HUMANITARIAN INNOVATION FUND
Large Grant Final Report

Organisation Name	HelpAge International

Project Title	**Rapid Assessment Method for older people (RAM-OP)**
Partner(s)	Brixton Health and Valid International
Problem Addressed / Thematic Focus	Needs assessment, vulnerable group, nutrition
Location	UK, Ethiopia, Tanzania
Start Date	1 January 2014
End Date	30 December 2015
Reporting Period	January 2014 - December 2015

Total Funding	£144,744
Total Spent	£129,130

Innovation Stage	Completed
Type of Innovation	Survey method
Project Impact Summary	Through this project, we have built the evidence that RAM-OP is as robust a survey method as the usual standard. Additionally, RAM-OP is faster, cheaper, and provides a range of indicators covering the needs of older people. It can be used in humanitarian contexts (because it is fast), but also in development contexts (because it is a comprehensive assessment tool).

PROJECT ACTIVITIES AND OUTPUTS

1. With reference to the final workplan, what have been the key achievements of the project?

The first objective of the research was **to finalise the design and test a rapid assessment method to assess the nutritional needs of older people in emergencies**. This was fully accomplished. By carrying out 2 field tests in 2 different contexts (urban and rural), we have been able to:

- Test RAM-OP by comparing it to the current standard of the nutritional surveys (the SMART method): we have shown that RAM-OP is able to produce indicators with a level of precision that is similar to SMART, in a shorter time, and at a lesser cost;
- Develop and refine the RAM-OP questionnaire: we have tested several versions of the questionnaire. It has led to modifying or replacing some questions in order to obtain better answers (in terms of precision and accuracy of the indicators).
- Develop and test the data entry and the data analysing software.

As a result, RAM-OP is now much more than nutritional survey, and is in fact assessing the specific needs of older people in other sectors than nutrition: social status, physical health, mental health, impairments, water and sanitation…

The second objective was **to produce and disseminate a guideline and training materials describing the complete method.** We have published two articles describing the results of the field tests (published in Field Exchange 49 and 50: http://www.ennonline.net/fex/49/ramop ; http://bit.ly/1WEKcQt), presented RAM-OP at the Global Nutrition Cluster Meeting in Nairobi in September 2015, and officially launched it in the media on November 5, 2015, with the creation of a special webpage in the HelpAge website: www.helpage.org/RAMOP where all the tools are available for downloading.

The most important dissemination event was the organisation of a workshop in London on December 7: 23 people attended, from non-government organisations (such as MSF, SCF, ACF, ..), students and academics, and HelpAge staff. The discussions have been summarised in a report, sent to the participants and put on the website.

A 2-hour webinar was also organised on December 15, with 13 people attending.

From the launch on November 25 to December 11, the RAM-OP manual was downloaded from the HelpAge website 343 times in November and 765 times in December.

INNOVATION OUTCOMES

Whether this innovative project was successful, not successful, or a mix of both, the HIF would like you to report as much detail as possible, so that success can be built on and failures can be learned from. By 'success' we mean that the innovation has achieved the planned positive impact/outcome, or that it has performed better than the current process, product or system.

2. Has the project demonstrated the success of the innovation? *(Please choose only one answer.)*

☒ Completely successful
☐ Significantly successful
☐ Partially successful
☐ Completely unsuccessful

2b. Please select the successes that your project have achieved:
(You may choose more than one)

☒ There is real evidence that the project achieved the planned outcome(s)
☒ There were perceived contributions or improvements to the planned outcome(s)
☒ Learning was achieved within the project cycle
☒ 'Lessons learned' were gathered and circulated to humanitarian stakeholders and actors
☐ The completion of this project has led to another innovation
☐ Other *(please comment)* _____

2c. Please select the challenges your project has encountered:
(You may choose more than one)

☐ The project did not complete its planned activities
☐ There is no real evidence that the project achieved the planned outcome(s)
☐ There were few perceived contributions or improvements to the planned outcome(s)
☐ Learning was not achieved within the project cycle
☐ 'Lessons learned' were not circulated to humanitarian stakeholders and actors
☒ Other *(please comment)* _It is difficult to evaluate the impact of RAM-OP, and whether it will be adopted as an assessment tool by the humanitarian community.

2d. If there is any evidence for the successful performance of the innovation, please describe it further:

The 2 articles published in Field Exchange 49 and 50 (http://bit.ly/1WEKcQt and http://www.ennonline.net/fex/49/ramop) present the evidence of the performance of RAM-OP, as compared with the SMART method. RAM-OP is as robust (similar precision in the indicators generated), but faster to implement (because of the smaller sample size) and cheaper (because it is faster). And it produces a whole range of indicators on the needs of older people, not only their nutritional status.

3. Please show the components of the project which contributed the most to any *successes*:
(where 1 = most influence 3 = least influence)

Component	1	2	3	N/A
Design and placement of the innovation	☒	☐	☐	☐
The methodology or approach to collecting evidence	☒	☐	☐	☐
Context	☒	☐	☐	☐
The availability of resources and capacities (financial, human, technical etc.)	☒	☐	☐	☐
Success in identifying and responding to different project and innovation risks	☐	☐	☒	☐
Strength of relationships and collaborations within the team and with other stakeholders	☒	☐	☐	☐
The process was flexible and responsive to emerging results	☒	☐	☐	☐
Ability to draw on experience and expertise of existing practice, codes and standards	☒	☐	☐	☐
Other: Flexibility of the donor, who allowed 2 no cost extensions	☒	☐	☐	☐

4. Please show the components of the project which contributed the most to any unsuccessful elements of the project

Component	Yes-contributed to failures
Weaknesses in the design and placement of the innovation	☐
The methodology or approach to collecting evidence	☐
Context	☐
A lack of access to resources and capacities (financial, human, technical etc.)	☐
Difficulty in identifying and responding to different risks	☐
Lack of good relationships and collaboration within the team and with other stakeholders	☒
Having a process that was not flexible or responsive to emerging results	☐
No ability to draw on experience and expertise of existing practice, codes and standards	☐

The collaboration between team members was an element of success (the team was extremely qualified and skilled, and the collaboration was very good) but also of delays in the implementation, which led to 2 no cost extensions (at one point, some team members had other priorities than RAM-OP).

5. What are the top three, key lessons learnt relating to the innovation? *This should relate to the innovation or the sector in which it operates, rather than project implementation.*

1. It is possible to generate indicators with a good precision with a sample of only 192 individuals, thanks to the statistical analysis method used in RAM-OP.

2. It is essential to translate questionnaires in the written local language before using them in a survey, in order to avoid enumerators to modify the questions or alter their meaning, thus leading to a lack of accuracy in the answers, and a lack of precision in the indicators.

3. It is better for the survey results to use indicators (and questions) that have already been tested and used in different contexts and cultures.

6. Do the final outcomes support the initial rationale for the innovation?

☒ Yes, completely
☐ Yes, significantly
☐ Partially
☐ No, not at all

Please describe further:

We wanted to build evidence of the feasibility, acceptability and performance of RAM-OP, and we have.

7. How has your understanding of the innovation changed through the project period?

What has changed the most is the questionnaire. By comparing the results of 2 survey methods, implemented at the same time and in the same place, we discovered that the way questions are asked to the respondents is crucial for producing precise indicators. Some answers generated indicators that were so different from one method to the other that it could only be attributed to the enumerators asking questions very differently. E.G. the answer to the simple question "Have you got problems with your vision?", was around 50% with one method, and 38% with the other, with confidence intervals barely overlapping. This could only be explained by discrepancies in the enumerators' questioning.

This led us first to decide to systematically translate the questionnaire in local language by writing, and secondly to work each question of the questionnaire, so as to eliminate those who were not producing precise answers, ad to replace them (if possible) by more precise questions or tests.

This work gave us a new knowledge on how questions should be asked, and a better idea of what "the perfect questions" should look like.

8. Did the innovation lead to any unexpected outcomes or results? How were these identified and managed?

Not really, except for the work on the indicators mentioned above.

METHODOLOGY

9. Was the methodology successful in producing credible evidence on the performance of the innovation?

☒ Yes, completely
☐ Yes, significantly
☐ Partially
☐ No, not at all

Please describe further:

The two field tests, coming in addition of previous surveys carried out by HelpAge, Valid and Brixton Health, were successful in comparing the SMART method with RAM-OP.

PARTNERSHIPS AND COLLABORATION

10. How and why did the partnership change during the course of the project?

HelpAge and Brixton Health had already worked together, and Brixton Health and Valid have a long history of collaboration. The novelty was for HelpAge and Valid to work together.

The collaboration worked well. We had some problems adjusting to the timeframe. Some delays occurred, and it was more difficult for Brixton Health and Valid to adjust to these delays, because of

previous commitments with clients. The fact that they are not not-for-profit organisations means that they are less flexible than HelpAge which is an NGO and does not have clients.

11. Are there plans to continue your partnership, either while scaling up this innovation or on other projects?

   ☒ Yes, with this innovation
   ☐ Yes, with another project
   ☐ Maybe
   ☐ No

   Please describe further:

   We want to continue working on RAM-OP, continue to improve the questionnaire, and follow up with the new users.

DISSEMINATION

12. Please describe any steps taken to disseminate the outcomes of the project.
Please include all completed and forthcoming, as well as all planned and unplanned products (for example, research and policy reports, journal articles, video blogs, evaluations).

We published 2 articles (in Field Exchange 49 and 50 (http://bit.ly/1WEKcQt and http://www.ennonline.net/fex/49/ramop) explaining the results of each field test: the first in Ethiopia (February-March 2014) and the second in Tanzania (August-September 2014). The preliminary results were also presented as a poster/market place presentation during the International Technical Meeting on Nutrition convened by the ENN in Oxford from October 7th to 9th 2014.

We presented RAM-OP at the Global Nutrition Cluster Annual meeting held in Nairobi in September 2015.

RAM-OP was officially launched by HelpAge on November 25, 2015 (jointly with HIF): a press release was sent to the media, and a webpage was created www.helpage.org/RAMOP, allowing the tools to be downloaded. As of December 16, the RAM-OP manual was downloaded from the HelpAge website 343 times in November and 765 times in December.

A one-day presentation workshop was organised in London on December 7, 2015. 23 people (18 from external partners) attended the whole day.

A 2-hour webinar was held on December 15, 2015. Thirteen people (all from external partners) attended and asked questions.

13. Has the project received any third party coverage during the project (from news media, third party blogs, researchers or academics etc.)?

A video blog presenting RAM-OP is available on YouTube and Daily Motion:
https://www.youtube.com/watch?v=x3hqU9U12LE
http://www.dailymotion.com/video/x2r1bd8

Additionally to the 2 articles in FEX 49 and 50, RAM-OP has been mentioned in the media after the launch on 25/11/15:

The World Weekly
http://www.theworldweekly.com/reader/view/magazine/2015-11-26/good-news/5792
ReliefWeb| United States | 25/11/15 00:23
http://reliefweb.int/report/world/helpage-international-launches-low-cost-tool-assess-needs-older-people-emergencies

Thomson Reuters Foundation| United Kingdom | 25/11/15 11:43
HelpAge launches low-cost tool for assessing older people's humanitarian needs locally
http://www.trust.org/item/20151125114305-82utg/

The Zambezian| South Africa | 26/11/15 18:08
Helpage international launches low cost tool to assess older peoples need in emergencies
http://thezambezian.com/helpage-international-launches-low-cost-tool-assess-older-peoples-need-emergencies/

NewsGhana| Ghana | 25/11/15 00:01
HelpAge: RAM-OP launched to access needs of older people
http://newsghana.com.gh/helpage-ram-op-launched-to-access-needs-of-older-people/

It is also advertised on the websites of the Global Nutrition Cluster, AgeingAsia
(http://ageingasia.org/rapid-assessment-method-for-older-people-ram-op-manual), ELDIS
(http://www.eldis.org/go/topics/resource-guides/aid-and-debt#.VmG3hU0pVFo), and of course
Valid International, the CMAM forum (http://www.cmamforum.org) and the ENN.

SCALE UP AND DIFFUSION – WHAT NEXT?

14. Is the project or innovation to be replicated or scaled up?

☒ Yes, we will scale up in the same or similar context
☒ Yes, we will scale up within our organisation (including running more pilots or trials)
☒ Yes, we will replicate the innovation/project in another context or country
☐ Yes, the innovation/project will be replicated or scaled up by another organisation or stakeholder
☐ Yes, other
☐ No

If you answered *yes* to question 14, please answer 14b:

14b. What model are you pursuing to scale up or sustain your innovation?

☒ Applying for more donor funding
☐ Selling the innovation or patent
☒ Cost recovery (for example, selling your service or being paid as a consultant to implement the innovation)
☒ Innovation to be taken up by organisation or government as standard and included in standard planning and core funding by them
☐ Other_____

Please describe further:

We wish to apply to the HIF diffusion fund, to organise an event in the USA with the support of HelpAge USA< and present RAM-OP to USAID, the CDC, public health experts and academics. We are also willing to translate the manual in French and possibly Spanish and/or Arabic.

Within HelpAge, we will carry out as many surveys with RAM-OP as possible, and roll out the method within our country and regional offices, as well as to external partners through webinars.

It is planned to have it presented at the Global Health Cluster meeting sometime in 2016.

In the Regional Humanitarian Hub in Nairobi, WFP is already in contact with HelpAge to develop a RAM-OP specific for refugees, in collaboration with UNHCR and UNICEF.

We are discussing with Valid and Brixton health to have a revised and improved version.

15. If the project or innovation could be replicated or scaled up, please list the three most important issues or actions that will need to be considered:
(where 1 = most important and 3 = least important)

Suggestion/issue	*1*	*2*	*3*
1 RAM-OP has to be acknowledged and endorsed by the USA: USAID and the CDC are promoting and developing the SMART and tend to not trust RAM-OP	☐	☒	☐
2 RAM-OP is known as a comprehensive assessment tool, not only for humanitarian situations, but also in development contexts	☒	☐	☐
3 RAM-OP is known outside the nutrition sector	☐	☐	☒

Appendix 1. Final Workplan

Below is a table that is the same as the workplan that you submitted with your original application. There are **three ways** to respond to this section.

1. If there have been no changes at all through the project you may cut and paste your original workplan here**.**

2. If there have been changes to the project but these changes **were previously reported to the HIF** in an *Agreement Amendment* form, please adjust your original workplan so that these changes are recorded in it here.

3. If there have been changes which were **not previously reported to the HIF,** please **also** fill in Table 2 (which is on the next page). In particular, please make sure to explain any budget various greater than 15% in Table 2.

Please paste your final workplan in here >

Expected Results	Main Planned activities	Implementation period Months																					Responsible party / person	Amount			
		Months 1 to 12											13	14	15	16	17	18	19	20	21	**22**	**23**	**24**			2013-14		2015	
																											HIF	O	HIF	O
Finalise the design and test a rapid assessment method to assess the nutritional needs of older people in emergencies	Instrument development	X																							HelpAge Valid Brixton Health	112,626	4,875		
	First pilot survey																												
	First SMART survey																												
	Scripting data analysis and reporting engine																												
	Revision of instrument																												
	Second pilot survey																								HelpAge UK and Ethiopia				
	Second SMART survey																												
	Finalisation of the tool		X	X												X	X	X	X						HelpAge Valid				

9

Expected Results	Main Planned activities	Implementation period — Months 1 to 12	13	14	15	16	17	18	19	20	21	22	23	24			Responsible party / person	Amount 2013-14 HIF	O	Amount 2015 HIF	O
																	Brixton Health				
	Creation of the user interface for software	X								X							Brixton Health Valid				
Produce and disseminate a guideline and training materials describing the complete method	Writing the manual for RAM-OP						X	X	X	X							HelpAge Valid Brixton Health	12,690		24,639	
	Editing										X						HelpAge				
	Formatting											X	X								
	Printing													X							
	Launch: 1-day workshop in London and presentation meeting in Addis													X			HelpAge Valid Brixton Health				
	Manual available online													X							
	Writing of articles	X				X				X	X										
	Presentation in various conferences and technical forums			X						X	X	X									

Table 2: Changes to Workplan

For every change in the final workplan that is different to your original worktable AND that has not already been reported to the HIF, please add a record in this table. Changes can include alterations to the methodology, project process or innovation design, for example.

Change (as referenced in workplan above)	Reason for change	Overall impact of change
1.		
2.		
3.		
4.		

All changes to the workplan have already been reported to the HIF.