

Dorcias

*Evaluation report on community
safety net approach*



**Mobilising communities
to protect and care for
older people**



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Evaluation report on community safety net approach

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Summary

Background

In 2017, Dorcas started to develop and implement the community safety nets (CSN) approach within the programme concept of Social Empowerment and Protection. A crucial aspect of CSN is making communities aware of the exclusion of marginalised people and how local structures can be strengthened to support them. Therefore, this novel approach of developing and operating social safety nets at the community level and involving the community in this process focuses on marginalised groups that lack access to services, have insufficient means to make ends meet and cannot depend on other support structures. It empowers them, builds safety nets for them while complementing basic services, and improves the capacity of communities to sustainably care for and protect these marginalised groups.

Dorcas is developing CSNs in 23 projects across seven countries. These networks are coordinated by NGOs, faith-based organisations (FBOs), or churches, and include a diverse range of local actors such as government agencies, businesses, schools, social groups, and medical actors. CSNs typically involve seven to ten local actors, with some having up to nineteen. Project participants often support each other, blurring the line between them and contributors. International and national organisations provide financial and material support, while local actors offer various forms of assistance. However, the goal is to create sustainable, community-owned support systems that can eventually operate independently of external funding. CSNs positively impact project participants socially, spiritually, and materially. CSNs also address community needs, mobilise communities, and strengthen social cohesion by encouraging communities to take ownership of development and work together on improvements.

At present, Dorcas applies the CSN approach to older people as they are often the most marginalised in a community. These projects are former Adopt-a-Granny sponsorship-funded projects that originally emphasised individual support. The key components of this programme included providing health support, material assistance like food parcels, social activities, regular home visits by social workers and volunteers, and spiritual care. The CSN approach, however, concentrates on mobilising the community to care for and protect older people (facilitated, sustainable participation). Although the CSN approach has clear benefits, such as more social activities and increased community

engagement, the transition to this approach faces various challenges, such as partner capacity and a hesitancy to engage government.

The current CSN programmes are still transitioning towards the full CSN approach at different speeds. In 2024, Dorcas commissioned an evaluation and impact study of these transitioning projects to assess the transition process and determine the effectiveness and impact of the emerging community safety nets.

Impact of community safety nets

Although the CSN approach has positively impacted community mobilisation and engagement, the transition from the former Adopt-a-Granny approach to the CSN approach has not yet been completed, and various hurdles must be overcome. It can be concluded that:

- ▶ CSNs contribute to a broad range of positive psychological, social, material and spiritual effects on project participants.
- ▶ Shifts toward more social, joint and mutual activities and the greater involvement of project participants in these have contributed to positive changes. The distinction between project participant and volunteer is blurring, which is helpful because this means that everyone contributes according to their possibilities.
- ▶ Involving a wide range of actors has had a positive effect, but mostly in the social domain. Intergenerational activities are a key example of this. The influence of material support (not originating from Dorcas contribution) is starting to emerge but has hardly been noticed by project participants yet.
- ▶ The transition toward community facilitation has been significant. Mechanisms related to community engagement and mobilisation have been widely used. Communities are starting to engage and actors are starting to contribute. Coordinating actors have developed a broad range of advocacy relations and collaborations with many actors.
- ▶ The transition toward a community-based approach is still partial. Most CSNs are somewhere in between an Adopt-a-Granny project and a fully fledged sustainable CSN, and in some locations, further progress in this transition seems to have halted.
- ▶ Although much progress has been made in developing partnerships, there are few indications of real shared ownership of the CSN by community actors.
- ▶ Not all local-level partners seem to have the capacity (or attitude or willingness) to facilitate the construction of a CSN, even if they can be regarded as core actors who help implement it.
- ▶ The view on government and the approach toward governmental agencies varies widely between actors.



While cooperation is mostly (but not always) positive, contributions from the government side depend mostly on the government's internal motivation and less on advocacy activities. Some local partners seem hesitant to engage the government or engage in forms of advocacy that hold the government accountable.

Key recommendations

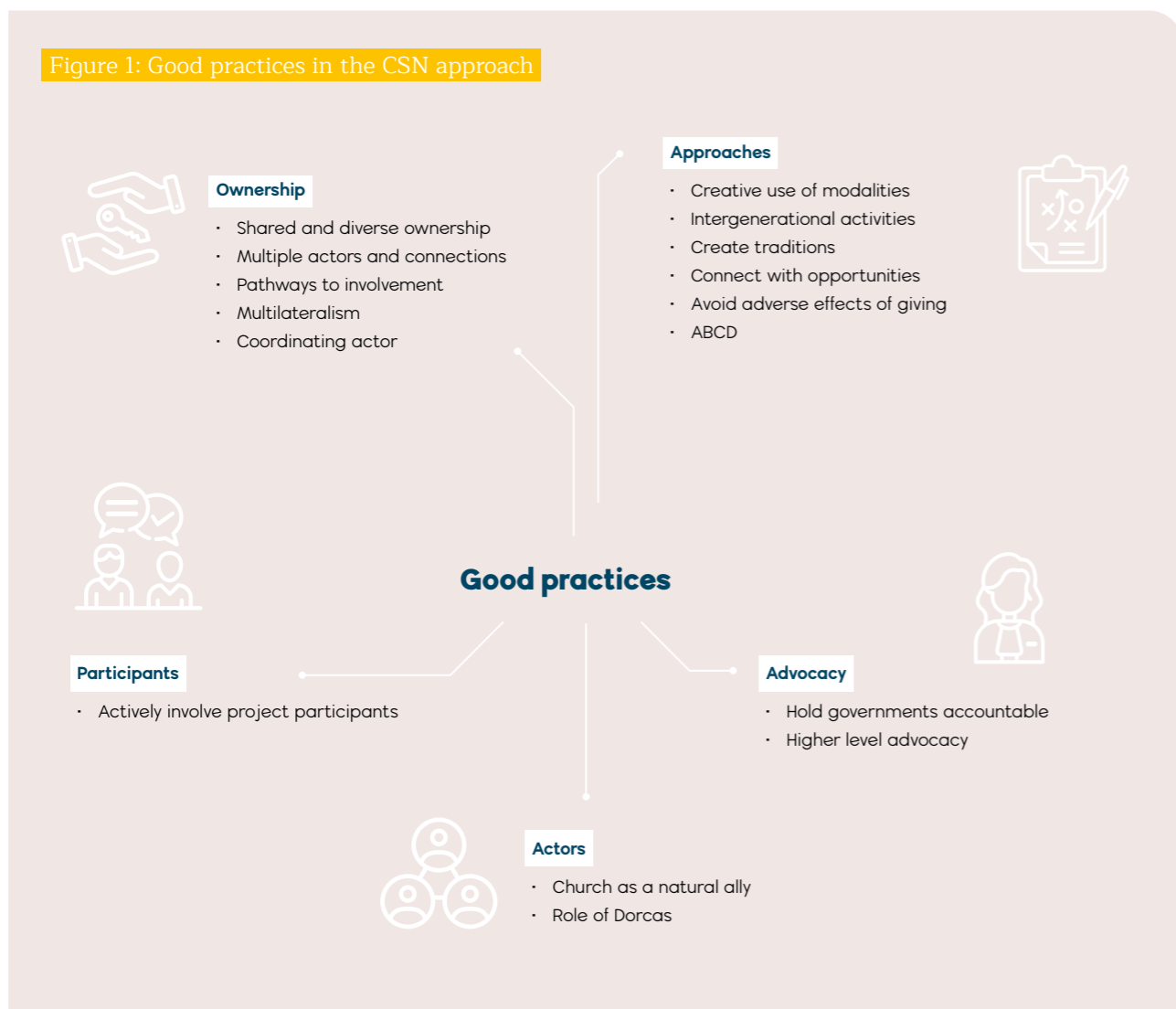
Key recommendations that emerge from the study are:

- ▶ Develop CSN projects at new locations. These CSNs should ensure community ownership, a multistakeholder approach, and diverse actors. Funding should be used to kickstart the process, not fill gaps and not adversely impact the motivation of actors.
- ▶ Ensure existing CSNs continue the transition toward sustainability and engage in honest discussions about this. Consider phasing out CSNs that lack the potential to transform into sustainable CSNs and, where

necessary, be ready to end or transform partnerships that impede the transition. Given the positive outcomes observed so far, it is essential to further continue the transition of the current projects toward CSN.

- ▶ Monitor the potential negative effects of direct support on creating sustainable CSNs and take appropriate action.
- ▶ Continue investing in the asset-based community development approach and attempt to connect it further with the CSNs, so that the same mindset is developed for the management, resourcing and operation of CSNs.
- ▶ Develop a strategic approach to advocacy and connect local and higher levels of advocacy.
- ▶ Promote multistakeholder approaches, using the existing bilateral relations as a starting point, but working toward more shared ownership, resourcing and governance.
- ▶ Seek to diversify funding sources for CSN projects,

Figure 1: Good practices in the CSN approach



and specifically try to find funding sources that do not connect individual project participants to direct support from elsewhere.

- ▶ Remove or reduce the distinction between sponsored and other project participants and ensure that the CSNs are able to have project participants who receive different types, quantities and frequencies of support.
- ▶ Maintain a conscious balance between the very poor and the active poor when selecting project participants so as not to lose the focus on the most vulnerable section of the community; those who have little to offer.

Best practices

A best practice model was not identified in the evaluation, in part, because the CSN projects are still in transition. However, various good practices developed in certain contexts were found. These initial best practices can be more widely used in current projects, and they can inform the setting up of new CSN projects where there is no legacy of a previous approach. The practices are itemised in the diagram above and explained in greater detail on p. 21 of this report.

How the study was done

The evaluation was carried out in seven countries (Albania, Egypt, Ethiopia, Moldova, Romania, Tanzania and Ukraine) using a qualitative approach based largely on the QUIP approach with causal mapping. Five sources of data were used:

▶ **Interviews with 58 project participants from across the seven countries.**

Questions were asked about changes in health, material, financial, social, and spiritual well-being. The interviews were recorded, transcribed and coded, and subsequently analysed in CausalMap to find causal claims.

▶ **Interviews with 34 actors (partners and other actors).**

They were posed questions about outcomes, mechanisms and context factors. These interviews were recorded, transcribed and coded. The coded segments were developed into a logic model with outcome, mechanism and context factor themes.

▶ **Maps of 44 CSN locations.**

These maps were developed by staff and contain information about actors and their relations. Various aspects of these maps were analysed by counting which actors and relations are present.

▶ **Focus groups with staff from each country.**

These discussions were recorded and transcribed and key quotes about lessons, successes, bottlenecks, and suggestions were extracted.

▶ **Progress reports from each country and project.**

When present, reports about the period July to December 2023 were used; otherwise, an older report was used. These reports were analysed to find key insights about progress at individual, community and society levels, key approaches in the programme, and sustainability.



Community safety net model

Definition

A CSN is a community-based support structure at a specific location for people who find themselves in a situation where they cannot take care of themselves and therefore permanently or temporarily rely on external support. CSNs are formed by multiple community actors and complement the social protection provided by the government. A CSN programme or project can involve the development of CSNs at multiple locations. The size of the location cannot be strictly defined: normally, it will be a community in which actors can easily relate to each other and where social activities can be organised in such a way that transport does not pose a major problem. However, in thinly populated areas, a different setup is also possible.

Theory of change

The CSN theory of change works at three levels simultaneously:

- ▶ **Individual level:** empowering vulnerable groups to discover their skills and abilities, increase motivation and self-esteem, and reconnect with the community.
- ▶ **Community level:** making communities aware of the exclusion of marginalised people, strengthening local structures to support these groups, and contributing to an inclusive environment where all can participate.
- ▶ **Societal level:** linking to government actors to raise awareness of the situation and rights of marginalised people, working towards accountable authorities, and improved access to services.

Approaches

The CSN approach builds on approaches such as multi-stakeholder partnerships (MSP), asset-based community development (ABCD), local resource mobilisation (LRM) and lobby and advocacy (L&A). The ultimate goal is to have systems in place that continue to support groups in vulnerable situations in a sustainable manner.

Modalities and actors

Within a CSN, different concrete ways of working (so-called modalities) can be used. Key modalities are:

- ▶ **Target group level:** peer support, support groups, volunteer groups, income generation, and intergenerational activities.
- ▶ **Community level:** circles of support, volunteer groups, community structures like churches, and awareness campaigns.
- ▶ **Society level:** facilitating access to government services, mobilising private sector resources, NGO training, and advocacy.

A coordinating actor coordinates the various approaches and modalities. This is often the actor that initiates the CSN, but the initial actor can also be a different organisation. In addition to the coordinating actor, there are multiple other actors, and some of them can implement specific aspects of the CSN.

Implementation

Developing a CSN starts with a preparatory phase in which an asset-based situational analysis is conducted to gather key information about the community's needs, resources, and potential, and to identify a coordinating actor. Next, in the implementation phase, relevant community actors are identified and mobilised, appropriate modalities selected, the capacity of everyone involved is built, and networking and coordination between them are facilitated. These efforts should lead to a sustainable CSN that is owned and managed by community actors.

What community safety nets look like in practice

Dorcas has CSNs in 23 projects in seven countries. The word “net” in CSN is a metaphor. There is no physical net. The metaphor invites images of meshes, ropes, and knots bound together and of people knitting a net. It raises the question as to who is knitting and who is knitted into the net. Using a broad imagination around this metaphor is a powerful means of promoting a participatory approach to developing CSNs where the development and operation of a net are inextricably linked.

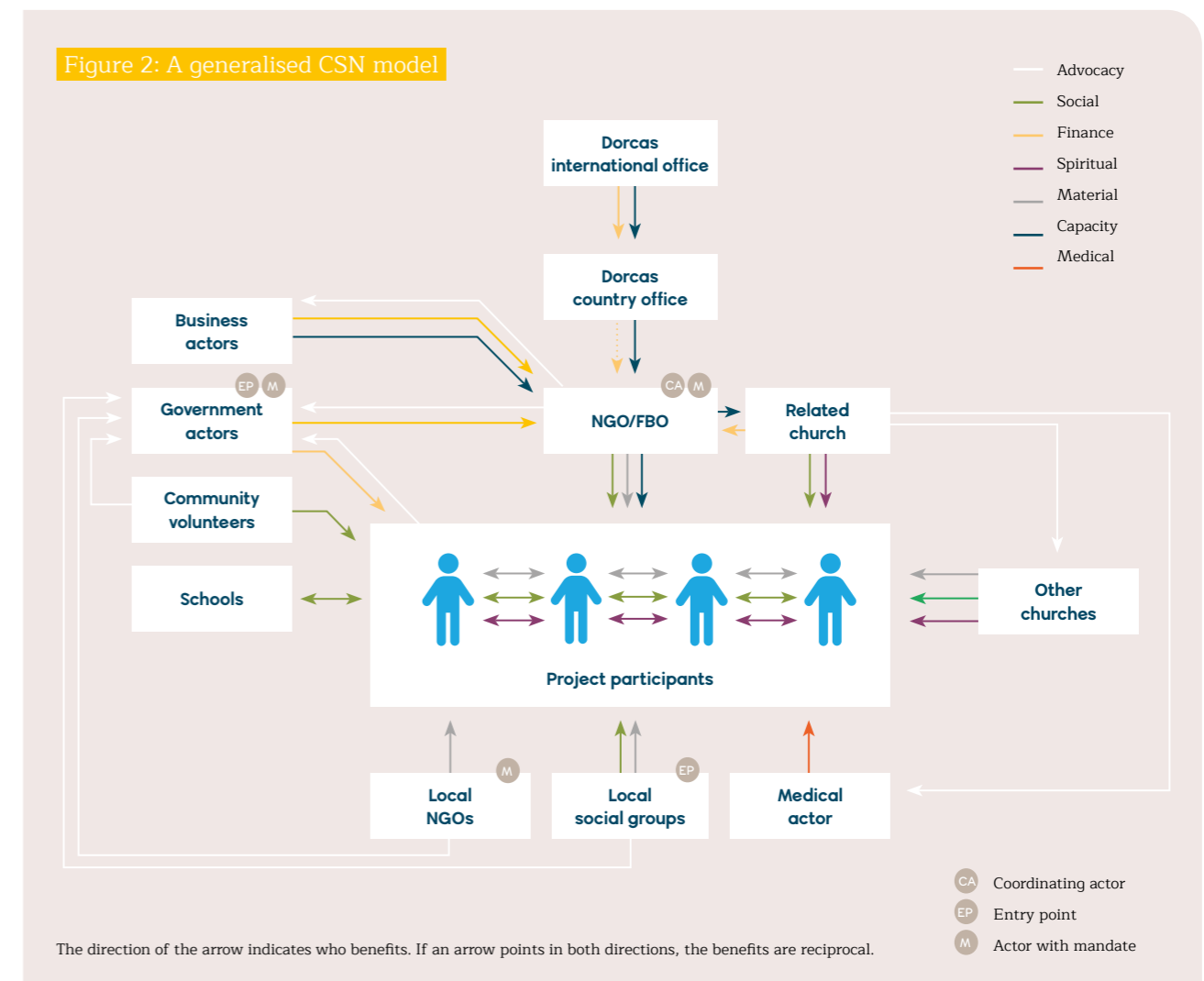
Generalised community safety net

Based on maps produced at 44 CSN locations during the evaluation, the focus group discussions, and the interviews with actors, a generalised CSN can be constructed, as shown in figure 2.

In this generalised CSN, project participants support each other socially, spiritually and materially. An NGO or FBO, possibly related to a church, is the coordinating actor.

The coordinating actor plays an advocating role to various other actors, but jointly with them, an advocating role toward government agencies as well. Over time, advocacy towards other actors becomes less necessary as they take co-ownership of the CSN and facilitate its further development. If advocacy toward the government is successful, then government agencies support the coordinating actor with some subsidies but also directly support vulnerable project participants. Business actors are involved and provide not just financial contributions but also their expertise.

Schools are involved in intergenerational activities that are mutually beneficial. Other local groups, NGOs and volunteers from the community also join and



offer various types of support. Most importantly, and not visible in the diagram, the key actors regularly sit together to take joint decisions and negotiate what each can do to further strengthen the CSN and coordinate efforts. Actors are not separate entities, they also mix. For example, church volunteers, community volunteers and the coordinating actor are all involved in social activities. Financial support from the Dorcas country office is a dotted line, as it can be terminated and instead used to facilitate the development of CSNs at other locations.

National and international relations

All coordinating actors have a relation with the Dorcas country office and some have additional international relations with international churches or an external partner. These international organisations mainly make financial and sometimes material contributions. A few locations have connections with a CSN in another country, and at some locations, the coordinating actor has links with national organisations. Shared ownership is strengthened when actors use resources from outside the community to strengthen the CSN but such support can reduce the sense of urgency for developing local sustainability.

Project participants

In practice, CSNs benefit both the project participants and the actors, particularly those involved in social or spiritual activities. Every participating actor or person is actively encouraged to contribute according to their possibilities, including older persons in vulnerable situations. This blurring of boundaries is a good thing. The language of participation can be stimulating and motivating as long as there is room and understanding for those who have little to offer and are (and will be as long as they live) on the receiving end of most relations, such as bedridden older persons.

Role of various actors in community safety nets

Local actors

The number of local actors at a location ranges from three to nineteen, with half of the locations having between three and seven local actors. Generally speaking, the involvement of more actors implies a stronger CSN. However, in a future mapping exercise, more effort should be made to standardise how different CSN locations group actors and which actors are considered to be a link in the mesh.

Churches and FBOs

Churches and FBOs are one of the most important categories in CSNs, are present at most locations and are often the coordinating actor. At about 60 per cent of locations, the CSNs include churches or FBOs beyond the coordinating actors, indicating inter-church cooperation and non-partisanship. Churches and FBOs mostly offer spiritual and social support to project participants. Sometimes, there is also material support, and at a few locations, capacity or health support as well.

Local government actors

Most locations have one or two local government actors and only six locations have none. In almost all cases, there are advocacy relations toward these government actors. Just over a third of locations receive no material or financial support from any governmental actor. Most other locations have at least one such support relation. This can take various forms, such as funding the coordinating actor's operations, providing support for project participants via the coordinating actor or providing support directly to project participants, such as local subsidies for heating material during the winter.

Local NGOs and social groups

Half of the locations include local NGOs beyond the coordinating actor as part of the CSN. Many of these appear to be social organisations that offer material, health or capacity support directly to the project participants or the coordinating actor. A much broader group of actors is categorised as "local social groups". These include older people associations, media, local youth or women groups, local charity groups, local associations, and a disability association.

Medical actors

Half of the locations refer to family doctors, a local clinic or hospital, or a village health worker as part of their CSN. In several countries, the programme also arranges transportation to medical facilities, facilitates access to health insurance, or offers direct payment of medical costs.

Educational actors

Half of the CSNs include educational actors. Sometimes a single school is involved. On other occasions, schools are mentioned as a group or different types of educational actors are mentioned, such as primary and high school, childcare centres or student volunteers. Some partners advocate toward these schools and, in turn, the schools or students mostly offer social support to project participants and sometimes spiritual or material support as well. Schools are among the most frequent suppliers of social benefits to project participants. Attempts to make this a win-win situation by developing intergenerational activities that benefit both the older project participants and the young people seem worthwhile to pursue because these could generate more internal motivation among the school staff.

Business actors

Just over half of the CSNs include business actors who contribute financially and materially to the implementing partner and sometimes directly to project participants. In a few cases, companies also contribute their know-how. The quantity and frequency of support from businesses is unknown. The idea of using businesses to convince other businesses to become involved in CSNs should be explored.



Impact of community safety nets

CSNs are a work in progress. The actors and project participants need to constantly work on “knitting the net” to maintain its resilience and effectiveness of the net and therefore its impact. This knitting process is the mechanisms that lead to impact as shown in figure 3.

Impact on project participants

The impact on project participants was assessed in four areas: social, spiritual, material support, and income generation and training.

Social

Causal claims that project participants make about the effects from social activities are shown in figure 4. The numbers in the arrows are the number of project participants who indicate each effect.

Social activities cover a broad range of activities that mostly bring project participants together. Some activities are regular and others are incidental, such as a trip out. Whereas some activities focus on social

interactions, others include games or crafts like knitting and sewing. Spiritual and social activities can overlap; in certain cases, direct support (providing meals) and social activities are combined, so their effects overlap. A key direct effect is that project participants start socialising, which contributes to their happiness, a sense of belonging, an increase in mental health, the feeling of being supported, and if project participants are actively

“I have a large number of people to talk to now, and I feel like a human. I am back to normal”

- Project participant

involved, the sense of being useful. Home visits to project participants who cannot attend social activities also have similar positive benefits.

Spiritual

Causal claims that project participants make about the effects of spiritual activities are shown in figure 5.

Figure 3. Knitting the CSN

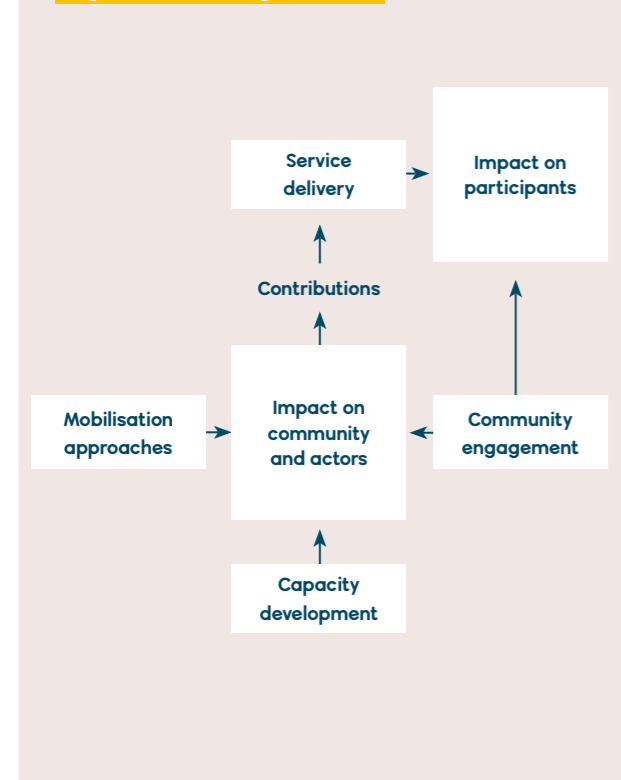


Figure 4. Causal claims about effects from social activities

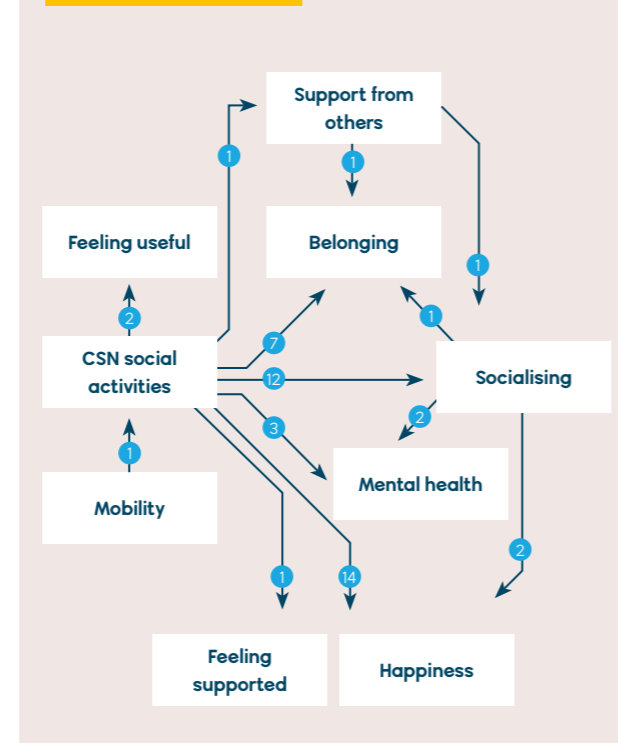
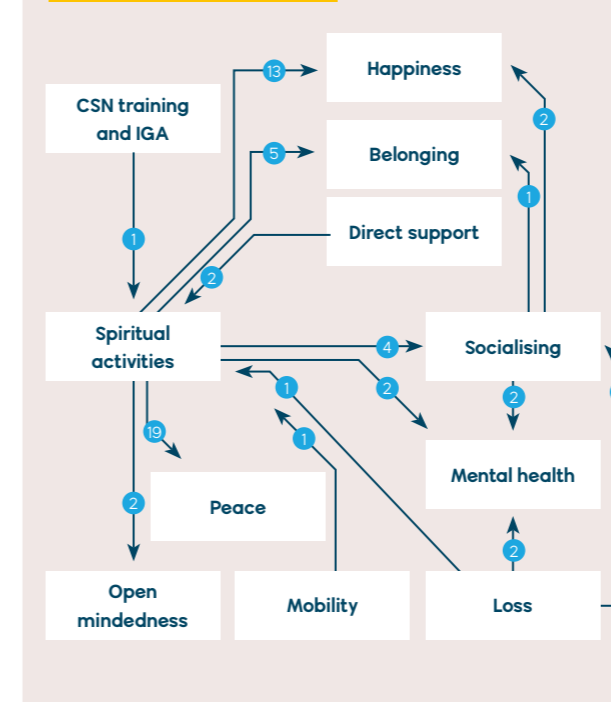


Figure 5. Causal claims about effects from spiritual activities



These are a mixture of activities through the CSN and spiritual activities from other actors that are not related to the CSN.

“When I come to the church, I receive this hope. I receive this hope for living”

- Project participant

These activities have a spiritual, psychosocial and social impact. The spiritual effects are peace, happiness and hope.

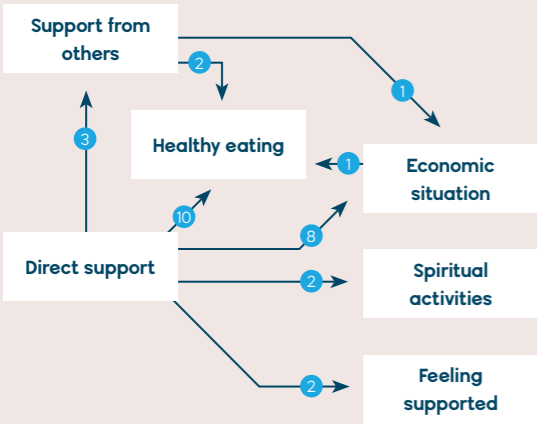
Direct support

Causal claims that project participants make about the effects of direct support are shown in figure 6.

Direct support includes material support for food or sometimes medical expenses. A number of project participants state that direct support improves their healthy eating habits. Others refer to an effect on their economic situation, such as making cost savings. Several project participants claim that this support has diminished (which corresponds to actual changes in many projects),



Figure 6. Causal claims about effects from direct support



is insufficient or has little effect. Project participants make little mention of material support from other actors, except their pensions and some arrangements for heating materials.

“The project has reduced my need to ask people for assistance.”
- Project participant

Direct support also has indirect effects, for example on the feeling of being supported and on increasing attendance at other activities. There is a negative relation with support from others: project participants are less dependent on others, such as their direct family, and from their point of view, this is a good thing.

Income generation and training

Causal claims that project participants make about the effects of income generation and training are shown in figure 7. The number of project participants who spoke out about the effects of training and income-generating activities was not high, reflecting this aspect’s minor role in CSNs.

Training had an effect on healthy eating or on learning how to speak out, which can be regarded as a first level

of advocacy, for example being taught how to apply for governmental heating support.

“CSN taught us how to cook healthy food”
“CSN taught me what to ask the doctor about”
- Project participant

How actors view the impact on project participants

Interviews with actors revealed that they saw an impact on project participants in four areas:

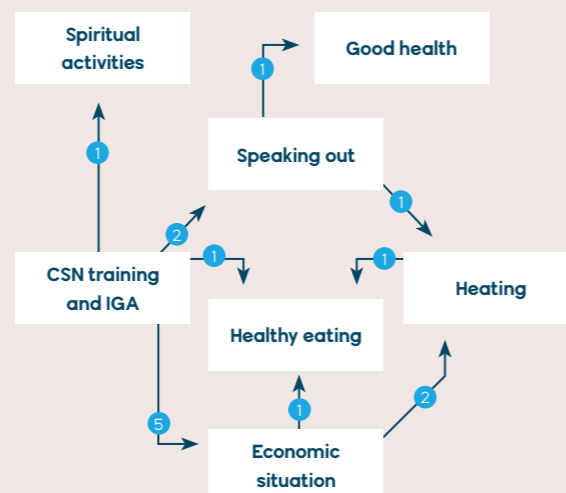
- ▶ Improved well-being (physical, social and spiritual)
- ▶ Improved empowerment, participation and belonging
- ▶ Increased self-worth and confidence
- ▶ Increased income-generating opportunities

The value of the impact is demonstrated in the following quotes from actors:

- ▶ “They feel less lonely, participate more in the community and become more social.”
- ▶ “People learned to participate and open up to new people instead of withdrawing into themselves.”

Quotes from project actors

Figure 7. Causal claims about effects from income generation and training



Impact on communities

There are three key areas of impact on communities.

▶ Addressing community needs:

The programme has effectively encouraged communities to take ownership of their development and work together to bring about positive change. Examples include creating a school feeding programme, renovating a drainage system, constructing a police station, installing benches along the road, planting trees and repairing roads.

▶ Strengthening social cohesion:

There is a sense of joint purpose in the community. Some communities are becoming more proactive in looking after their older people.

▶ Engaging and mobilising communities:

There has been some change in mindset and the necessary inspiration has been found to take responsibility. This refers to the specific focus on project participants in vulnerable situations and a broader developmental mindset. People in the

community now think they can solve the problem themselves rather than waiting for external support.

Three mechanisms drive this impact on communities.

▶ Community engagement:

this includes community meetings and gatherings, intergenerational activities and the volunteer movement.

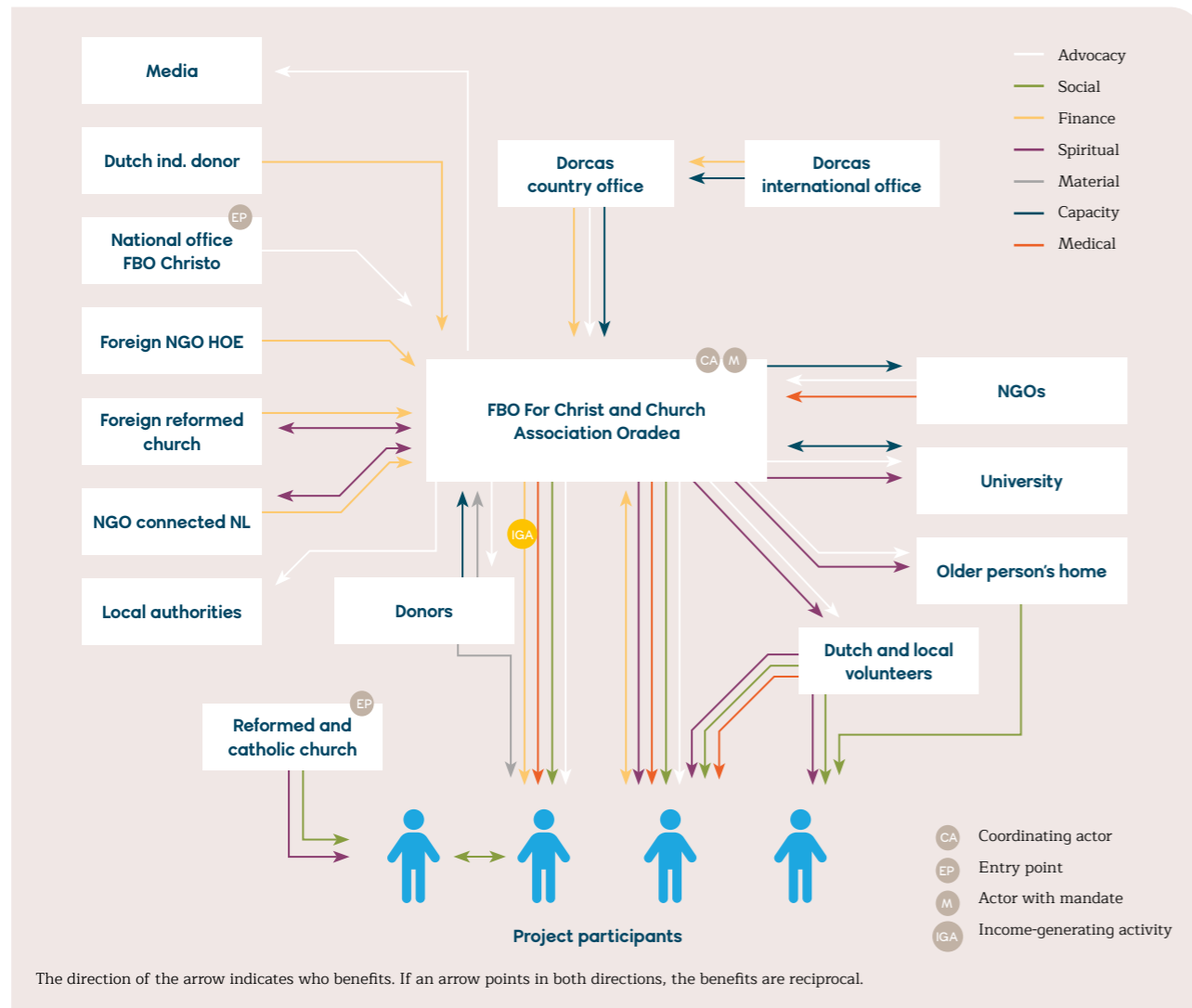
▶ Capacity development:

this includes capacity and skills development as well as awareness raising and sensitisation.

▶ Mobilisation approaches:

key approaches are lobbying and advocacy, local resource mobilisation, multistakeholder partnerships and collaboration and asset-based community development.

Case: Community safety net in Oradea



Contextual factors that influence the impact of community safety nets

Three sets of factors can positively or negatively impact CSNs depending on the context.

- **Cultural and social:** religious beliefs and practices, cultural and social norms, and traditional and cultural customs and values.
- **Government:** government programmes and initiatives, coordination and collaboration challenges, government policies and support, legal and regulatory framework, political and security situation.
- **Organisational and other:** (non-)religious identity of the organisation, and community acceptance and trust.

FBO For Christ and Church Association of Oradea is the coordinating actor of the CSN and the actor with

mandate. The CSN has a high diversity of actors and interactions that strengthen the sense of mutual responsibility and involvement of the parties concerned. All of these factors enhance the sustainability of the net, opportunities for mutual learning and the range of possibilities that participants can benefit from. Particularly positive aspects of this net are the involvement of several churches, volunteers, cooperation with a university, relations with local government authorities, and the link with the media. The commitment from several international actors is good for the development and provisional funding of the net, but in the longer term, this could hamper local resource mobilisation efforts.

Issues and dilemmas community safety nets face

The issues and dilemmas faced by CSNs emerged from the focus groups, other interactions with Dorcas staff, interviews with actors, and an analysis of all data. These issues and dilemmas exist because the current CSNs are projects transitioning from a charity model to a developmental one. New CSNs without a previous history would start with a clean slate and so would not face most of these issues. Sometimes, good practices or clear answers can be given, but for many of these issues, there are no simple answers, and strategic choices combined with context-dependent wisdom is necessary to find the best way to deal with the dilemmas.

There are five key issues: sustainability, transitioning, partnerships, relations with government and material support. For each issue, some of the challenges encountered are stated and a quote from an actor in a CSN is given as a personal example of how the issue is viewed.

Sustainability

- Sustainability is fundamental and not an afterthought. It is about communities owning, operating and further developing the safety net for people in vulnerable

situations. It operates at the level of structures and not project participants.

- There is a lack of clarity about mandates, in other words, which actors have it in their mandate to be part

“Peer-to-peer and social support systems are gaining traction. What began with volunteers inviting attendees has blossomed into a self-sustaining cycle where attendees extend the invitation to their friends. This exemplifies the power of social support in fostering a safe and inclusive community. We deliberately shifted the focus from ‘what are you going to give us?’ to the value of shared time, skills, and experiences.

This sparked a remarkable transformation.”

- Actor from Egypt

of a CSN or support persons in vulnerable situations in the community. Clarity about mandates is important for effective advocacy efforts toward actors who have a mandate.





- ▶ In most cases, there is still not a genuine sense of ownership by the community as, due to the original Adopt-a-Granny sponsorship model the CSN emerged from, project participants still perceive the sponsor or actors to be the owner of the safety net and not the community.
- ▶ Sustainability can be improved if the number of local actors involved increases, local material or financial support is provided, and money or material support provided to project participants does not come from the partner.
- ▶ Achieving sustainability often requires a change in mindset, attitude and social norms within the community.
- ▶ There is a tension between providing support and urgency. Providing external support diminishes the urgency to find local support, and providing local support can diminish the responsibilities families feel toward looking after their older members.

Transitioning

- ▶ The transition is from a charity approach to a developmental approach and aims to facilitate structures of support in the community, through which continued care can be offered to the most vulnerable in the community while still empowering them in a way that is realistic.
- ▶ The transition is gradual so that partners are taken along in this change and places where care for older people had been initiated are not abandoned.
- ▶ The gradual approach maintains inconsistencies, such as continued direct support disempowering or removing the sense of urgency among community (and government) actors.

“The transition from a programme with fewer activities to something more complex, more structural, more thought out in detail and planned is not simple. It is a challenge, a lesson... at the level of the organisation and at the level of the context that is happening.”

- Actor from Romania

- ▶ Transfer of ownership is difficult as this requires a change of mindset in the community so that it assumes responsibility for the older people in its midst.
- ▶ Some CSNs are stuck in a halfway house on the transition journey. Some staff and partners are not confident that the transition can be completed, doubt

whether the journey should be continued or look back with nostalgia.

- ▶ The transition means Dorcas and some of its partners are assuming a temporary role of facilitating the construction of a CSN, and fulfilling that role is a challenge.

Partnerships

- ▶ The transition proceeds in a dialogue with the partners and where they are unable to change, solutions are sought.
- ▶ Care needs to be taken to ensure that the CSN approach genuinely matches the desired identity of the autonomous partners worked with.
- ▶ Efforts must be made to ensure partners and their individual staff have the appropriate skills to implement the changes required to transition from a charity approach to a developmental approach.

“A very good effect of the community safety net project is that we motivate the partners within the communities to make contacts and good relationships with all the other actors in the community, as well as with the local village council and mayor.”

- Actor from Ukraine



- ▶ Some partners (and their staff or volunteers) are not willing or able to take on the facilitators' role to engage with and mobilise a broad range of community actors, whereas they could still be an essential actor as part of the CSN. A distinction should therefore be made between “do” and “facilitate” partners.
- ▶ Bilateral partnerships between the coordinating actor and other actors in the net still predominate. More multilateral partnerships are needed to strengthen CSNs. Forming community committees where project participants and several key actors meet together or using existing platforms to engage a number of other (mostly civil society) actors at the same time could be a way forward.
- ▶ Many actors have more of a donor role than a genuine partner role. Mutually beneficial relations need to be developed in which at least some community actors can be regarded as real partners and take joint responsibility and ownership of the CSN.

Relations with government

- ▶ Most Dorcas staff perceive local government as constructive but needing to do more. Some others (and several partners) regard government as not being able to do more, even to the extent that the programme needs to help the government.
- ▶ The underlying view on government and their mandate determines the efforts made in the area of advocacy. Some local partners seem hesitant to engage the government or engage in forms of advocacy that hold the government accountable.

“We have enrolled our beneficiaries in a government-administered Urban Safety Net where members are enrolled in different jobs like cleaning the street. We make sure our beneficiaries get the opportunity to acquire various types of support from existing and time-bound benefits, such as free medical care when volunteer doctors provide different health care services.”

- Actor from Ethiopia

- ▶ Advocacy efforts are currently limited and where such efforts are made these tend to focus on including project participants in existing schemes and lobbying that project participants are selected for existing subsidies.



Material support

- ▶ Material support can benefit older people by reducing their expenses, motivating them to participate in other activities, providing structure, improving their mental well-being, giving them a sense of being loved and enabling them to be less dependent on others.
- ▶ However, on the other hand, material support can have detrimental effects such as creating dependency, taking away a sense of urgency from others and being appropriated by government to avoid responsibilities.

“We need both vulnerable older people and able-bodied older people as project participants. In the former Adopt-a-Granny approach, we only had vulnerable participants.”

- Actor from Moldova

- ▶ The CSN or the coordinating actor should therefore monitor these effects and think about ways to minimise the negative impact.
- ▶ More attention should be paid to the involvement

of indirect project participants as that increases the impact of CSNs and their embedding in the local community.

- ▶ A healthy balance needs to be struck between active and passive project participants to ensure that joint social activities, peer support, mutual visiting and income-generating activities remain viable while ensuring that the most vulnerable, like bedridden persons, are still reached.

Best practices

This evaluation could not identify an evidence-based, best practice model for a sustainable and impactful CSN that can be adapted to different contexts because the projects evaluated are still transitioning from the previous Adopt-a-Granny approach. New projects that use the CSN approach from the outset will have different considerations and requirements than these transitioning projects.

Nevertheless, emerging practices were identified in this evaluation that can serve as an initial set of good practices for CSNs. However, as most of these practices were found in a specific context, each of them will have to be carefully considered and, where necessary, adapted when used in a new context. The good practices have been grouped into five areas: project participants, actors, ownership, approaches and advocacy.

Project participants

Actively involve project participants

Improve well-being and a sense of belonging by actively involving project participants. Ensure a balance between active project participants and those who cannot actively participate.

Actors

Church as a natural ally

Involve churches as natural allies. They have a mandate to care for the people living in vulnerable situations and could serve as a backbone of care and relationships with vulnerable project participants.

Role of Dorcas

Focus on coaching the coordinating actor to be a good facilitator. Help them to create shared ownership and engage in true multistakeholder approaches.



Ownership

Shared and diverse ownership

Ensure no actor regards the CSN as its property. A diversity of actors will increase the perception that the CSN is a communal effort, making it more attractive for other actors to join.

Multiple actors and connections

Involve multiple actors: the greater the number of quality connections, the stronger the net. This also increases the chances of generating different types of support and social and material relations.

Pathways to involvement

Offer and facilitate smart pathways for actors to move closer to the centre of the CSN. Each partner should be stimulated to take a next step forward to maximise shared ownership.

Multilateralism

Facilitate multilateral relations where key actors jointly brainstorm, strategise, plan and monitor.

Coordinating actor

Appoint a coordinating actor with a developmental vision and skillset who creates a shared ownership of the CSN between as many local actors as possible.



Approaches

Creative use of modalities

Mix and match potential modalities that could improve the impact of the CSN. Allow experimentation and encourage a willingness to learn from failures.

Intergenerational activities

Include intergenerational activities that involve schools, youth groups, or childcare centres. This can lead to mutual benefits such as storytelling or other forms of sharing by older persons.

Create traditions

Realise special periodic activities that can become

traditions people celebrate and look forward to. These traditions can help create stronger partnerships and increase the involvement of the wider community.

Connect with opportunities

Know what financial, material, capacity development and social opportunities exist. These could include opportunities for the coordinating actor, such as local subsidies, but also opportunities that project participants in vulnerable situations could be given access to.

Avoid adverse effects of giving

Manage the effects of providing material support: the use of community donations should not undermine

the responsibilities of family members. Maintain the conscious combination of providing concrete support and encouraging people to take their own responsibility.

ABCD

Combine asset-based community development (ABCD), local resource mobilisation (LRM) and multistakeholder partnerships. ABCD, in particular, can generate a sense of purpose, pride and progress for the wider community. Focus on what the community wants to address while ensuring the ultimate CSN purpose (supporting the most vulnerable) is maintained.

Advocacy

Hold governments accountable

Hold governments accountable for their obligations toward the most vulnerable. Encourage governments to prioritise resources and make budgets available.

Higher level advocacy

Use local experiences to inform national advocacy efforts that benefit CSNs.

We fight poverty, exclusion and crisis. We empower marginalised people and communities to flourish. This is how we follow Jesus Christ.