpreting information, and presenting the information and acting on that information to improve the process and progress of projects. Citizen monitoring seeks to facilitate dialogue between beneficiaries and authorities by providing new and consistent feedback, showing control over projects tracking systems and identifying unforeseen risks and corrective actions (World Bank 2012).

The world is ageing fast. By 2030, there will be more people over 60. Older persons are considered an invisible population. The existence of large populations of older people is undoubtedly becoming a major issue for governments, international organisations, non-governmental organisations (NGOs) and communities. But at present, older people still remain a neglected group, largely invisible to those who promote economic development, health care and education. Involving older people in the design and implementation of projects enables them to express their concerns and participate in activities to address them. These methods of working can raise awareness within communities of the rights of older people and the problems of social exclusion and provide an empowering experience for older people themselves (HelpAge International, 2016)

HelpAge International and its partners have used citizen monitoring termed as the Older Citizens Monitoring (OCM) as a participatory research approach for citizen engagement since 2002. A series of actions take place to encourage dialogue between older people, government officials, service providers, civil society and community-based organisations to increase access to entitlements and quality of services offered by government and other stakeholders to older people. In OCM, groups of older men and women are trained about their rights, ways of data collection and data analysis for monitoring access to services they are entitled to, and then advocate for improvements in those services. OCM builds the capacity of older people and empowers to claim their rights. OCM is firmly based on the idea that evidence must be provided to support the demand for change, thus a link with a crucial component of advocacy: Gathering evidence (HelpAge International, 2015)

After the review of the 2002, Madrid International Plan of Action on Ageing (MIPAA) HelpAge International designed the older citizens monitoring approach. Article 10 of MIPAA recognizes the potential of older persons to rely on their skills, experience and wisdom to not only to take the lead in their own progress, as well as in the whole improvement of the societies in which they live.

Across the world, vulnerable older people often miss their right to access appropriate services because of lack of appropriate and inclusive policies, laws and services. Where the services exist, the elderly are not aware of these services and their entitlements. The targeting and selection processes to access these services do not benefit the most vulnerable older people. Older people lack identification and relevant documents to prove their eligibility to their entitlements. They cannot afford to the pay “small fees” to enable them to access/register to the services, also the services are too far away or are inaccessible, transport costs are too high, waiting times are too long and waiting areas are not age sensitive and service-providers discriminate against and abuse older people - (HelpAge International 2009).

OCM pilot project were run in Bangladesh, Bolivia, Jamaica, Kenya and Tanzania with the objective of increasing demands made by older people, improving civil society capacity to advocate and increase income security for older people. According to the evaluations the projects demonstrated was effective by enabling older people to monitor and advocate for improvements of local government service provision. The pilot projects demonstrated that the approach was an effective way of enabling poor older people to

hold their governments to account for the commitments they had signed under MIPAA (www.helpage.org).

In many cases, the OCM Model is encompassed as an activity or a strategy applied by an older persons association (OPA). “An OPA is a group of older people who live in the same community with an aim of collaborating to improve the challenging situations of older people and the community they live in.” OPAs promotes the dignity and quality of life of older people in communities by providing them with new skills and strengthening existing skills and improving their confidence to plan and implement activities. Initiatives implemented by OPAs help address older people issues by reducing the sense of isolation among older men and women. OPAs provide older people with opportunities to meet and socialise regularly by conducting interactive activities that are intergenerational. Members of OPAs are active in their communities this has increased older person profile. Advocacy is the key activity lead by OPAs. OPAs facilitate older people to be well informed about their rights, monitor the access to well targeted, equitable and inclusive entitlements like (Social pensions and allowances) and health services and using the information to advocate for public support or recommendation of a particular policy or programme - (HelpAge International 2007).

OCM involves older people at community level to build their confidence and skills to monitor the implementation of policies, programmes and services. The evidence gathered by citizen monitors is then used in diverse forms of advocacy at local, national, and even international levels to influence change. For older citizens in particular, OCM provides a platform to directly communicate and engage with authorities, often for the very first time in their lives. By using the OCM Model, empowered older citizens have managed to collect data on government and CSO rendered services on social protection or poverty eradication programmes, HIV and health. OCM initiatives have led to the creation of demand for new and scaled up social security schemes and increased registration and participation of older people to microfinance and other livelihood support mechanisms - HelpAge International (2007).

In 2006, an impact assessment of the OCM model was conducted in Pubail and Sriramkathi districts of Bangladesh. The assessment found out that there were a number of strengths and weaknesses of OCM model but the strengths far outweighed the weaknesses. Notable strengths included older people being more organized and acquiring good leadership skills, HelpAge Ethiopia, documented the OCM Model using a case

study assessment; the report was documented into a good practice OCM Implementation guide. In 2015, HelpAge International documented a global report highlighting achievements and challenges arising from implementation of the OCM Model. The report highlighted various challenges of the OCM models implementation in Bolivia, Tanzania, Pakistan, Bangladesh and Kyrgyzstan.

OCM activities have been undertaken in Kenya; in projects sites located in Misyani in 2007, Siayain 2008 and currently, in Turkana. From the literature review it was been noted that there had been inadequate documentation of the OCM process in Kenya; no known evaluation on the OCM Model has been conducted in Kenya thus far. The study sought to assess how effectively the Older Citizen Monitoring Mode was implemented. This included assessing the capacity of the OPAs to effectively implement OCM activities. By trying to understand the strengths and the areas of improvement in implementing the model, the study found out enabling conditions that contributed to the positive changes brought about by the implementation of the OCM Model.

1.2 Problem Statement

Gaventa and Barrette (2012) argues that for year's multi-stakeholder engagement have evolved in development to support the advancement of government. However, there is a huge gap between promotion of citizen engagement, generation of empirical evidence and understanding of the quality of the approaches, what impact and process citizen engagement undergo to achieving the stated goals.

HelpAge has used Older Citizens Monitoring group as a means of getting older citizens to engage with their governments and as the cornerstone of their advocacy and programme work. HelpAge has used OCM Model for years, and apart from a number of project reports, impact evaluations and best practice documentation providing preliminary lessons about the approach, there has been lack of adequate systematic collation of this information, analysis of data by various methodological methods to determine, the functionality, relevance, progress, efficiency, effectiveness and impact of the OCM Approach.

The study conducted a systematic process for gathering, documenting and analysing information that describes the older citizen model, describe content or the actual activities and duties, requirements or specialization and pertinent conditions required to perform the OCM Model adequately. The study examined how the OCM model was implemented

against the agreed standards or measured the functionality of each of the functions of the model. In addition, the study determined if the OCM Model was effectively utilized to accomplish its objectives.

The main aim of conducting this formative evaluation was to contribute to existing knowledge on the use of the OCM Model, to build on knowledge on citizen engagement approaches that involve older persons, to make recommendations for the improvements of a OCM Model design and performance. According to Sweeney & Pritchard, it is essential to understand why an approach or a program works or does not work and understand the considerations that influence the success of the project. Sweeney & Pritchard (2010).

1.3 Research Questions

The study addressed the following questions:-

- Were the functions of the older citizen-monitoring model effectively implemented and to what extent?
- Did the OCM Model utilized in Siaya accomplish its objectives?
- What were the factors in the environment of the model that caused the observed outcomes?

1.4 Objectives of the study

The general objective was to examine how the OCM model in Siaya County was implemented against the agreed standards or measured the functionality of each of the functions of the model and check if the OCM Model achieved its objective. The specific objectives are:

- To describe the functions of the OCM Model and determine if the functions were effectively implemented.
- To establish if the OCM Model utilized in Siaya accomplished its objectives; and
- To determine factors in the environment of the model that caused the observed outcomes

1.5 Justification

In recent years, HelpAge International has found that the increasing interest in strengthening social accountability ensures that services and programmes are effective and inclusive. There is a growing need in many countries to ensure that development

programmes are effectively implemented, programmes are inclusive for all vulnerable persons, recipients can air their grievances, and recipients can participate in the design and delivery of schemes, which will ultimately impact their lives.

Siaya was selected as the geographical focus of the study because 100 older persons were previously trained by HelpAge International and its partner on the OCM Model.

According to Stuart & Samman (2017) the 2030 Agenda for Sustainable Development - SDGs has a commitment on “leaving no one behind” which means development programmes and policies aim to put the ‘worst-off first’; Many times the most marginalized, who include older people, are not included in these programmes. The agenda encourages all stakeholders to contribute by supporting one another in identifying and monitoring those who have been left behind.

According to the Community Accountability Research, the population of older people is increasing at a high rate therefore there is urgent need of conducting impact evaluations and assessments on projects that involve older persons and other vulnerable populations like people with disabilities. What is also currently missing is evidence from projects whose focus is to improve community participation and accountability for vulnerable populations. (Lynch et al., 2013).

Foster and Louie (2010), noted that community led interventions have advanced over the years. Social change has happened wherever and whenever there is vibrant community mobilization and movements. There is increased interest to evaluate and document the potential of community movements or community led organized activities. This interest is because of developer’s desire to be better oriented to run effective program improvement and bring in innovation in the social sector. Funding agencies, evaluators, and non-profits agencies are struggling to create substantial and worthwhile program assessments that will provide space for system transformations in community led advocacy interventions and other approaches used to facilitate policy reform.

Following the above, this study is added knowledge for stakeholders involved in implementing participatory and empowerment approaches, by researching a participatory-citizen engagement approach which has yet to be adequately critically looked at by either internal and external practitioners.

1.6 Scope and Limitation of the Study

The assessment was not intended to be an exhaustive assessment of the older citizen-monitoring model. It did not fully assess the model's relevance, progress, efficiency, and impact of the OCM approach. The study focused on the measurement of the effectiveness of the model in one of the specific locations that the OCM has been implemented, thus the small size and limitations of this assessment suggested that this assessment could only provide a partial view of what would otherwise be a broad research study. The discussion of findings, conclusions, and recommendations should be appreciated with this important limitation in mind.

According to Brinkerhoff (2003) the methodology should be able to have a comparison/control group, but this study was not able to have either because estimating the causal attribution was not the primary purpose for this assessment. Furthermore, it would have been difficult for the study to compare the older citizens monitoring groups' efforts across different communities where context of the locations must be looked at. It would also be useful for the study to have a comparison of where the model has been successful and where it has failed but due to time resources and methodology of this study, the study was notable to use a multiple case of success (or failure) case study methodology.

Finally, the study was not also able to apply a participatory research approach but instead involved the beneficiaries and stakeholders of the OCM Model through focus groups discussions and interviews. Foster and Louie (2010) suggests that participants' involvement in a participatory approach evaluation results to an effective and more meaningful exercise. All involved stakeholders consider such an evaluation as an opportunity for learning .

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter has in eight sections; Sections 2.2 discusses the evolution of the OCM Model. Section 2.3 provides reasons why vulnerable people (including poor older persons) lack access to services and entitlements. Section 2.4 highlights the legal framework on Ageing in Kenya. Section 2.5 presents the empirical evidence and growth of the OCM Model. Section 2.6 discusses barriers of effective citizen participation and methods to overcome those barriers. The chapter ends by providing a conceptual framework in section 2.7 and an operational framework is presented under section 2.8

2.2 Evolution of the Older Citizens Monitoring Model

According to Cornwall, 2007, to attract the attention of the public administration or the government on relevant social demands formal and informal participatory spaces are necessary. Participatory approaches intensify the relationship and collaboration between the government and individuals or organizations that are either state and non-state actors. Participatory spaces can either be created or invented for citizens to take part in either the development of effective, equitable policies in the decision-making processes. By mobilizing like-minded people or people with a common interest, for example the civil society, and by lobbying and conducting advocacy participatory spaces are created. Participatory approaches can also be invited as a result of legal stipulations that allow citizens to freely voice their own preferences and interests in public programmes and Archarya et al (2004).

The older citizens monitoring (OCM) approach was invented by HelpAge International to respond to the 2002 Madrid International Plan of Action on Ageing (MIPAA). MIPAA is the first global agreement that stated that mainstreaming the approach to the issues related to older citizens would be effective to deliver results. The agreement recognized older persons as contributors to development and the society. MIPAA outlines three priority areas, which include older persons and development of social protection, advancing health and well-being in old age and ensuring supportive environments. In 2017, UNDESA division of social development Aging conducted a third review of MIPAA. Findings show that there are insufficient age-sex disaggregated data on socio-demographic and health indicators that has contributed to the challenges being faced in meeting the objectives that were outlined under MIPAA. The third review on MIPPA

recommended that UN member states must involve the civil society and their networks using an inclusive and coordinated approach in the planning for and evaluating MIPAA objectives.

A similar policy, the African Union Social Policy Framework (2008), also appealed for the involvement and participation of older people in development of policies and the validation of legislation that protect the rights of older persons. Therefore, older persons must be empowered to be in charge of the matters that affect their lives.

According to Sylvia Beales, empowering older people must consist of process that develop their instincts, ability, skills and resources which would enable them to understand their power of making choices to demand for entitlements that are available to them. There is unclear association or relationship between policies that have been enacted and the responding actions that are required to build the capacity of older persons. HelpAge's right based approach to advocate for an increased voice and visibility for older people primarily originates from the recognition of the contributions and rights of older people – which is a major factor in the quest for the empowerment of older men and women.

Tewodros (2013) noted that throughout HelpAge international experience human right based and innovative approaches have been developed to provide older people with appropriate information, which has reduced the challenge for older persons to understand their rights, entitlements. In addition, HelpAge has implemented direct programmes that have increased the income for older people. Such programmes have resulted to enhancing older persons positions within their family and wider community. These programmes have shown that empowering older persons build their confidence, which in turn enables them to directly engage and hold their leaders accountable. Tewodros says that the scale of their success but the ability to demonstrate that older persons directly engaged their leaders measure the success of empowering programmes. Observed changes show that older persons once empowered are persistent which result to local authorities including older persons needs in their plans and budget. It is worth noting that local authorities do not make the changes because of national government directives but because of direct and persistent lobbying by older people for their needs to be incorporated in local or community plans.

Older citizen monitoring (OCM) involves older people at the community levels monitoring the implementation of the policies and services affecting their lives. OCMGs utilize evidence they gather and interpret to advocate for change at the local, national and international levels. The aim of OCM is to empower older people to claim their rights as individuals, to help older people access existing services and schemes which are beneficial to them and to use data to influence policy, legislation and service delivery. The data that has been collected is used for advocacy in a wide range of issues including yet not limited to: - their access to relevant health services and sufficient social protection, the inclusion of older people in the community planning and budgeting concerning their needs and in humanitarian responses as the needs arise within their locale. OCM intentionally involves local leaders and other community members, as they are crucial to building awareness of and support for older people in the community.

Based on the reviews of existing data the OCM approach has some similarities and differences in operation. The differences occur depending on the contexts of a particular project area. The reviews show that the methodologies and tools often vary. The key and common principle is that data is collected to strengthen advocacy. The reviews show the methodology was dependent on factors that include the type of policy or scheme being monitored, the available resources and tools, the capacity or familiarization of a certain method, the size and context of the area being monitored, and the frequency of the data collection. Data collection could take place at the main service delivery points (for example, at health centres or cash transfer pay points), through household visits, group meetings with older people or any combination of these data collection points.

In all the countries implementing the OCM model, the following processes were utilized and conducted. Older people used interview techniques and collected data and analysis to assess their own situations or situations that affected them, older people recommended solutions to the issues they were facing. They decided for themselves the issues upon which they wanted to prioritize in their monitoring and advocacy. OCM groups owned the process of identifying key issues yet they required support from various local civil society organisations or national organisations to facilitate and translate the issues into monitoring and advocacy targets.

2.3 Reason why Vulnerable People including older people don't access service and entitlements

The World Development Report (2004) highlighted issues on inclusive services work for poor people to make greater progress towards the MDGs. The report highlighted reasons why there was low success rates on the MDGs. First, the government's misallocation of funds and spending on the wrong needs or ineligible/ not so deserving people meaning that the poor benefited much less. Secondly, governments spending on the right needs or the deserving people but funds failing to get to the responsive frontline service provider. Thirdly, the money reaching the frontline service provider but there is lack of / weak motivation to provide the thus leaving vulnerable people with some knowledge and low power to hold the service provider accountable and lastly, in cases where the services were effectively provided, the poor did not take up the services making the demand fail to interact with the supply. The report emphasizes that services can reach the poor if they are empowered to monitor and discipline service providers, raise their voice in policymaking and if there is strengthening of service provider, give incentives to serve the poor.

According to the *Voice of the Marginalized* report, older persons experience issues of lack of livelihood, which means they do not have income or access to affordable credit to start businesses. Many are unaware of older persons pensions or grants or even disability grants, poor older people lack access to education, they cannot afford school fees for their children and grandchildren because of their lack of access to a livelihood, they face many difficulties in accessing medical treatment since government hospitals are often too far from where they live and transportation is an additional expense they cannot afford. Private clinics are too expensive for them, government hospitals, when accessed, also present problems for older people because of corruption meaning those who can afford bribes are best placed to access treatment, the quality of medical treatment is also a variable, with mistreatment, poor treatment and medical staff lack of understanding of aging issues is often cause for complaint because health professionals too, are not trained to meet the health needs of older people, who are often put off accessing health care because of the poor attitudes they face. Sometimes older people fail to raise their health needs to service providers and government authorities because they fear being a burden (ADD International, HelpAge International, AZ International and Institute of Development Studies, 2015).

2.4 Legal Frameworks on Ageing in Kenya

Older person's entitlements and rights have been recognized in several legal frameworks, which are geared to safeguard the rights and welfare of older persons in Kenya. These legal frameworks include: The National Policy of Older Persons - adopted by Cabinet in 2009 and revised in 2014, The Social Assistance Act 2013, The Social Protection Policy, The Older Persons Cash Transfer (OPCT) Program for the vulnerable older persons which has so far reached 325,000 older persons beneficiaries, Health Care Coverage for beneficiaries of the Older Persons Cash Transfer through the National Hospital Insurance Fund (NHIF), State Department of Social Protection, Ministry of East African Community, Labour and Social Protection, 2017.

Vision 2030, under the social pillar provides for the establishment of a consolidated social protection fund for older persons. The Constitution of Kenya – Bill of Rights Article 57 recognizes older person's participation, personal development, dignity, respect and protection from abuse. Some of the pending frameworks in progress are the draft Action Plan for implementing the Policy for older persons and ageing in Kenya and an Older Persons Bill.

The Government of Kenya has mandated and established other agencies to address issues of older persons, i.e. Department for Disability and aging within the National Gender & Equality Commission, Health and Aging Unit within the Ministry of Health, Unit for rights of Vulnerable groups with the Kenya National Commission on Human Rights.

2.5 Legal Frameworks on Citizen Generated Data in Kenya

The new Kenya Constitution devolved development to local county government mandates community engagement in resource allocation. This provides a good environment for the citizen-generated data initiatives to grow and develop. Participation of the people in their governance is recognized in Article 10 of the Constitution of Kenya as one of the national values and principles of governance. Further Article 174(c) provides that the object of devolution is to “enhance the participation of people in the exercise of the powers of the State and in making decisions affecting them.” Article 184 (1) (c) which also requires that the mechanisms for participation by the residents be included in the national legislation relating to urban areas and cities governance and management (2016, Ministry of Devolution & Planning & Council of Governors).

2.6 Empirical Evidence and Growth of Older Citizens Monitoring Approach

A project evaluation conducted in 2006 by the Resource Integration Centre (RIC) considered the impact of an OCM pilot project. The key objective of the project was to enhance the accountability in the government safety net programs for the older people. These programmes were the old age allowance (OAA), widow allowance (WA), the special relief and rehabilitation program, and health care services. Nearly six thousand (5929) participants, 2956 females and 2972 males benefited from the project. The objectives of the project were to increase the capacity of older people and their organizations to participate in activities to monitor government delivery of policy commitments to set appropriate mechanism that support older people and their groups in local and gradually national planning and monitoring process and to sensitise implementers and policy makers, local and national level civil society groups to improve the implementation and change the policy for well-being of disadvantaged rural older people.

The focus of the study was to measure the awareness level of older people in respect of their entitlements to government services and commitments. In addition, it was to assess the extent of achievements in respect of older people's entitlements to government services and commitments, to examine the effectiveness of capacity building activities for the OP and the OCM-OP teams, to identify roles of government functionaries and civil society members in the implementation of the project activities, to obtain strengths and weaknesses of the project and to identify critical issues and provide recommendations.

Data for the study was obtained from issuing a survey questionnaire to 521 older people, involving 173 people in focus group discussions and conducting group discussion with 17 OCMG leaders. The sample proportion for the household information collection was 5.5 percent and that for focus group discussion was 3.0 percent. The study found that the introduction of OCMGs enhanced confidence, increased finances, raised knowledge and information on health services, increased social relationships, and enhanced leadership among older people.

Notable strengths include more coordination and organization of OP, leadership developed in OP, enhanced knowledge and intelligence of OP, increased acceptance of OP in the family and the society, increased awareness on rights, increased participation of

OP in social activities and in decision making process on family and local issues, increased communication with local development organization, better relation with local administration, bolstered interest for joint efforts. Key weaknesses of the OCM implementation included: inadequate project staff, limited project period, lack of provision for IGA, lack of micro credit for OP, transportation difficulties in far off villages, lack of health service delivered by project, less interest of well off OP and lack of financial assistance provided to the groups Kabiruzzaman (2006).

A 2011 internal evaluation for a multi-country project in Tanzania, Uganda and Bangladesh was undertaken to provide HelpAge with a progress status and the impact of the project. The evaluation was also to compare and contrast the project experiences in the three countries. Data was gathered by documenting documentary reviews and conducting semi-structured interviews with older people, HelpAge staff, implementing partner organisations, like-minded civil society, local government and technocrats. The assessment found that the OCM Groups did not have the strength or capacity to strongly advocate, they had limited geographic range, that the project had a weak and incomplete monitoring and evaluation system and that the existing M&E system was under-utilized and administered consistently throughout the duration of the project. Since the M&E wanted the evaluation found that it was difficult to obtain the accurate numbers of direct beneficiaries that had been impacted by the project. In all the study areas participants who were interviewed acknowledged that there was some collaboration and partnership between the OCMGs, OPA and public administrators to support to older people. It was notable that the respondents correlated any new or improved programmes/ services for older people with support from an older person's organization (OPA). Most of the gains and changes made to improve the conditions of the income and social security are directly attributed to the older people monitoring groups and the OPAs in the three countries. (Livingstone, 2011).

Some of the projects assessments on the progress and impact of the older citizens monitoring project found that the model had the following strengths and weakness. The OCM approach was highly recognized by the older persons as the only approach that resulted to provision of government support to older people but did not have the strength or capacity to advocate strongly, had limited geographic coverage, citizens monitoring had not been effective due to staff limitation in the field and its dependence on volunteers

who did not have any obligation to the project. There was also need to strengthen the participation levels of the Older Citizens themselves.

Many studies looking at the impact of citizen participation raise doubts. (Bonfiglioli (2003); Golooba-Mutebi (2004); Crook and Sverrisson (2001) argue, “The elite capture, lack of civic capacities, or other local factors will predominate in determining the potential gains of citizen participation”). Other optimistic studies, like Gaventa’s 2006 challenge that the powerful participation and decentralisation approach yields better results. Gaventa says, “Where combined with processes of empowerment and inclusion in the social as well as the political spheres, greater participation in decentralised governance processes can be achieved and in turn can contribute to social justice goals.”

There interventions on promotion of community monitoring for public education service in India conducted randomised evaluation, which suggested that there was little effect on the involvement of parents in the educational committees, improvement in the quality of teaching and better educational outcomes. The study suggests that many of the citizens face constraints in influencing their public services. It also says that a larger and active group action directly influences positive outcomes. The study highlights that it is difficult to initiate and sustain community-monitoring actions when local people and relevant stakeholders are mis-informed about the set standards and procedures of the service being offered and the roles and the responsibilities of the local authority in their area of residence. The study argues that conducting information and awareness creation sessions is not enough and cannot lead huge positive effects from community monitoring. However, interventions that have capacity building activities that enhance the individual capacities of the monitoring volunteers has a high likelihood that there will be positive outcomes.

Literature on the role of community monitoring in improvement of service seems to be inconclusive. The available information suggests that proper setting up of the intervention and the modality to be used is crucial and that the public should have an opportunity to participate in the setting up process. The design and the setting up of structures of the approach has a direct implication on whether or not such an intervention is able to work. Björkman and Svensson (2009) found that NGO - lead efforts in mobilizing communities and informing them on the appropriate quality of health facilities resulted to very strong and positive effects. Meanwhile Benjamin (2005) argues that different approaches have different results. That in a project that aimed to reduce

corruption in road projects through public participation noted that provision of anonymous comments and information to relevant stakeholders had better results than conducting public meetings .Kremer and Vermeersch (2005) found out that empowering school committees in monitoring particular aspects had little to no effect on student performance , but on the other hand Duflo & et al (2010) found that increasing the capacity of the committees in their monitoring role and providing resources to make certain changes for example school performance .

Björkman and Svensson (2009) study focused on examining the relationships that are formed while during a community based monitoring project whose aim was to increase the quality of health care services. The study examined the ability of the public to hold providers accountable to the provision of appropriate primary health care in rural Uganda. The study used a randomized field experiment in fifty villages within nine districts in Uganda. The experiment considered how community based organizations facilitated discussions and meetings whose objectives were to discuss the health delivery status compared to the set government standards.

The study found out that the CBOs and local NGOs encouraged community members to develop a plan, which they used to identify the key problems, and recommendations that the providers would need to adapt to improve health service provision to their clients. This study found that there was improved quality of primary health care provision in treatment practices for example as a result of monitoring and advocacy health facilities started to provide appropriate immunization of children, reduced time waste while queuing to receive services, improved satisfaction with the examination procedures, and reduced absenteeism by health workers . These improvements were deemed significant and that the behavioural changes of health facility was as result of the monitoring and evaluations roles that the public played. As a result of the project equipment's and procedures such as suggestion boxes, numbered waiting cards, and duty rosters were installed in several facilities in the study area.

The study noted that change began to happen when the communities in the study area became committed to monitor the health units extensively. The study demonstrated that there is a significant relationship between the degree of community monitoring and health utilization and health outcomes, consistent with the community-based monitoring mechanism. The intervention did had a spill over effect in the whole health service delivery chain until the district level health system. The study also found that the initial

phase of the intervention was properly implemented after the initial meetings. The onus was on the members of community to sustain and lead the process. The process ensured that there was partnership and collaboration between the local councils, Health Unit Management Committee (HUMC) and community members. The strengthened relationship was good grounding for the intervention to continue beyond the donor funding. Additionally, recommendations that were presented by the community considered that health workers required incentives and non-pecuniary rewards to change. The rewards were also factored into the health workers contracts. The study also found out that the initiative was based on a little but strong rigorous empirical evidence on community participation and that it was designed with the assumption that there was lack of relevant information on the status of service delivery and the community's entitlements, there was no agreement on an effective approach and there was no clear expectations on what would be considered as a reasonable demand from the public and to the provider and that these constraints were major barriers inhabiting the process to monitor the provider.

HelpAge International (2009) says that participatory process involve activities beyond data collection and engaging poor and marginalised older people. However, should include activities that ensure older people to take part in the in the planning process of such processes and involving them in the whole research process including dissemination of the research. HelpAge emphasizes that older people have the ability to influence the implementation of new ideas after interacting with practitioner and decision makers and communicating their own ideas and issues.

Pares and March (2013) considers the four research approaches while conducting evaluations of participatory approaches. They argue that when conducting an evaluation whose main purpose is to measure tangible results then the evaluator's objective is to look at the compliance of the participatory process against the set objectives. While conducting an evaluation whose main purpose is to analyse correspondence between criteria, results and causes. The evaluator objective is to improve the process and the results. A regulatory approach can be applied when an evaluator is making judgements to determine the quality of the process and/ or results in relation to the approach. The purpose of such an evaluation is to familiarize themselves with the approach. Evaluations of participatory approach can also take a constructivist approach, this applies to an evaluation whose main purpose is to have a reflection and negotiation and provide consensus.

Pares and March (2013) also describe that an evaluation of participatory approaches should consider the following five objectives: Checking if the process conformed or complied with a norm or with pre-established regulations that define the process. An evaluation should check the legitimacy of the process .This means justifying a participatory practice and providing useful arguments in support of a political or social actions and give transparency to the process. The effectiveness of the participatory approach should be evaluated and the levels of co-responsibility between the public and the public administration permits reflection and the adoption of a sense participation. Lastly, the evaluation can look at the construction of citizenry, which develops a space of reflection where the citizens reflect on their participatory abilities as individuals and as groups.

In 2010, the directorate general of citizen participation and directorate general of the natural environment in Catalonia - Barcelona proposed and an evaluation of the citizen participatory process on Santi Miquel mountain which is a publicly owned forest. The municipality managed the forest and there had been resolutions that had guided the protection of the forest. Part of the resolutions was to involve the public to carry out sustainable management. Part of the participatory process required the public to attend information days, engage in online debates through social networks and attend face-to-face debates. The evaluation criteria of the process looked at the level of acceptance of the process, the political commitment of the process, the leadership and coordination of the process , the clarity of the objective and the regulation/rules of the process and if there was sufficient resources earmarked for the participatory process. Interviews, evaluation questionnaires, qualitative observation and documentary analysis were used as the main instruments of data collection. Thirty nine (39) people took part in the study. Pares and March (2013).

Cogan (1986) noted that for a citizen participation program to be successful it must consider community unique needs and be designed to be implemented with reasonable and available resources in terms of personnel, finances and time which means that each citizen participatory project requires its own approach although all participatory projects require the involvement and engagement of the public. Cogan also says that all effective participatory projects must have proper legal documentations and requirements, must have a clear goal and clear objectives , must influence and gain political support must be engrained into a decision making community structure , must have sufficient resources

and design a ways of working for participants to understand their obligations and requirements . (Cogan, et al. 1986 p. 298)

2.6 Barriers of Effective Citizen Participation and Methods to Overcome those Barriers

According to the *World Bank Citizen Participation Handbook*, social monitoring involves many risks and obstacles such as facing obstacles and resistance from local government authorities. The key objective of public monitoring approaches or strategies is to make positive changes to policies and services offered by governments. Government willingness directly affects the success of public participatory strategies. It is therefore important to influence and show the advantages of citizen monitoring to public administrators.

Another barrier to effective citizen participatory methods is the absence of civil society that applies a strong and effective advocacy approaches. The public responds negatively to monitoring and advocacy that is led by the government/public administrators. When the government leads in monitoring process it is seen that it is interfering with the freedom of the public even though the process guarantees the basic rights and freedoms of the public. Additionally, the public feels that they are limited to choose their roles, establish the protocols or rules of the process and are able to act freely. This shows the importance of having an NGO, CSO or CBO to the lead of the citizen participatory process.

The absence of information dissemination barrier to effective citizen participation process. All interested stakeholders and the public must be informed throughout the monitoring process. Policies and strategies are extensive in nature; for information to be understood it must be made available. Findings from monitoring must be made available to wider audience through information sessions, presentations, newsletters, IEC materials, and media including traditional and digital platforms. Sharing of citizen collected data and findings shoes that the process is transparent and allows public opinions and feedback, which in turn helps the public, own the process and avoid any community outrage.

2.6.1 Components of Citizen Participation in Data Collection and Analysis

Smith (2015) observes that the purposes of a citizen participatory project is to obtain citizen-generated data. These kind of projects depend on volunteer participation of skilled

members to conduct scientific research that includes activities not limited data mining. “Citizen Scientists” are selected, trained and facilitated to make observations and collect data. Validation and verification of the data is done by setting up appropriate procedures. Smith emphasizes that maintaining number of volunteers involved in the process depends on the simplicity of the data collection system.

According to UN Secretary General Independent Expert Advisory Groups (2016), citizen generated data can be boosted and generally improved when new technologies or approaches that can be used to fill data gaps; participatory and qualitative methods of data collection can be used together with new and existing quantitative approaches to enhance understanding of the results and improve policy and accountability and ways of communicating disaggregated data to the concerned stakeholders with minimal difficulty.

Lammerhirt et al. (2016) recommend that successful citizen generated data projects should bring together actors with different interests in the same data because they perceive the value of the data differently because there is often a difference between data production, use, uptake and benefits associated with each stage which can be different. They also say that Citizen generated data should be usable in multiple ways to maximize uptake and impact .Lammerhirt believes that citizen generated projects should tap into existing resources and processes which would make the data to be easily produced and be effective. These processes could include established routines, existing bureaucratic processes or community forums. These projects should also consider having specific incentives that depend on the context and goal. These goals should consider whether the aim of these projects are to link up with government directly or not, and the socio-political and governance environment.

2.7 Conceptual framework

Community decision-making processes that have involved citizen participation strategies have been utilized from as long ago as Plato's Republic. Freedom of speech, assembly, voting, and equal representation are basic pillars that have evolved over the years to form well-established democracies. Various scholars who have sort out to establish the impact of the processes to citizens have looked at the concepts and practices. Various models have explained the citizen participation process, for example, the ladder of citizen participation model by Arnstien, 1969 that noted that there are citizen participation variants from non-participation, tokenism to total citizen control (Mapavu 2015).

The conceptual framework used in this study was adapted from the Cogan and Sharpe (1986) theory of citizen participation. This is because it depicts links that are more relatable to the OCM Model activities that provide private individuals with the opportunity to influence and own public decisions. Other frameworks as the ladder of participation depicts links of a democratic process like elections or a referendum Cogan states, "With few exceptions, a successful public involvement program incorporates several techniques" (Cogan et al., 1986). These techniques are presented graphically as a continuum that ranges from passive involvement to active involvement.

Table 2.1: Public Participation Continuum

Public Participation Continuum				
PUBLIC PUBLICITY TECHNIQUES	PUBLIC EDUCATION	PUBLIC INPUT	PUBLIC INTERACTION	PUBLIC PARTNERSHIP
Building public support	Disseminating information	Collecting information	Two-way communication	Securing advice and consent
<----- PASSIVE →→→→→ ACTIVE →→				

Source; Cogan and Sharpe (1986) the Practice of State and Regional Planning, "The Theory of Citizen Involvement in Planning Analysis: The Theory of Citizen Participation"

Publicity techniques are methods that are used to familiarize, convince and influence the public to support a particular process or even a relevant topic or area of interest. Input techniques are includes soliciting ideas and opinions from the public. Public education involves educating the public by providing comprehensive and balanced information in an aim of enabling the public to make their own decisions about important matters in their lives or matters that concern them. Public education component must involve informing and motivating the public. During the public education process, the public is able to determine the public awareness levels about the issue at hand tell the public about the particular problems in which they can actively respond to or make significant behavioural changes. Citizen’s attitudes for example attitudes toward the political system or different elements of the political systems can be interchanged. Through public education,

members of society who have low literacy levels are reached with information. (World Bank, Citizen Participation Handbook). Cogan argues that some techniques fit into different categories for example; a public meeting is an opportunity to conduct public for education and /or public interaction.

In order to provide individual or multiple citizens with an opportunity to voice their views public interaction techniques are applied. Interaction techniques facilitate. Citizen and decision makers are able to respond to the ideas of others and work toward a greater consensus.

Public partnerships offer citizens an alliance to collaborate, pursue and shape their decision. Lamerhirt et al. (2016) noted that citizen generated data requires partnerships to be beneficial to the stakeholders. Even though the data is produced by citizens the data production is often supported by civil society organizations, government, business partners, policy makers, donors or community based organizations.

Cogan points out a vital point “that the number of citizens taking part of the particular technique depends on the level of active involvement. For example, public relations efforts can reach a larger number of citizens, while public partnership limits the participation of individuals to a select few.” Cogan and Sharpe, (1986).

2.8 Applying the Public Participation Continuum Framework to the Older Citizen Monitoring Model

The first step in enabling older people to play active roles in decision making is to empower them .Older People are empowered by NGOs and interested stakeholders through enabling older people to mobilize and coordinate themselves, identify and make recommendations to address their own needs, and develop a powerful voice (HelpAge International, 2007). The OCM model prioritise inclusion of vulnerable people through employing specific actions by an older people from different ranges of social and economic backgrounds for example older people with disabilities. The following describes the framework for the OCM Model:

Awareness raising: Older people, local public administrators and service providers often lack information on national policies, laws and government approved services simply because it may not have been communicated from the national government. Awareness raising involves presenting rights, laws, policies and services that concern older people to this audiences .OCM groups present information through community meetings like

barazas, meetings held at OPAs and home or courtesy visits. In addition, awareness trainings targeting older people are conducted. These trainings consider the different educational backgrounds, skill sets and various experiences of the older people being targeted for the trainings.

Capacity strengthening: Even though community based organization like OPAs interact daily with members of the community they lack or have inadequate capacity to fill in the community gaps. They lack the capacity and skills to enable older people to gather evidence, to present and communicate their situation, assess and evaluate and skills to collaborate with like-minded individuals or organization who would contribute and make appropriate recommendations to local authorities or leaders, NGOs, and other groups. The role of NGOs in empowering older people is to act as a catalyst and not the “doer” and build the capacity of OPAs. NGOs can determine the OPAs that are most appropriate by assessing their strong connections in the communities that they are in. Additionally, NGOs can examine the financial status of the OPAs by checking if the financial capacity can sustain the OPAs efforts. After relevant assessments, continuous trainings and appropriate skill building processes are applied for active and meaningful participation. Part of the strengthening capacity improves the ability of older people to identify their concerns, analyse the link to developed policies and progress of implementing the policies and develop workable recommendations for the decision makers. Improvement of capacity results to directly empowering older people to advocate for themselves and take an active role in decisions about services and policies that affect their quality of life (HelpAge International, 2007).

Older People must have a sense of confidence, self-worth and have a sense of belonging to their communities. By supporting OPAs, NGOs help them to feel that they are contributing to the society thus helps them have a voice in the community they live in. Mobilizing and arranging older people into associations is part of empowerment of older persons. (HelpAge International 2007).

OPAs and OCMGs must be made sustainable and legitimate by institutionalising and embedding them in strategies and plans of government and development schemes. OCM activities are relatively low - cost. They require minimal of material inputs but OCMGs provide manpower for preparation and planning for data gathering, data entry, and analysis and reporting. In addition, embedding income-generating activities in the OCMGs activities ensures that the group contribute towards the cost of conducting the OCMGs objective.

Evidence Gathering & Community level Analysis: the body of empirical evidence on social accountability contributes to the end message; discussions of the kind of the “evaluation” design of the model is very important. The model insists on collection of self-reporting data; OCMGs are trained on the data collection and analysis and the presentation of the findings to different audiences,

Advocacy and Lobbying: to start changing policies at the local level OPA begin by examining specific local issues that affect older persons directly. They later progress to identify and advocate on complex or difficult issues. Incremental looking at issues encourages and assures the stability of the level of participation by OCMGs and older people. Small and progressive achievements in their advocacy work create hope. OCMGs take on complex and larger advocacy issues as their experience of older people and the association improves. “OCMGs advocacy processes involve helping senior citizens to mobilize and organise themselves, support older people in identifying the policy of any group or the service provider that they want to change. Helping them see the link between ‘challenges’ they might identify and the policy decisions which contribute to the cause of the problem and to clearly identify the policy change that they want. They then identify and engage with the community leaders who are aware of and interested in the issue, and get them involved, promoting dialogue between local leaders and the older people thus inviting them to meetings and activities as a result, spreading information (raising awareness) in the local community about the pertinent issue. Updating the group or policymaker about the issue and the desired change, using collective action to influence the decision and ensuring the policy change means a change in practice or action on the ground!”

Partnership of the Older Citizen Monitoring Groups: OCMGs are strengthened through being in partnership with the civil society organisations and government. To form proper partnership and strengthen the relationship with the government OCMGs and OPAs must communicate to authorities about their monitoring and advocacy plans this create room for dialogue and collaboration and increases the ownership of the data by the government and in turn the increases the efficiency of response rate from the government and service providers. Consider that through the timely and effective communication OCM, monitors gain understanding about local government planning and budgeting processes and tailor their monitoring and advocacy plans appropriately. This collaboration creates an avenue for the OCMGs to inform local government on older people's rights and needs. Partnership helps to share knowledge and experiences among stakeholders.

Table 2.2: Operational Framework (Older Citizen Monitoring Model) from HelpAge

Goal :- Better and Inclusive Policies implementation and Practices					
PUBLIC - PUBLICITY TECHNIQUES	PUBLIC EDUCATION	PUBLIC INPUT	PUBLIC INTERACTION	PUBLIC PARTNERSHIP	
Building public support	Disseminating information	Collecting information	Two-way communication	Securing advice and consent	
Awareness Creation on Rights and Entitlements.	Strengthening the capacity of older people monitoring OPAs Increased knowledge about advocacy, mobilizing or organizing tactics.	Evidence Gathering and Community level Analysis Increased ability to get data.	Engage and influence and Lobbying a diverse range of stakeholders Increased ability to advocate using data that has been collected and analysed.	Collaborative actions taken between government and OCMGs/OPAs and other stakeholders Willingness of policymakers and service providers to act in support of an older person's issue or policy proposal.	Out comes
1. Percentage of audience members with knowledge of an issue. 2. Percentage of audience members saying issue is important and relevant to them.	1. Percentage of audience members willing to take action on behalf of a specific issue. 2. Clear objectives for the Older People Associations.	1. Older persons Level of Empowerment.	1. Number and Type of Advocacy Messages delivered to stakeholders.	2. Number of government officials and service providers who publicly support the advocacy effort.	Outcome Indicators

<p>1. Conducting Community Awareness sessions.</p>	<p>1. Training on the eligibility criteria for social protection, basis Advocacy and citizen monitoring skills. 2. Training on data collection methods and good practices.</p>	<p>1. Collection of data by older persons using the trained data collection methods.</p>	<p>1. Development of advocacy messages for dissemination. 2. Involvement of older persons and other vulnerable persons into the advocacy issues.</p>	<p>1. Conducting of meetings with various stakeholders. 2. Partnership and strengthening of relationships with other stakeholders e.g. Local government or other CSOs.</p>	<p>Activities</p>
<p>1. Frequency of sensitization and awareness sessions. 2. Attendance of older men and women attending meetings. 3. Levels of increased information and levels of attitude. Quality of Sensitizations meetings.</p>	<p>1. Number of training sessions on specific activities (eligibility for SP program or data collection, on general management (management, leadership, record keeping, fundraising). 2. Number of older citizens monitoring members trained.</p>	<p>1. Quality of data collection and analysis</p>	<p>1. Number of meetings or briefings held with Policymakers or candidates. 2. Number of policymakers or candidates reached. 3. Types of policymakers or candidates reached. Number of meetings held with decision-makers.</p>	<p>Sustainability of ongoing dialogue between older citizen monitoring model and service providers.</p>	<p>Output Indicators</p>

CHAPTER THREE: METHODOLOGY

3.1. Introduction

This chapter describes the research design, the sources of data, a description of the study area, the sampling procedure, and the process of analysing data that was used in the study to yield the findings and conclusions on the assessment of the OCM Model.

3.2 Study design

The study employed a single case study design, which allowed examination of the context, causal processes, intended results, and unintended results. The approach examined the different aspects of the OCM advocacy effort from beginning to end and gathered data from a broad range of stakeholders either involved in the effort or targeted by it. The study provides a full and in-depth story about what happened rather than provide isolated data points that tell only part of the story or do not consider the context in which the OCM advocacy effort occurred.

The study incorporated practices that promoted rigour and bolstered the validity and credibility of data and findings by using a non-experimental mixed methods design, both qualitative and quantitative data was collected, information triangulated in two or more designs, methods or data sources to study the same question or outcome. Validation of information was conducted by counter checking information with key informants on the accuracy of the data and reasonableness of interpretations. The study also provided counterfactual thinking by exploring whether alternative explanations could have caused or contributed to observed relationships or outcomes Marc and Engle (2009).

3.2.1 Study site

The study was conducted in Siaya where 100 older persons were previously trained on rights and entitlements. Thirty (30) older persons from the 100 were selected to be involved in the citizen monitoring process in the year 2008. It was assumed that the 30 older citizen monitors continued to monitor and advocate various older people's issues since 2008.

Implementation of the OCM Model was embedded under the "Strengthened community support for older carers of Orphans and Vulnerable Children (OVC) and People Living with HIV" Implemented (PLWHIV) from October 2007 – 2008. The project's goal was to increase the scale and extent of HelpAge International responses to the impact of HIV and

AIDs to older people caring for Orphans and Vulnerable Children and People Living with HIV”. In 2016, HelpAge began to implement a social accountability project “Towards more effective and accountable social protection systems for income security in older age”. The focus of the project was to monitor complaints and grievances arising from the older persons cash transfer programme.

Siaya County is located in Nyanza and constitutes five constituencies (Ugenya, Alego, Gem, Bondo and Rarieda). Siaya has a total population of 833,760 people (Male – 47 percent, Female – 53 percent). The population density is 332 people per Km². The Age Distribution is - 0-14 years (46.1 percent), 15-64 years (50.9 percent), 65+ years (3.0 percent) with 199,034 households (Population Action International, 2013). 63 percent of OVCs in Siaya live with Older People. Older people care for 78 percent of PLWHAs. The aim of the citizen monitoring process was to monitor state services that were set up to alleviate poverty in the area. These services included; the Inua Jamii programme, the constituency AIDs Funds, Constituency Bursary Funds, the constituency development fund, older people’s state entitlements like the pension scheme, national hospital insurance funds and the national social security fund.

Siaya was selected for the study because the older persons in Siaya continued to implement the older citizen model after the end of the programme in 2008 under the key facilitator that is, Kenya Society of People with AIDS (KESPA), a national NGO established in 1992 in Siaya and Kisumu . It has been awarded a grant for a new three-year accountability programme, which will involve the older citizen-monitoring model. KESPA had been involved in the pilot phase of the older citizen-monitoring model back in 2008.

3.2.2 Sampling procedures

A convenience sample was used. This was a non-probability sampling method where the sample was taken from participants who were easily available; who responded to the meeting and information request. These participants had been previously engaged in the OCM activities.

The study intended to collect data from the sampled persons who were grouped into four categories. This is because the beneficiaries and stakeholders involved in the older citizen-monitoring model had specific roles in implementing the model.

From the 100 older persons trained on rights and entitlements, 10 older people were involved in focus group discussion to assess their understanding on older people rights and entitlements and level of involvement and participation in advocacy of older person's issues. Forty-five older persons, who act as the citizen monitors from 10 different Older Citizen Monitoring Groups, were involved in the focus group discussions to assess the group's capacity in implementation of the OCM Model. HelpAge International and partner staff who have previously implemented the OCM Model and been engaged in capacity strengthening activities of the OCM groups responded to an online questionnaire issued with a monkey survey.

The fourth category of respondents were the service providers. The study intended to involve service providers from the Ministry of East Africa Community and Social Protection and Siaya County Officials. However, only two in-depth discussions were carried out with the Siaya county officials from the Ministry of East Africa Community and Social Protection

3.3 Sources of Data

Data for the study were obtained from the following sources:

Minutes of OPA/Implementing partner meeting: - Each older persons association holds regular meetings to plan on the major activities and report on the progress on activities, minutes are recorded during this regular meetings. OCMGs participate in the OPA meetings (Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2009)

Reviewing the minutes enabled the study to capture the decisions that had been made in these meetings, including details on the set periods and investment the groups required to ensure action took place. These meeting minutes served as records of what was discussed and deduced, what action was taken and when the action was taken or was planned to be taken. The study was able to see the date, time and locations of the meetings, the various aims/objectives of the meeting, the number of attendance and the names of the attendees, the agenda items and the decision that were made in the meetings. The study reviewed at eight meeting minutes from the different groups.

OCM Membership List: - Eleven lists of membership were reviewed. A main member list was reviewed from KESPA the associations that facilitates the different OCM groups, each of the 10 OCM groups also provided their membership list. By reviewing the list, the study was able to establish when each member enrolled into the association and if

they were active or inactive members. If they were OCM members and the role, they played in the OCM Groups. The records also showed the demographic data of members that is name of the members, their age, the residing location of the member (wards), marital status, phone numbers and the number of dependants of the members.

OCMG timetable: - This shows the recording sheets and activity work plans (HelpAge International, 2015). The timetables were able to outline the set goals and processes that the monitoring groups had accomplished. The information provided created a better understanding of the scope of the activities and the small /detailed breakdowns of the tasks by the groups. They also provided an understanding of how well the groups were organized and coordinated.

Monthly Monitoring Sheets/Reports:-Summaries of daily and weekly reports (HelpAge International, 2015). The study was able to review several monthly reports. The monthly reports were from KESPA and three OCM Groups. Review of the reports would create better understanding on the performance improvement of the groups and KESPA. Unfortunately, the study established that these monthly reports were inconsistent and incomplete which meant that the groups were not able to identify areas of improvement during the project period.

Workshop Reports: - including OCMG, right, and entitlements training workshop reports

Workshop reports provided a summary of the two – three day interactive discussions. The reports provided the participant list of the training session, the Agenda and the presentations that had been presented in those workshops. The study was able to establish information on what KESPA and the OCM Groups were taught about the models procedures and intended output or outcome. They also provided information on the agreed recommendations that could be made to improve the OCM Model including ways of involving program staff in a collaborative and the positive actions that could have been taken in response to the performance.

Brief /information reports: - Reports that have pulled together all key findings and recommendations from a particular site at the end of an investigation. The study was able to look at brief reports on particular activities that OCM groups /members had participated in. It was established that OCMG had been engaged in campaign activities that included meetings with government authorities like the Governor of Siaya County and peaceful marches where they were disseminating key messages through banners and placards. Review of the briefing reports provided information of the engagement and attendance rate of Older Persons and OCMGs in advocacy events /activities.

Table 3.1: Sources of Data

Outcomes	Awareness Creation on Rights and Entitlements	Strengthening the capacity of older people monitoring via OPAs	Evidence Gathering and Community level Analysis	Engage and influence and Lobbying a diverse range of stakeholders	Better and Inclusive Policies implementation and Practices
Outcome Indicators	<ol style="list-style-type: none"> 1) Percentage of audience members with knowledge of older persons issues and demographic and social economic status 2) Percentage of audience members saying issue is important and relevant to them 	<ol style="list-style-type: none"> 1. Percentage of audience members willing to take action on behalf of a specific issue 2. Clear objectives for the Older People Associations 	<ol style="list-style-type: none"> 1) Older persons Level of Empowerment 	<ol style="list-style-type: none"> 1) Number and Type of Advocacy Messages delivered to stakeholders 2) Involvement of older people in advocacy activities 	<ol style="list-style-type: none"> 1) Number of government officials and service providers who publicly support the advocacy effort 2) Number and type of policies, plans and programmes that are now more inclusive of older people
Data Source & Methods	❖ Conducted Focus Group Discussion	❖ Review of OPA Monthly Activity Plans	❖ Conducted 10 Focus group discussions (FGD) with Older Citizens Monitoring Groups	❖ Review Written reports/ brief papers / information booklets disseminated to the stakeholders	❖ Conducted two key informant interviews (KII)
Output Indicators	<ol style="list-style-type: none"> 1) Frequency of sensitization and awareness sessions on access to social services 2) Attendance of older men and women attending 3) Levels of increased information levels and attitude 	<ol style="list-style-type: none"> 1) Number of training sessions on specific activities (eligibility for SP program or data collection, on general management (management, leadership, record keeping, fundraising) 	<ol style="list-style-type: none"> 1) Quality (completeness, relevance, usefulness and reliability of the data will be measured) of data collection and analysis 	<ol style="list-style-type: none"> 1) Number of meetings or briefings held with 2) policymakers or candidates 3) Number of policymakers or candidates reached 4) Types of policymakers or candidates reached 	<ol style="list-style-type: none"> 1) Sustainability of ongoing dialogue between older citizen monitoring model and service providers 2) Effective partnerships with various stakeholders

	4) Quality of Sensitizations meetings	2) Number of older citizens monitoring members trained		5) Number of meetings held with decision-makers	
Data Source & Methods	<ul style="list-style-type: none"> ❖ OPA/Implementing partner Meeting Minutes ❖ Monthly Monitoring Sheets/Reports ❖ Focus group discussions (FGD) with older persons 	<ul style="list-style-type: none"> ❖ Structured interviews with staff who have conducted the trainings 	<ul style="list-style-type: none"> ❖ Review of Project Data Tools Used (for example daily activity charts, livelihood analysis, matrix) 	<ul style="list-style-type: none"> ❖ Review of Monthly Monitoring Sheets/Reports ❖ Review of meeting or dissemination workshop reports/briefs 	<ul style="list-style-type: none"> ❖ Structured interviews with staff who have conducted the trainings ❖ Review of programme Evaluation reports

3.4 Data Tools and Methods

Following methods and tools were used for collection of data and information from different categories of respondents:

3.4.1 Focus group discussions using a FGD Guide

Ten Focus group discussions (FGD) were held; each FGD had an average of 5 participants. Data and information on the effectiveness of the model implementation was obtained after applying an FGD Guide. Respondents of the FGD guide included a mixed group of 33 older men and 12 older women who were members of the self-help group that the older citizen-monitoring group belonged.

Another FGD guide was administered to seven older men and three older women in Siaya to establish the needs of older persons in Siaya and assess the level of awareness and knowledge of older person rights.

The Focus Group Discussions provided room for different OCM group members to agree and disagree on the how their group works, the members' ideas and purpose of being a member of a certain group and the inconsistencies of knowledge between the group members.

3.4.2 In-depth interview using a Key Informant Discussion Guide

A semi-structured questionnaire was developed to facilitate In-depth interviews with the local /county authorities from the INUA JAMII Programme, constituency AIDs Funds, the constituency development fund, older people's state entitlements like the pension scheme, national hospital insurance funds and the national social security fund. However, only two officials from the Siaya County officials - Ministry of East Africa and Social Protection were available for the Key Informant Interview.

Two Key Informant Discussions were conducted one through a face-to-face interview and the other one through a telephone interview. These discussions were able to provide qualitative information in the INUA JAMII programme, its intention, beneficiary selection and the complains and feedback mechanism including the OCM groups work. The INUA JAMII officers were able to provide more insight in the target community and challenges faced by older persons in Siaya that they had observed. They also provided the challenges faced by OCMGs and the recommendations on how to improve the

communication of certain complains/feedback and ways to effectively influence government and service providers.

3.4.3 Monkey Survey using a structured questionnaire

A structured questionnaire was issued to HelpAge and Partner staff using the *Monkey Survey*, where 6 staff that have previously or are currently engaging with the OCM Groups were able to respond to the structured questionnaire; the survey targeted 12 staff members but after two weeks only, six staff had responded. The survey was used to assess the facilitators and barriers of the OCM Advocacy efforts and measure the support that was provided to OCMGs to enable them to fully participate and conduct their tasks.

3.5 Methods of analysis

For this study, quantitative data from the questionnaire was entered into an Excel Spreadsheet where analysis was carried out. Content Analysis was used to analyse qualitative data collected from the KIIs and the FGDs, by development of a coding scheme where themes and constructs were predefined. Some of the themes included institutional factors: policies, strategies, processes and level of willingness and collaborations that affect the implementation of older person's issues by the local county government institutions like the Siaya county office of Ministry of East Africa Community and Social Protection and the OCM facilitating Organization – KESPA Office.

Data was qualified and summarized to obtain percentages scores of level of the effectiveness and graded according to the set criteria. Graphs and tables were generated to display the results of the analysis.

Other indicators, which were measured, included the level of awareness, knowledge and attitude on issues affecting older persons propagated by the older people themselves and by other stakeholders including service providers and HelpAge and partner staff. In addition, the appreciation and the quality of the rights and entitlements trainings provided to older persons, the quality of the data collection and analysis (monitoring and evaluation) conducted by the OCMs, the level of participation in advocacy, policy reforms and implementation by the older persons, the level of capacity strengthening provided to the OCM groups were measured . Lastly, the study considered measuring the level of sustainability of the OCM Model. Likert Scales were developed to enable the study to assess how respondents felt about particular aspects of the OCM Model.

Typically; you would score each item so that higher scores always indicate "more" of some characteristic and then take the mean (average) of all of the items.

3.5.1 Measurement of Awareness based on a Likert Scale

Madsen (1996) explained that individual environmental awareness, knowledge and commitment, are necessary to achieve environmental protection and restoration in a society. Madsen emphasized that the public must have a basic understanding of the environmental problems. Leaders in the field of environmental education must not only have extensive knowledge and understanding of environmental problems, they must have environmental awareness and the commitment to solve these problems. They must be committed "to initiate action, based upon knowledge and understanding." According to the South Asia Sustainable Development Department, Information on rights and entitlements to service delivery serves as catalyst in spurring citizen action. Citizens, especially poor citizens, often do not know that these rights and entitlements exist in the first place and addressing these information asymmetries is a critical first step.

Raising awareness of an issue means enabling more people to understand the matter, or enabling people to understand issues to a greater degree. Awareness helps social groups and individuals to acquire knowledge of and sensitivity to an issue, this knowledge helps social groups and individuals gain various experiences in, and to acquire a basic understanding of the issue at hand and its associated challenges. This increase in information and awareness then initiates a series of behaviour changes within the practices of citizens, individually and collectively. First, citizens develop information-seeking behaviour, seeking out information on service delivery from service providers that they normally would not. By doing so, relationships between service users and providers shift. The study used a 5-point Likert-type response format; the questions are used to measure the respondents' intensity to their opinion on their level of awareness. This study graded the level of increased awareness and knowledge on rights and entitlements are seen below:

Level of Awareness Likert Scale				
Grade	1	2	3	4
Criteria	Not at all Aware	Slightly Aware	Moderately Aware	Extremely aware

3.5.2 Measurement of Capacity

According to the South Asia Sustainable Development Department, information and accountability-seeking behaviour, changes establish development outcomes seeking behaviour. Citizens, both individually and collectively seek to fulfil specific development outcomes through access to these public services and entitlements. These localized behaviour changes, repeated over a period, then upwardly inform the stakeholders of practices of government, which eventually become internalized as norms and established as institutional changes. These institutional changes include process changes (shifts in the functioning of management systems, including how data are received and how decision making takes place) as well as policy changes (changes in budget allocations and legislation). These institutional changes, in turn, reinforce and deepen shifting behavioural changes within service users and providers.

According to (Strong and Kim, 2012), measuring advocacy capacity should include the following elements; building coalitions and maintaining strategic alliances, building strong grassroots base of support, policy analysis, developing and implementing policy campaigns, designing and implementing media and communication strategies and generating resources from diverse sources to sustain efforts.

Building the capacity of partners and civil society means that these organizations have been strengthened so that they are able to advocate on their own issues and/or on behalf of their local communities. The groups should be empowered to a level that they are sustainable enough to continue monitoring and advocating for their issues beyond a programme life/cycle.

The grading criteria of the level of capacity is seen below

Level of Capacity of the OCM Groups				
Grade	1	2	3	4
Criteria	No Capacity	Low Capacity	Moderate Capacity	High Capacity

3.5.3 Measurement of Sustainability

“Bowman (2011) sustainability refers to the ability of administrators to maintain an organization over the long term”. An organization whether small or large must have resources that supports it to pursue opportunities or respond to unexpected changes to be sustainable. A sustainable organization is able to main normal operations while going through unexpected changes whether they are positive or negative challenges. OECD says that sustainability in development programmes should focus on ensuring that interventions are likely to continue after donor funding comes to an end. Sustainability should be viewed at three different levels. The first level the social level that shows that the intervention is culturally accepted by the community and is links to the local capacities and community structures. The second level is the economic level which illustrates that the recurrent costs of an intervention are catered for even in the future and that if the intervention are sustained it makes economic sense to the community. The last level is the environmental level looks at the short and long-term environmental impact or cost of the intervention and how innovation can be used to improve the programme.

DFID’s sustainability guideline says that when doing a sustainability analysis one should consider a broader picture that looks at an interventions policy, governance, institution and financial status. .Renz et al. (2010), says that two challenges that face community based interventions are maintaining financial sustainability and the ability of an intervention to follow up on its mission/goal and maintain high quality in programming . DFID’s guide also stated, “There is no single, standardised approach that can be adopted across projects and programmes in doing a sustainability analysis. The process of sustainable development is inherently a process in which interventions and activities change and improve rather than remain static at an achieved state.”

The study created a grading criterion of the level of sustainability of the OCMG whose governance and financial status were at different levels.

Level of Sustainability of OCM Groups based on a Likert Scale				
Grade	1	2	3	4
Criteria	Not Sustainable	Low Sustainability	Moderately Sustainable	Highly Sustainable

3.2.4 Measurement of the quality of the monitoring and evaluation process of OCM

Consistent monitoring and performance tracking are important for responding to advocacy opportunities. According to Save the Children, advocacy guide daily M&E activities are the responsibility of advocates and campaigners. Such activities consist of documenting the advocacy activities and monitoring the policy changes and reforms. Campaigners should aim to collect sufficient and credible data “anecdotal, documentary and evidence from different sources”

The guide also provides a MEAL framework guide for an advocacy programme, which shows that it is important to identify indicators that will help the campaigners to track their work and inform them on the progress their intervention is making. It is also important to choose and design the appropriate data collection tools and methods. Lastly, it is important to define the activities to be undertaken and to counter check the logic of the intervention.

Planning, measuring, recording, collecting, processing and communicating information are processes involved in participatory monitoring. Data collection involves gathering enough information that will be used to make informed decisions on which approach to take during data collection. Understanding the context, the issue to be studied, and the aim of monitoring the data, the nature, and the study site is important because it supports organizations to choose a priority issue for data collection. The selected data collecting and approaches depends on the context, size of the study site and the available resources for logistics, technology communication and coordination.

The grading criteria of the Quality of the Monitoring and Evaluation is seen below:

Quality of the Monitoring and Evaluation based on a Likert Scale				
Grade	1	2	3	4
Criteria	Poor	Fair	Good	Excellent

CHAPTER FOUR: FINDINGS AND DISCUSSION FROM THE ASSESSMENT OF THE OLDER CITIZEN MONITORING MODEL BY HELPAGE INTERNATIONAL IN SIAYA COUNTY

4.1 Introduction

This chapter presents the findings of the study, which are based on study objectives. The study met its intended objectives by describing the functions of the OCM Model and determining if the functions were effectively implemented by establishing if the OCM Model utilized in Siaya accomplished its objectives and determining factors in the environment of the model that caused the observed outcomes.

The chapter is organized in sections. Section 4.2 presents Key roles of involved stakeholders in OCM in Siaya, section 4.3 Establishment of the Older Citizen Monitoring Group and the barriers faced by the OCMGs in Siaya, and section 4.4 Effectiveness of the OCM Model in Siaya and finally Section 4.5 Summary of the Findings.

4.2 Key roles of involved stakeholders in OCM in Siaya

4.2.1 Roles of Older Persons in the OCM model and challenges facing Older Persons in Siaya

A focus group discussion with older persons in Siaya found that older persons were able to articulate the problems they faced and the impact these challenges had in their lives. For example, A member of the, Rajoro Widows group, Siaya highlighted some issues “ Some of the older people are too weak and/or with disabilities to queue on the line or even walk to the venue some are too weak to queue on the line or even walk to the venue. Some of the older beneficiaries are dumb hence requiring a sign language assistance but there were no interpreters.” Some of these challenges included lack of proper health care, lack of proper shelter, food security, poor housing conditions, lack of/difficulty in accessing social protection initiatives, which included accessing the older person’s cash transfer.

It was also noted that the concept of rights was difficult for some of the older people to understand, maybe because they had spent most of their life being disempowered. From the discussion, it was also noted that either information about laws and policies on older persons had not filtered down from the government, civil society organization (CSO) or the OCM groups’ therefore older people were ignorant of their rights and entitlements.

Older Person reported that they experienced the following challenges and concerns in accessing the OPCT initiative: that OPCT beneficiaries face problems in withdrawing the funds at the banks/designated payment points either because of the long distance from their residence, “ For instance an OCM Member who was interviewed , reported that one of his group’s members had to travel over 14 Kms to get to the pay point of the Older Person’s cash transfer”, this indicated that the project does not consider that many of its beneficiaries have frail health and lack of provision proper documents resulted to issues of obtaining biometric cards.

Older Persons reported that they did not receive the payment on time. OP also suspected nepotism during the targeting stage of the scheme and beneficiary exclusion in the beneficiary list. Many beneficiaries and older people thought that the genuine poor had been left out of the programme. Older Persons felt that not all beneficiaries meet the beneficiary criterion, which is a beneficiary should be 65+ years and among the most vulnerable households. Older persons reported that they had noticed that several individuals would benefit from a single household, yet the programme’s target should benefit one individual per household.

Older persons reported that beneficiary replacement and balancing out the targeted beneficiaries among the sub-counties in the OPCT programme was not done fairly. The OPCT scheme requires to meet a standard number of beneficiaries, when a beneficiary graduates or leaves the scheme or dies they are “replaced” by other individuals. They felt that the beneficiary replacement mechanism experienced a lot of delay which led to the continued of benefiting of dead beneficiaries.

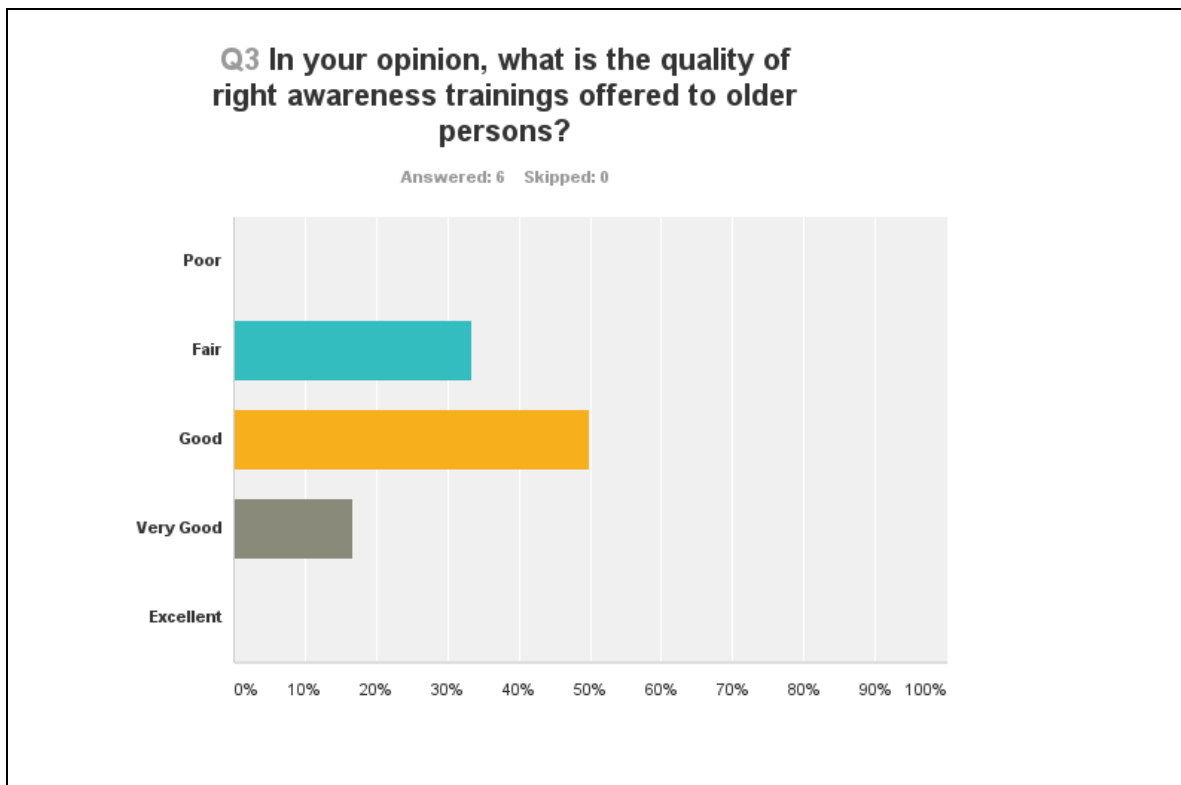
Older person felt that the chiefs in their villages should be removed in the implementation of the OPCT programme because they suspected them of instigating nepotism in the beneficiary selection. Older persons felt that only a handful of older persons were benefiting in the programme. Older Persons felt that the programme was not being implemented as per the disseminated plan.

4.2.2 Role of HelpAge International and OPAs - KESPA in effectively supporting the OCM Model

HelpAge International role for empowering older people and the Older Persons Association in this case its implementing partner KESPA was well understood. Their key role was to provide support to the model to ensure that older people were able to gain access to their rights.

From the study, it was noted that HelpAge staff were not clear about the objective of the Older Citizen Monitoring Model. The staff also did not agree on the accountability route category under which the OCM Model would lie. Fifty percent of the staff agreed that the model could be a long route accountability mechanism while the rest of the staff agreed that the model could be a short route accountability mechanism. While, none of the HelpAge International staff considered the quality of the rights awareness training to be poor, they did not agree on the grading of the quality of the trainings (Figure 3) below. This showed that the staff had not done any reflection on the quality of the trainings and had not provided a guide or manual for the implementation of the OCM Process.

Figure 1: Quality of Right Awareness Training



4.2.3 Role of the Local Authorities/ Government in the OCM Model

The Sub-County, Social Development officers from the Ministry of East African Community and Social Protection seemed to be slightly/ moderately aware of older people rights and entitlements issues, meaning that they knew about some aspects of challenges older people were experiencing and knew about the rights of the older people but they had not done little or nothing to address the challenges. The officials did note that older people in the area were extremely vulnerable and that many of older people were caring for orphans yet did not have any income, they also noted that the cash transfer programme coverage was limited and only benefited a few older persons. Information collected noted that the social development officers were aware of the OPCT complains mechanism structure, but it was noted that the OCMGs were not aware of the CMS – Complains Mechanism Structure, meaning that they were not aware of the government structures. Local government officials recommended that they required sensitizations sessions on older people issues and requested KESPA to work with them to disseminate information on the complains mechanism structures procedures to older people.

4.3 Establishment of the Older Citizen Monitoring Group and the barriers faced by the OCMGs in Siaya

Ten OCM Groups were interviewed by conducting focus group discussions with each of the groups. These focus group discussions involved a few of the members and leader of the OCM groups. These groups represented 9 sub counties in Siaya that is North Gem, South Alego, Ugunja, Ugenya, AlegoUsonga, Rarienda, Gem, Lwanda and Bondo. From the focus group discussions, it was found that the OCM Groups were established at different intervals from the year 2008 to 2016. Each OCM Group had a minimum of 15 members, which included older women and were 60 plus years. Each group comprises of a chair, vice chair, secretary and a treasurer. Some of the group's leaders included older women in leadership positions. "Bishop Margret an Older citizens Monitor, Rajoro Widows group stated that even though she isn't educated she has been able to be a great influence in her group", OCM members noted that they had been selected as monitors because they were active in their communities; they were respected by their peers and had a volunteerism spirit and willingness to work in the interest of older people. All groups indicated were formed as self-help groups but had also included additional objectives in the mission and visions.

The study established that some of the members of the ten OCM Groups were beneficiaries of the Older Persons Cash Transfer Programme, which is an initiative under the Ministry of East Africa Community and Social Protection under the INUA JAMII Programme. Therefore, a key area of monitoring was on OPCT in the county.

Having a clear understanding of the rationale of forming the OCM groups and having missions and visions of the groups is seen as a strength. It emerged that the OCMGs were formed as self-help groups, with an aim of increasing their income and savings but also each OCMG understood other additional objectives, which included preserving history, transforming harmful traditions, advisory role for the youth, bringing together the community and advocating for rights of older people.

Inclusion of income generating initiatives in the groups is also seen as strength; the groups noted that having an income was a necessity for their survival because having an income enabled them to make meaningful contributions in their family. They also noted that the loans and saving schemes that they were involved ensured that they met regularly and were able to discuss issues that were affecting older persons in the community

4.3.1 Level of Awareness of the OCMGs

Although the OCM groups seemed to be extremely aware of the challenges being faced by older person, the OCM groups were slightly/moderately aware and knowledgeable of issues affecting older people. From the 10 groups with whom FGDs were held, it was noted that only one group had members and leaders who had received general advocacy, social protection and Older Citizen Monitoring trainings and had knowledge and technical skills for meaningful implementation of the model.

None of the groups understood that older persons are discriminated against and have rights to social protection. It was also noted that the groups did not use any specific material to create information to raise awareness or change the people's opinion about older persons. Seven out of ten of the OCM groups had little understanding of disability issues, they agreed that they knew that people with disabilities are more vulnerable but did not know what to do about it. Seven out of ten of the OCM groups had little understanding of gender yet they agreed that overall women were more vulnerable and were unable to do anything about it. Only two groups out of the ten percent of the OCM groups interviewed had some reference material to assist members in learning and

developing their knowledge about citizen monitoring, advocacy, social protection and human rights.

HelpAge staff stated that lack of knowledge /awareness or clarity on procedures and requirements for access to services was either an extreme or a moderate barrier why older people were not able to access services.

4.3.2 Capacity of the OCM Groups to conduct their work effectively

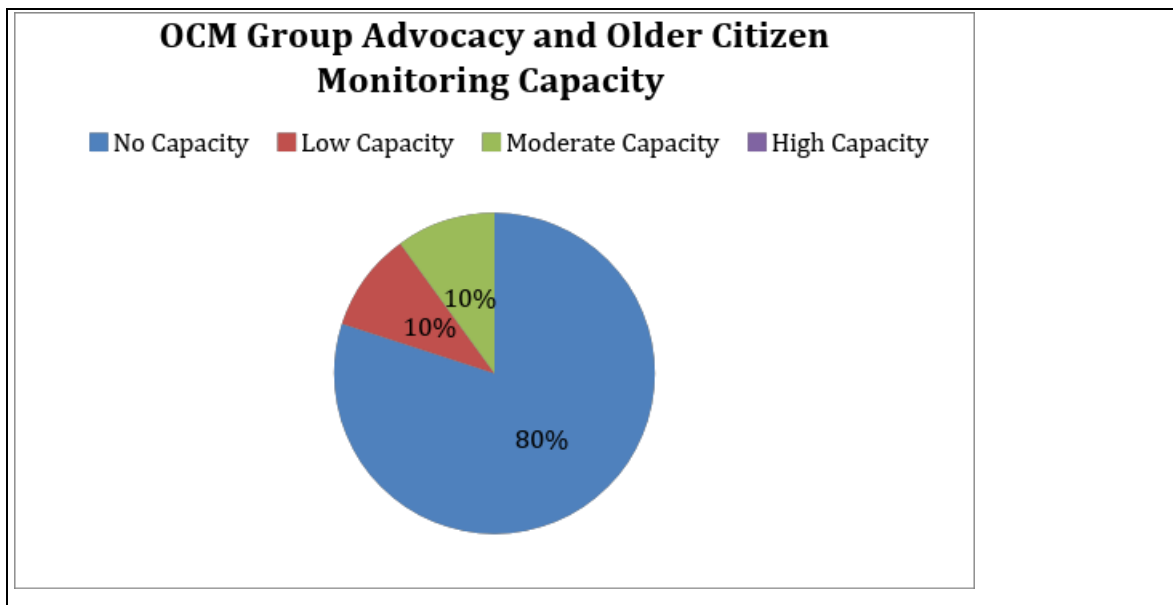
A key activity of the OCM model is empowering of older people to collect, analyse and utilize the data by themselves to influence and advocate for change for issues that involve older people. In order to assess their ability to collect, analyse and use data for advocacy, data was collected from the OCMs through conducting focus groups, interviewing key stakeholders involved in the older people, cash transfer programme and HelpAge staff.

Data showed that there was low capacity in carrying out all the advocacy activities, which purposed to influence those in power to change conditions, or policies, which form barriers to older person's access to Social Protection, discrimination and abuses.

From the ten groups that were interviewed it was noted that only one group had members and leaders who had received general advocacy, social protection and Older Citizen Monitoring trainings and had knowledge and technical skills for meaningful implementation of the model. High willingness of the OCM Groups to provide their feedback to authorities; members of the OCM groups were willing to face the authorities and service providers, they suggested that HelpAge should train them on the mechanisms of being able to effectively reach the service providers.

Findings show eight out of the ten Older Citizen Monitoring groups of the reported that they had not thought about local policies or conditions that could be monitored and little or no targeted advocacy work was done in the past. Secondary data showed that the OCMGs had high capacity in responding to sectorial matters like HIV and Income Security but had low capacity in conducting accountability thus citizen monitoring work. Many of the OCMGs focused on income generating activities, HIV support group activities this could be because the group members are engaged and more empowered with other NGOs, and government funded initiatives.

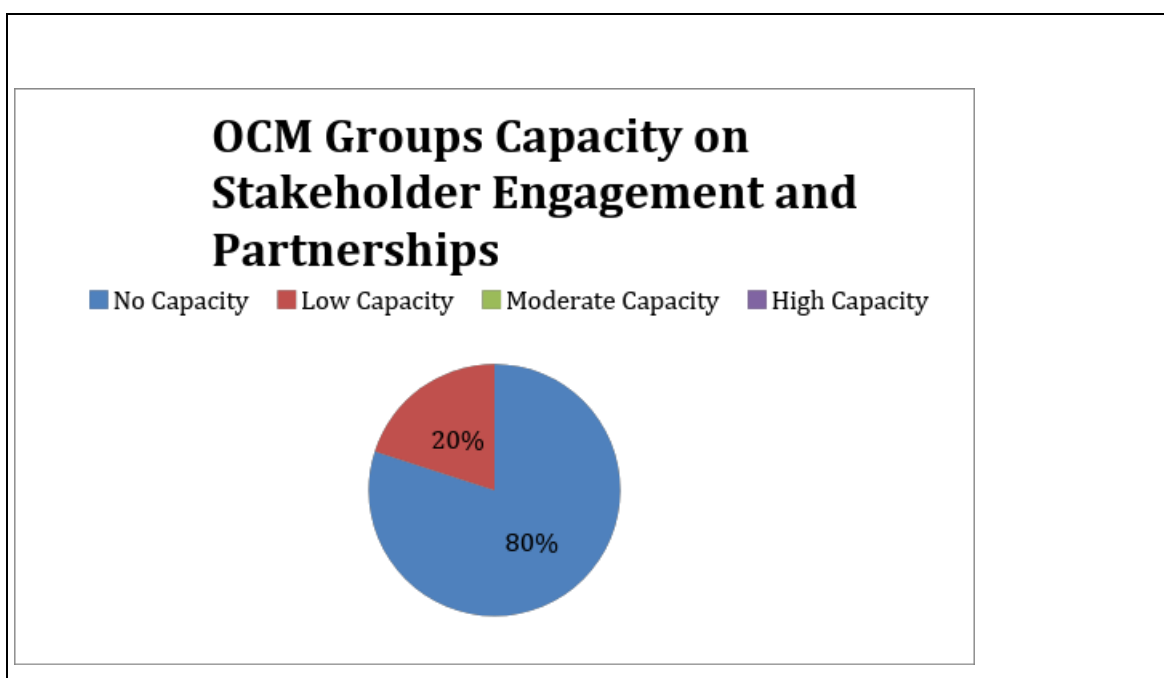
Figure 2: OCM Groups Advocacy and Older Citizen Monitoring Capacity



Data showed that 8 out of ten OCM Groups had no experience working with other local groups, county government, and private or community organizations. Stakeholder engagement and partnership is a key principle of the OCM Model, when OCMs are able to collaborate with the local governments and organizations they are free and open about their plans to undertake monitoring and advocacy as a result creating space for dialogue and increasing the credibility of monitoring data. OCMs also learn about how the local government conduct their planning and budgeting processes and create their monitoring and advocacy accordingly.

According to Roberts N (2008), an active citizen must play an active role in his or her community and service is part of civic responsibility. A key weakness that was found was that many members of the OCMG did not actively participate in community issues. This could be due to a lack of voice or confidence to voice out their opinion or a due low responsiveness from authorities.

Figure 3: OCM Groups Capacity on Stakeholder Engagement and Partnerships



Half of the OCM Groups did not involve any other older persons apart from the group's members in their group activities, an underlying principle of the OCM model is being inclusive and empowering of older people in their communities.

From the KIIs, it was noted that authorities were willing to respond to issues raised by the OCM groups. It was noted that the Social Development Office was open every day, had three assistants who were collecting complaints and grievances from the beneficiaries, also a complaint and grievance chapter to addressing beneficiary concerns had been disseminated at all sub-county offices, OCMGs were encouraged to comprehend the chapter which highlights procedures for addressing some of their concerns.

HelpAge staff responses were varied; half of the staff felt that the quality of right awareness trainings offered to older persons was good while others felt it was fair. Some HelpAge Staff reported that OCM Groups received adequate training to effectively conduct their mandate in monitoring government policy implementation and programmes.

In addition, all HelpAge staff noted that older persons were mostly willing to provide their feedback to authorities.

4.4 Effectiveness of the OCM Model in Siaya

4.4.1 Quality of Monitoring and Evaluation in the OCM Groups

Quality of the monitoring and evaluation conducted by the Groups was noted as poor. Seven out of the ten OCM Groups that were interviewed respond to immediate needs, with little planning while the other three groups occasionally made short-term plans either during major events or during monthly activities.

Eight out of the OCM groups noted that they did not conduct monitoring and evaluation for any of its activities on ground. Some groups reported that they did not conduct regular or systematic monitoring but mainly responded to occasions whenever queries/concerned were raised.

A clear example is where the three groups mentioned that they had raised complaints and concerns on negative attitudes and treatment of older people by the health workers at the Siaya Referral Hospital, no group had made any proper documentation or follow-ups after the complaints were raised.

The Sub-County, Social Development officers reported to have noticed that the OPCT programme did indeed experience some challenges, but none of the OCM groups had visited their office to officially lodge a complaint or concern or no official documentation for example a letter that been documented by the group.

Targeting and engaging of stakeholders who could be interested in older people issues was found to be fair, few of the OCM groups reported to work alone, but always tried to advocate for issues to the community they belonged to, ten percent reported that they worked with whomever they could, but tried to advocate for issues of older persons and other vulnerable groups. Fifty percent reported to work with older persons associations/organizations in advocating for issues of older people. Although targeting was seen as fair, it was noted that none of the groups was able to work with both older persons association/organizations and target key decision makers to advocate for issues of older persons.

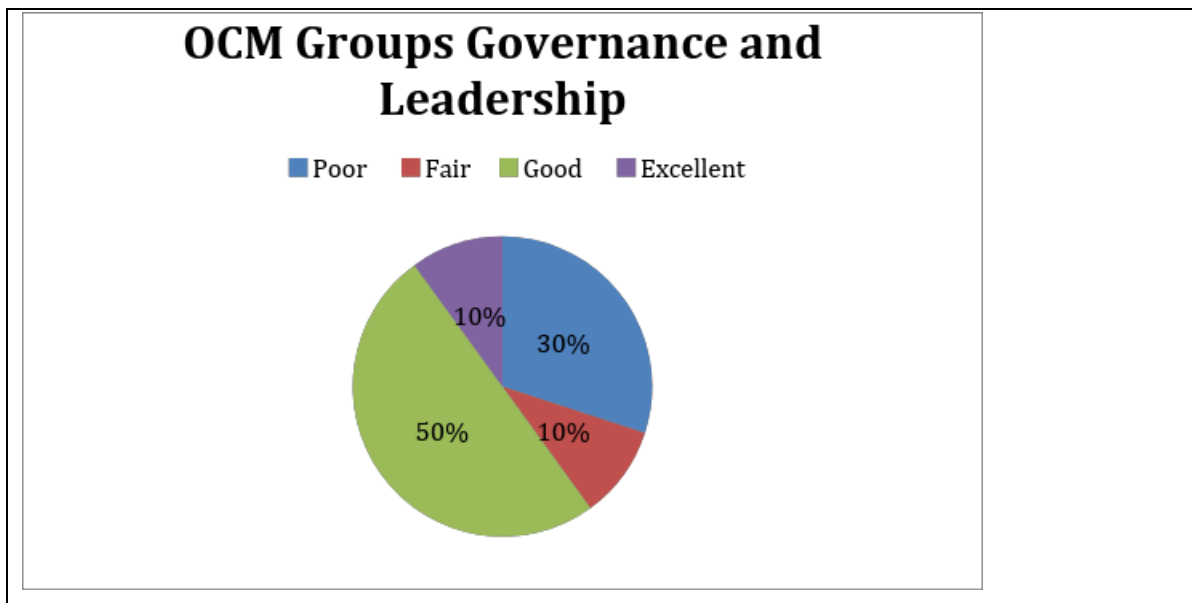
HelpAge staff reported that the OCM groups seemed to be somewhat familiar and conversant with the data collection tools and analysis practices. HelpAge Staff seemed not to be sure if OCMG have sufficient capacity and opportunities to use the information collected and as a result transform it into action. Even though the OCM model

implementation should be a low-cost initiative, HelpAge staff felt that OCM Groups rarely receive sufficient resources for the set and establishment and strengthening the implementation of the Older Citizen Model, this was noted as one of the major weaknesses in the implementation of the model.

4.4.2 Sustainability of the OCM Groups

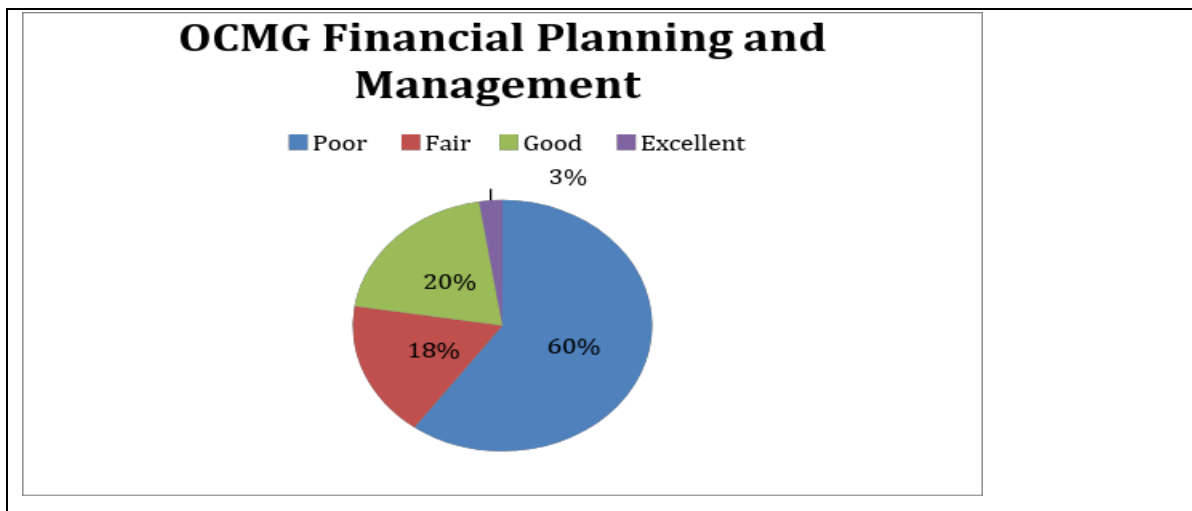
Sustainability of the OCM Groups was evaluated by looking at the Governance and leadership characteristics and financial management of each of the group. It was noted that half of the OCM Groups governance status was at a good level. Only six groups had an existing written constitution although the constitution or the existing constitution was not widely approved of and well understood by all the members, Three of the OCM groups did not have an “executive” committee and other groups which did have an a committee or a board either did not meet or the committee rarely agreed and followed up on any decisions. At least six of the OCM groups had written mission and values, although they had been recorded long ago and few members were consulted while a few currently understand the mission and values of their group..

Figure 4: Governance and Leadership of the OCM Groups



Six of the ten OCM Groups neither had a bank account nor kept accounts, the groups did not have any supporting documents for any expenses or receipts done by the members and the agreed upon budgets were not followed through.

Figure 5: Financial planning and Management of the OCM Group



Overall, findings show that the groups were found to have low sustainability in carrying out the OCM Model. Once HelpAge exits from the project area it would be difficult for the OCMGs to continue to conduct the accountability activities since they would not have a mean to facilitate themselves to conduct the different activities. All of the groups required capacity-building efforts to ensure that the OCM Groups are sustainable.

4.5 Summary of the Findings

Overall, the results on the OCM implementation in Siaya revealed the following strengths; clear understanding of the rationale of forming the OCM groups, existence of missions and visions in the groups, inclusion of income generating initiatives in the groups, availability of the monitors, optimistic expectations by the groups, high willingness of the OCM Groups to provide their feedback to authorities and willingness of authorities to respond to issues raised by the OCM groups, willingness of authorities to work together with the OCM groups in addressing issues of concern and potential sustainability of the OCM groups.

OCM implementation in Siaya presented the following weaknesses; limited awareness and understanding of rights and entitlements of older people, the OCM group's main concern was limited on concerns arising from the older person cash transfer programme yet they mentioned that older persons had various challenges that could be monitored. OCM Groups had limited understanding of advocacy and advocacy skills, poor conducting of monitoring and evaluation process including the data collection process, lack of involvement of local governments and other stakeholders in implementation of the model.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATION

5.1 Introduction

This chapter presents the summary of the assessment the conclusion and the recommendation to the Older Citizen Monitoring Model Implementation.

5.2 Summary of Findings

The general objective of the assessment was to describe the functions of the OCM Model and determine if the functions were effectively implemented, to establish if the OCM Model utilized in Siaya accomplished its objectives; and to determine factors in the environment of the model that caused the observed outcomes. In the process, the study highlighted the development and implementation of the older citizen's monitoring model in Siaya County and deepen the understanding of what works and what does not work in the implementation of the older citizen model.

The assessment employed a case study design, qualitative and quantitative data was collected using focus group discussion and a monkey survey. Content analysis was used in analysis of the qualitative data. The study found that the utilizations of the OCM Model in Siaya wasn't up to the set OCM standards, even though the model produced some policy and programmes reforms the implementation of some of its functions/stages need to be improved /adjusted as per the set standards. The study found that the implementation of the older citizen monitoring in Siaya was poor and ineffectively implemented. The study also justified that if the OCM Model if implemented as per the set HelpAge and other participatory approach standards it would directly results to higher and better/more sustainable results.

Overall, the implementation of the OCM Model was poor. The older citizen monitoring groups were slightly aware of the issues affecting older people and had little knowledgeable about basic citizen monitoring advocacy and social protection skills, conducted poor monitoring and evaluation process and little advocacy capacity. Generally, the groups had little capacity and support to conduct their mandate. It was also found that there was a huge disconnect between HelpAge staff who had previously been involved in the implementation of the OCM Model and the information from the monitors. Studies done by HelpAge showed that although the level of participation of older persons in monitoring was high, OCMs scope was relatively small. The studies showed that there is need to address widespread disempowerment and lack of awareness

of older person's rights and entitlements and build strong relationship and strong evidence to draw attention of local authorities. Furthermore, the studies noted that there was a language barrier between the reporting and data collection tools which created confusion in sharing information,

5.3 Conclusion

From the study findings it is evident that the implementation of the Older Citizen Monitoring Model capacity building activities were not effectively conducted. It was also found that the model's implementation faced many challenges, which could be addressed by joint efforts from the local government and HelpAge International's partner KESPA. Smith (1990) notes that citizen participation can be facilitated if there is an appropriate organizational structure for expressing interest and that people will not continue to participate unless the experience is rewarding. Gaventa (2004) points out that citizens and the state should work together for the common good and that the process maintains a reconstruction of new relationships between state and citizens where decision-making is a collaborative process.

5.4 Recommendations

5.4.1 Recommendation for future Research

Future researchers should further explore the level of impact of the older citizen-monitoring model, considering the implementation challenges it is doubtful that an older citizen-monitoring project could have a national level effect and if so, researchers should consider developing a detailed theory of change for the model.

Research should also interrogate how factors like monitors psychology, monitors availability, monitors involvement in other grass root organizations, relationship with the media contribute to the effectiveness of the OCM approach.

5.4.2 Recommendation for Policy

From the findings, the older people and the monitors were not aware of government policies and procedures addressing older people's issues. It is therefore recommended that the OCMGs are made aware of some of the government procedures and protocol for implementing the older person's issues and programmes like the OPCT. The procedures to be made aware of would include the registration and deregistration into the OPCT, the

payment mode and time, the selection of the OPCT beneficiaries, the beneficiary replacement procedures and the complaints and grievances systems.

It is also recommended that HelpAge should collaborate with local government offices to conduct additional sensitization sessions on rights and entitlements with the older citizen and monitoring group's members. Referral materials should also be availed to the OCMG members. Improvement of the current curriculum/content of the sensitization sessions needs to be done to include elements associated with other social protection programmes in Siaya and their administration and grievance procedures

Findings from the study also found that 50 percent of HelpAge Staff felt that government authorities were somewhat concerned while other 33 percent felt that authorities were slightly concerned of older people issues. It is recommended that older person's policies and programmes are implemented robustly including scaling up of the Older Persons Cash Transfer Programme and other projects under the InuaJamii Programme to be more inclusive to older people.

Although, the study shows that the model was not effectively implemented and did not bear all expected outcomes, the study shows the potential of utilizing this kind of model to a group that is considered marginalized. The study shows a number of barriers (for example, poverty, restricted access to employment and services etc) that vulnerable groups face during citizen participation processes. The study provides some proof that vulnerable populations can take part in citizen engagement processes and shows that the consequence of social exclusion are enormous and make the excluded groups voiceless and invisible in the society they live in.

5.4.3 Recommendation for OCM Programming

Although, all HelpAge staff noted that older persons were mostly willing to provide their feedback to authorities, it was noted that the older persons required further support to boost their willingness and confidence and skills to further engage the authorities and stakeholders.

Therefore, It is, recommended that proper terms of reference to be developed for the OCM Groups to ensure that they are fully aware of their mandate and older persons in their community are aware of the TORs. Government authorities should also be involved in preparing the TORs to ensure that they recognize the OCM groups as a complaints and

grievance mechanism for older people's entitlements and for government to recognize the monitors as a credible source of information.

HelpAge International should support the facilitating organization VESPA with additional technical advocacy and monitoring and evaluation skills and financial and human resources to ensure that they are able to offer the COG further support. With additional support VESPA should be able facilitate the groups with identity items like ID cards, KESPA will be in a position to visit the groups for monitoring purposes and when need be KESPA will also be able to further collaborate with the county government on issues of older persons.

To improve the monitoring of the OPCT by the OCMGs, it is recommended that the OCMGs be trained on use recognized monitoring tools that would be recorded by their groups for necessary follow-ups. It is also recommended that the OCM groups involve the social development officers while collecting complaints and concerns on various issues; this would ensure that the government is able to validate the data, own up to the highlighted concerns and therefore respond to the issues.

In order to enhance potential for sustainability of the OCM Model, HelpAge and its partners should extend the period for the implementation of Older Citizen Monitoring Model, continue linking or establishing income generating initiatives for the OCMG members, improving the relationship between the community and OCMGs and local government authorities and the OCMGs and support OCMGs to acquire and obtain a meeting place.

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APPEDICIES

APPENDIX I: DATA COLLECTION TOOLS

QUESTIONNAIRE FOR CAPACITY ASSESSMENT FOR OCMG/OPA GROUPS IN SIAYA

A. Association/Group's Profile

Association/Group Name	Date of Establishment:
Registration Date:	Physical Location:
Location	County:
	Sub-County:
	Ward:
	Village:
Registered Members	Male:
	Female:
Contact Person:	Postal Address
Email	Mobile:
Area of Jurisdiction:	
Summary of Key Achievements	
Main Challenges	
Sources of Funding: Financial, material or in kind support from	Within community:
	Outside community:
Future Plans	What are the immediate priorities for the association/group?

	Does the group have any plans to scale up?
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B. Brief history and description of the association (Background, Objectives, target groups and main area of focus

C. Association/Group Leadership and Governance status

		Capacity Score			
Subject	Question	1	2	3	4
1. Constitution	Do you have a written constitution accepted and approved by all members of the association/group?	No Constitution	Some written down Rules/principles	Written constitution exists but wasn't widely approved and well understood by all the members	Written constitution approved by members and explained to other members of the local community.
2. Committee / Board	Do you have a committee/board that meets and makes decisions that guide the association/group's development?	No committee No Meetings	Committee established but it never meets	Occasional meetings, but rarely agree and follows up on any decisions	Regular meetings in line with the constitution, with useful guidance and decisions made for the

					association/group.
3. Mission and Values	Do you have a mission/purpose and set of values which are clearly understood, agreed and approved by members of the association/group	No clear mission and/or values	Leaders Can describe the mission and values, but they have never been agreed or written down	Mission and values written down long ago, but few people were consulted or understood them now.	Mission and values were agreed upon by all members and are regularly used to guide decisions about group activities.
Capacity Building Needs					
Suggestions for Technical Support					

D. Financial Planning and Management

Subject	Question	1	2	3	4
Finances	Does the Association/Group have a bank account that money can be presented on demand?	No bank accounts or accounts kept	Records kept of money received and spent, but difficult to know how much money is held at any one time.	Accounts kept up-to-date and balances and statements are prepared at the end of the year.	Balances and statements prepared quarterly. At year end, presented to members for approval.
Bank Account	Does your Association/Group	Association/Group has no bank account	Someone's personal account used	Bank account registered in Association/Gr	A manual record of all payment

	have a bank account to hold its funds?	but manages all funds in cash.	for any funds.	oup's name which requires dual (or specific authorised check signatories)	(cashbook) is kept and compared with all bank statements.
Supporting Documents	Do you maintain supporting receipts and invoices for every expenditure?	No- receipts/invoices are only asked for when claiming or using money to justify expenses/	Receipts/invoices are needed to justify expenses sometimes but rarely kept on file	Receipts/invoices are needed to justify any use of money and these are kept on file but rarely reviewed by anyone.	All receipts/invoices and other supporting documents filed for 3 years, and regularly reviewed by authorised persons.
Budgets and cash flow planning	Does your association/group prepare, monitor and review a budget	Budgets are prepared but not used for anything	Budgets are prepared to decide how much to spend on all association/group costs to ensure there is enough money for initiatives agreed upon.	Budgets are prepared and presented for approval by board/committee and members.	Every six months, budgets are compared to money already spent and planned cash flow, to make sure there will be enough funds to keep the association/group running.
Capacity Building Needs					
Suggestions for technical support					

E. Organization of Work

Subject	Question	1	2	3	4
Office/Meeting Place and Equipment	Does the association/group have its own office, meeting space, equipment and books of records?	No office, No meeting place, no books of records	Occasional access to an office, meeting place and scarce records.	Office/meeting place shared with another association/group or donated by an individual	Own office or have a say on meeting place.
Capacity Building Needs					
Suggestions for Technical Support					

F. Development, Management and Evaluation of Association/Groups Activities

Subject	Question	1	2	3	4
Activity development and planning	Does the association/group plan the development of its activities involving all members?	association/group responds to immediate needs, with little planning	Occasional short term planning, e.g. major events or monthly activities	All the association/group activities are normally planned in advance with all staff and volunteers.	Annual plans are always developed and agreed with members and leaders.
Targeting	What type of people do you try to reach for advocacy and community issues?	Work alone, but always try to advocate for issues of an entire community.	Work with whomever we can, but try to advocate for issues of older persons and other vulnerable group.	Work with older people's association/group to advocate for issues of older persons.	Work with older persons association/group and target key decision makers to advocate for issues of older persons.
Monitoring and Evaluation	Does your association/group pause to	No-association/group does not	Association/group mainly responds to	Association/group has an M&E system/arrange	Association/group has an M&E

	track or monitor and evaluate performance?	do monitoring and evaluation for any of its activities.	occasions or whenever queries are raised.	ment that is rarely utilised.	system/plan with proper and regular documentation and data to provide feedback.
Capacity Building Needs?					
Suggestion for technical support					

G. Association/Group's Experience

Subject	Question	1	2	3	4
Advocacy/OCM Knowledge and Skills	Does the association/group train members and its leaders in general advocacy, social protection and OC-Monitoring knowledge and technical skills for meaningful participation?	A few people know basic facts about advocacy, social protection and OC-Monitoring	Association/Group leaders and members know the skills needed for advocacy, social protection and OC-Monitoring	Advocacy, social protection and OC-Monitoring issues well understood but members do not get regular training.	Advocacy, social protection and OC-Monitoring issues well understood for the work the association/group does and often provide training and support to others.
Information, Education and Communication (IEC) development and utilization.	How do you create messages to raise awareness or change people's thinking about	Don't not use any materials, tools or activities.	Use some simple material to illustrate messages and keep the attention of the group.	Use material or activities aimed at specific groups with specific messages sometimes developed by	Develop or adapt own materials and ensure their effectiveness by pre-testing or involving members and

	older persons?			Association/Group	community in the production and dissemination process.
Gender	What do members understand about gender?	No understanding	Know that women are more vulnerable but do not know what to do about it	Have changed the way the Association/Group works to ensure women get equal participation and benefit from its activities.	Always analysis how gender is affecting women and their access to leadership, decision making and to other services within the community and respond with appropriate strategies.
Human Rights and Social protection	What do association/group leaders and members understand about the relationship between older people's rights and social protection?	No understanding	Understand older persons are discriminated against and have rights to social protection	Understanding how abuses of human rights can make older people and other people more vulnerable to discrimination, but not sure of how to use rights in the association/group's work to help others.	Actively use explanations of the constitution, law and people's rights to help inform, defend or protect or to advocate to others.
Access to new information	How does the association/group encourage members to learn and develop their	No mechanisms for improving knowledge	Some reference material, e.g. leaflets is made available occasional e.g. during events and	Information regularly accessed through variety of sources and actively distributed	Regular internal discussions to learn and share knowledge; information

	knowledge about advocacy, social protection and human rights?		celebrations.	among members	regularly accessed from variety of sources including access to internet and social media.
Capacity Building Needs?					
Suggestion for technical support					

H. Relationship with other Local, National and International Actors

Subject	Question	1	2	3	4
Advocacy	Does your association/group carry out advocacy activities to influence those in power to change conditions or policies that form barriers to older persons' access to Social Protection, discrimination and abuses.	Association/group hasn't thought about local policies or conditions. Little or no targeted advocacy work done in the past.	Have only mobilized group members and few from the general public for support or awareness, but nothing targeted as key people or institutions in power.	Have developed targeted activities towards advocacy for policies and service delivery but have lacked evidence, voice or strength of numbers.	Have done convincing evidence or consultation-based advocacy, mobilizing allies and using many different communications methods.
Broader context and potential partnerships	Does your organization work with other local groups, county	Work in isolation. No knowledge of local policies, strategies or	Some knowledge of local issues and local	Understand national and local policy and strategies of other association/group	Have effective partnerships working together,

ps	government, private or community organizations?	work of others	government policies and of other local organizations that are mainly seen as competitors.	working on older persons and aging. Have personal contacts with a few other relevant people/organizations.	sharing resources, regular meetings/forums or referring clients to local government, private or community organizations.
Capacity Building Needs?					
Suggestion for technical support					

I. Roles of Community in the Association/Group

Subject	Question	1	2	3	4
Involvement of older persons in the activities, work and major decisions of the association/group.	Do older people besides members participate fully in the activities, work and major decisions for the association/group?	No other older persons involved besides members.	Other older persons rarely involved but not in decision making.	Older persons in and out of the association/group fully represented in decision making and are often consulted for opinions.	Policies exist for reinforcing equitable and fair representation of older persons both in leadership and decision making.
Involvement of vulnerable people including those with disabilities in activities, work and major decision making of the association/group.	Do other vulnerable people, e.g. people with disabilities, people living with HIV, older women you work with participate fully in the	Do not identify particular vulnerable people besides older persons.	Work with few vulnerable people but none are in decision making	People from specific vulnerable groups are involved throughout including in the committee/board.	Vulnerable people are encouraged, capacity built and fully involved and widely consulted on major

p.	activities, work and major decisions of the association/group. and youth				decisions.
Capacity Building Needs?					
Suggestion for technical support					

KEY INFORMANT GUIDE FOR GOVERNMENT OFFICIALS

DATE :

Location :

Name of Respondent:

Designation :

Department :

Ministry :

1. **What is the current situation being faced by older persons in Siaya County?**
2. **What are the main services currently most used by older people in Siaya County?**
3. **What services does your office offer? Who are the main clients/ consumers of its services? And do older people utilize the service you offer?**

4. **What is the genesis of the older persons cash transfer programme and the objective of the program. Describe the eligibility criteria for accessing services in the program?**
5. **What are the achievements and challenges being faced in implementation of the cash transfer program?**
6. **What is the impact of this program to older persons? How are they involved in the implementation of the program?**
7. **Are there any government policies targeting the vulnerable (older people) that have been developed/improved as a result of the program/service being rendered by your office? Please describe.**
8. **Are there any other social protection programmes (NHIF, NSSF, Poverty reduction programmes) that are being implemented in Siaya? How do these programmes involve older persons?**
9. **Have you interacted with older persons monitoring groups/older persons associations? If Yes, Describe your understanding about their mandate.**
10. **How does your office facilitate older person's involvement or older persons associations/groups to social protection programs? How do /could older people's associations or older citizens monitoring groups contribute to monitoring and evaluation of development programmes ?**
11. **How does has your office worked with KESPA to improve involvement of older persons in the programs?**
12. **Are there any legal instruments that have been put in place that have /would improve older person's involvement in programmes?**

FOCUS GROUP GUIDE FOR OLDER PERSONS

1. What problems do Older People in this community face? (*Probe* further on challenges and how they are being addressed and by the community and service providers)
2. Have you ever been sensitized on the issues affecting Older People? (*Probe* further on how the issues are being addressed and the kind of support received)
3. Do you think those who provide services to Older People are well sensitized in addressing your needs?
4. What do you consider to be the changes that have taken place regarding the welfare of Older people may be as a result of increased sensitization and awareness
5. What would you say about the demand for services by Older People in this community? Has there been increasing or decreasing demand? And Why?

6. Based on your knowledge and experience, has there been change in the nature of services being provided to OPs in this community? Have any new programs been initiated? Any new types of services?
7. Are there any barriers in access to services by Older People in this community? Is there anything being done by service providers to remove such barriers?
8. What can you say about the level of participation of by Older People in advocacy activities in this community?

Appendix II: Questionnaire to Help age And Partner Staff Experienced Implementation of the OCM Model

Purpose of the study:-

1. As a “Ageing” practitioner, would you say that you have clear understanding of older people’s issues
 1. Strongly Agree
 2. Disagree
 3. Neither Agree or Disagree
 4. Agree
 5. Strongly Agree

2. In your opinion, would you say that lack of awareness or clarity on procedures and requirements for access to services is a key barrier why older people don’t access services?
 1. Not a barrier
 2. Somewhat of a barrier
 3. Moderate barrier
 4. Extremer barrier

3. In your opinion, what is the quality of right awareness trainings offered to older persons?
 1. Poor
 2. Fair
 3. Good
 4. Very Good
 5. Excellent

4. From your understanding of social accountability, what category is the OCM Model clustered?
 1. Short route of accountability
 2. Long route of accountability
 3. Not Sure

5. Which of the options below provides the main objective of older citizen monitoring Groups / Older People’s Associations/ Rights Committees?
 - OCMGs or OPAs or Rights Committees serve as a Complain /feedback mechanism strategy to government programmes as a formal channel for citizens to demand their rights, complain, and provide feedback to providers and policy makers about service delivery.
 - OCMGs or OPAs serve as a means to increase older people voice to get attention from their relevant governments/authorities.

- OCMGs or OPAs or Rights Committees enhance older people's participation in decisions which affect their lives.
 - OCMGs or OPA sor Rights Committees efforts provide information to citizens (older people) and channels to enable them to use the information to hold service providers accountable.
6. In your opinion, are older people willing to provide their feedback to authorities?
1. Not at all willing
 2. Somewhat willing
 3. Mostly willing
 4. Completely willing
7. In your opinion, Are authorities including government, concerned about older people's problems?
1. Not at all concerned
 2. Slightly concerned
 3. Somewhat concerned
 4. Moderately concerned
 5. Extremely concerned
8. In your opinion, do government and service providers support OCMGs or OPAs initiatives?
1. Strongly Oppose
 2. Somewhat Oppose
 3. Neutral
 4. Somewhat support
 5. Strongly support
9. In your opinion, do you believe that OCMGs/OPAs are aware of the legal frameworks that would inform them about their rights, service standards, and performance of service delivery
1. Not at all aware
 2. Slightly aware
 3. Somewhat aware
 4. Moderately aware
 5. Extremely aware
10. In your opinion do you believe that OCMGs/OPAs have received adequate training to effectively conduct their mandate in monitoring government policy implementation and programmes?
- Yes
 - No
 - Not Sure

11. From your experience, Are OCMG/OPAs familiar and conversant with the data collection tools and analysis practices ?

1. Not all familiar
2. Slightly familiar
3. Somewhat familiar and conversant
4. Moderately conversant
5. Extremely conversant

12. From your experience, do OCMGs /OPAs have enough capacity and opportunities to use the information they collect and transform it into action?

1. Strongly Agree
2. Disagree
3. Neither Agree or Disagree
4. Agree
5. Strongly Agree

13. In your opinion, is the data collected by OCMGs/OPAs have characteristics of quality, relevance, and timeliness of information?

1. Strongly Agree
2. Disagree
3. Neither Agree or Disagree
4. Agree
5. Strongly Agree

14. In your opinion, would you say that lack of facilitation in visiting Long Distances to collect data is a problem for OCMGs?

1. Not at all a problem
2. Minor problem
3. Moderate problem
4. Serious Problem

15. In your opinion, would you say that lack of empowerment of OCMGs is a problem for OCMGs to conduct their mandate?

1. Not at all a problem
2. Minor problem
3. Moderate problem
4. Serious Problem

16. In your opinion, do responders (government and service providers) respond to issues raised by OCMGs /OPAs ?

1. Fully respond to the issues
2. Somewhat respond
3. Neutral
4. Never Respond

17. Do you agree with this statement “Sufficient resources are always put in place or provided for establishment and strengthening of the OCMGs /OPA”

1. Never

2. Rarely
3. Occasionally
4. A moderate amount
5. Always/Every time

18. What resources are needed to support more effective use of the OCMGs /OPAs?
(Select all appropriate options)

- Financial Allowances or incentives
- Time for participation in activities
- Provision of more Human Capacity to be able to conduct their mandate
- Conducting more right awareness campaigns or sensitizations
- Conducting additional trainings on social accountability practices and data collection and recording keeping
- Conducting participatory research in collaboration with the OCMGs or OPAs
- All of the Above

19. In your opinion what would ensure that the OCMG/OPA intervention is more sustainable?

(Select all appropriate options)

- Prioritization and allocation of time by the older people to participate in all activities
- Improved relationship between providers and clients (older people)
- Continuous right awareness campaigns that is beyond the intervention period
- Use of older people's organisations with larger power base for advocacy.
- Use of existing and formal consultative mechanisms in establishing and strengthening of OCM groups
- Involvement of older people in advocacy and training.
- Involve OCMGs in self-help groups for IGAs
- All the above

In your opinion, what are some of the characteristics of an effective Older Citizen Monitoring Group?