

Dorcas

*Mobilising communities
in Moldova*

**Evaluation report
of community
safety net approach**



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Researchers: Nellie van den Bos (Dorcas),
Wouter Rijnveld (resultante.eu)

Authors: Dave Thomas (thegoldenthread.nl),
Arendje Menkveld (Dorcas)

Consulted: Cristina Jomiru, Leila Sorbala,
Linda den Boef

Design: BladenMakers (Bladenmakers.nl)
Photographs: Dorcas

Stichting Dorcas Aid International
PO Box 1500, 1300 BM Almere, The Netherlands
Telephone: +31(0)88 0502800
E-mail: info@dorcas.nl
Website: dorcas.org

in [linkedin.com/company/dorcas-nederland](https://www.linkedin.com/company/dorcas-nederland)
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What are community safety nets?

A community safety net (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 rely on external support. CSNs are formed by multiple community actors and complement the social protection provided by the government.

Making communities aware of the exclusion of marginalised people and how local structures can be strengthened to support them is a crucial aspect of CSNs. Therefore, a CSN 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.

At present, Dorcas applies the CSN approach in seven countries (Albania, Egypt, Ethiopia, Moldova, Romania, Tanzania and Ukraine). The current focus is 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 CSN approach, however, concentrates on mobilising the community to care for and protect older people (facilitated, sustainable participation) in sustainable, community-owned support systems that can eventually operate independently of external funding. Realising that transition is a challenge.

Why did Dorcas evaluate its CSN projects?

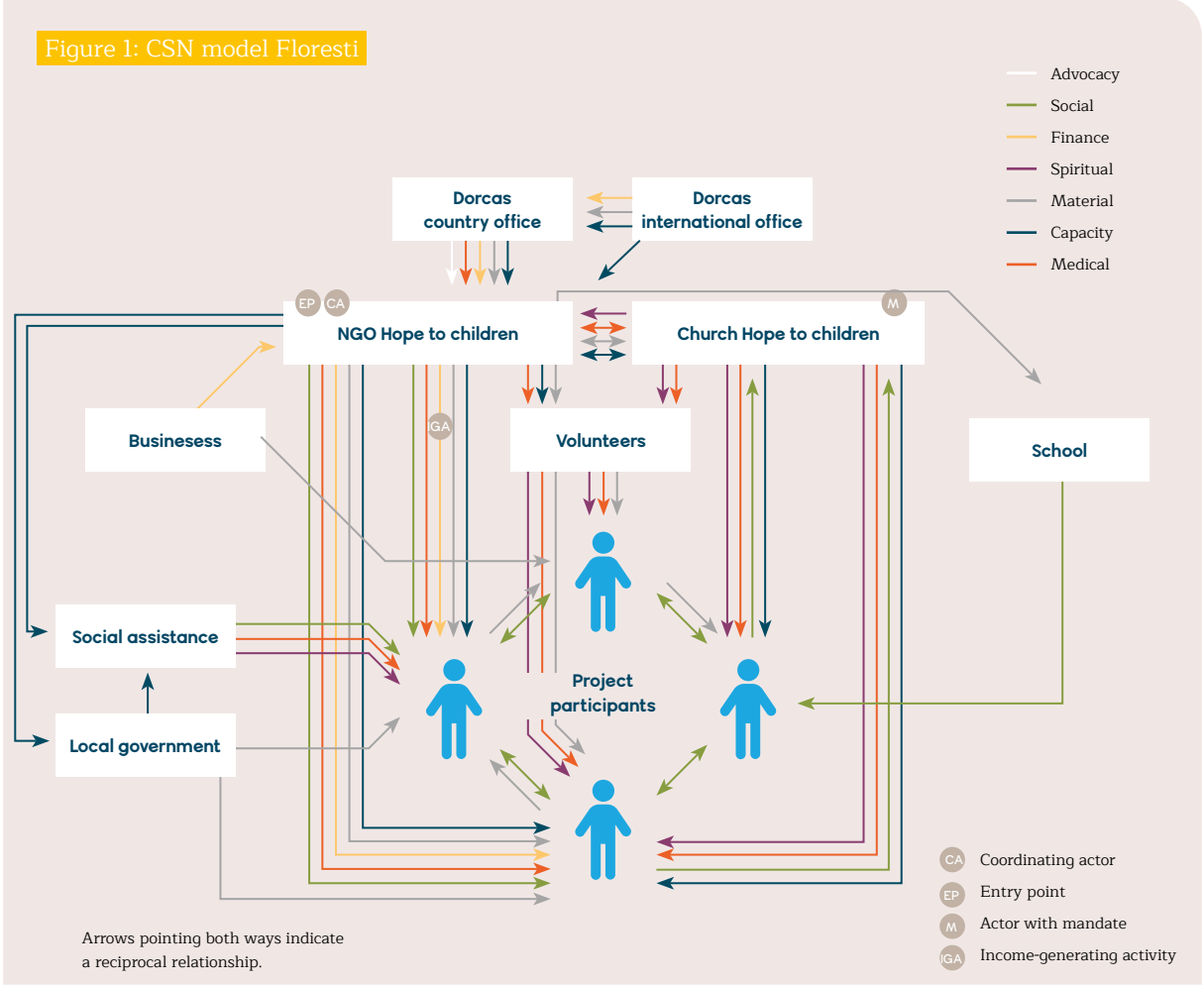
In 2024, Dorcas commissioned an evaluation and impact study of these transitioning projects to assess the transition process and determine the impact and effectiveness of the emerging community safety nets. The overall evaluation report can be read here.



How were CSN projects evaluated in Moldova?

Adopt-a-Granny projects began in Moldova in 2006 and these started to transition to CSN projects in the period 2017-2018. There are five CSN partners in Moldova (in the towns of Balti, Basarabasca, Cimislia, Comrat, Floresti, Rezina, Balti and 15 projects run by the Salvation Army). 2,048 older people benefit from the support of CSNs. This number concerns direct participants in the programme as well as other marginalised older people who benefit from CSNs.

- The evaluation was realised using a qualitative approach based largely on the QUIP approach with causal mapping. Five sources of data were used:
- Interviews with eight project participants. Questions were asked about changes in health, material, financial, social, and spiritual well-being and the interviews were analysed to find causal claims.
 - Interviews with six actors. They were posed questions about outcomes, mechanisms and context factors.
 - Maps were produced at seven locations (Balti, Basarabasca, Cimislia, Comrat, Floresti, Rezina and the Salvation Army projects). These maps were developed by staff and contain information about actors and their relations.
 - Focus group with Moldova country office staff. These discussions produced key quotes about lessons, successes, bottlenecks, and suggestions for the future.
 - Progress reports from the country office and individual projects. These were analysed to find key insights about progress at individual, community, and societal levels, as well as key approaches in the programme and sustainability.



Who is typically involved in a CSN in Moldova?

Figure 1 shows who is involved in the CSN programme in Floresti and the interactions between them.

This CSN is not representative of all CSNs in Moldova, as each project operates under different conditions with a variety of actors. All projects involve a church, and in most cases, one or more NGOs participate. The involvement of local authorities and the mayor’s office differs between projects from no involvement to some involvement. Several projects have involved schools and businesses. A few projects also involve a medical centre.

Involved actors	
The total number of different actors involved in CSNs in Moldova is given in the table below.	
Actor	Number
▶ Businesses	4
▶ Churches	57
▶ International NGOS	3
▶ Local NGOs	10
▶ Local government actors	13
▶ Medical centres	3
▶ Project participants (older persons)	2,048
▶ Educational actors	3
▶ Volunteers	200

What activities are held at CSNs in Moldova?

A wide variety of activities are held at CSNs in Moldova.

- ▶ **Home visits:** The goal is that all older people in a CSN are visited three times per year. Those who are bedridden are visited more often. Healthier older people also visit their sick contemporaries.
- ▶ **Peer-to-peer or support groups:** At these groups, older people can talk about different topics, drink tea and coffee, or obtain advice about their health. The older people also make home visits and bring goods to less mobile older people, and they make phone calls to older people who are ill.
- ▶ **Hobby groups:** Examples are knitting, drawing, handicrafts, singing, cooking etc.
- ▶ **Social activities and events:** Special days like Christmas, Easter and Mother’s Day are celebrated.
- ▶ **Intergenerational activities:** Different generations take part in joint activities like Easter and Christmas celebrations, outings in the countryside, painting contests, etc.
- ▶ **Educational activities and workshops:** These support income-generating activities (IGA), such as supporting older people to grow vegetables in their gardens or making decorations or handicrafts that they can later sell.

- ▶ **Informational meetings:** Meetings with doctors, social workers, local public administration workers, etc.
- ▶ **Campaigns:** These raise awareness about the needs of older people and mobilise communities to do something about these needs. Examples are events organised around the International Day of Older Persons (1 October each year) and the Blue Bucket Campaign held from 15 November to 15 January each year (more than 11,000 buckets have been filled with food since 2019).
- ▶ **Community initiatives based on ABCD learnings:** A local committee is formed, which itemises the resources and possibilities in their community and then takes action to implement an initiative that benefits the entire community. Examples are restoring a playground in Ungheni, installing some benches alongside a road in Floresti, clearing and restoring a spring in Ialoveni, and organising a fir to sell baked goods for a good cause.
- ▶ **Involving volunteers.** Volunteers are involved in activities for older persons and provide them with services such as house cleaning, delivering some goods, helping them come to social activities, organising events, etc.



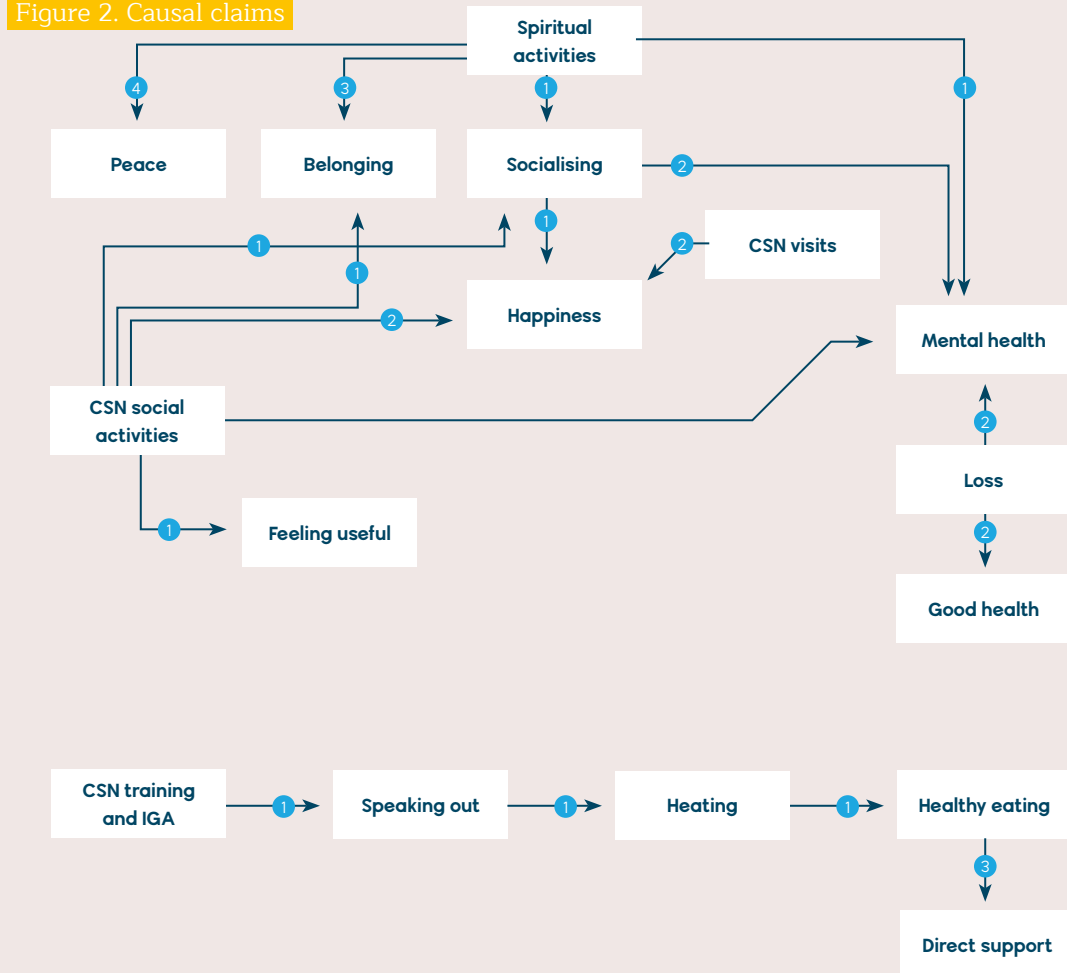
What is Dorcas Moldova country office’s role in developing CSNs?

Dorcas Moldova facilitates local actors and agents of change coming together and starting a movement. We train communities in ABCD and introduce them to the CSN principles. People are challenged to see the resources they have and how they can combine their and their community’s assets to make life better. Examples of this are starting an initiative group together, replanting trees in a park, transforming a site where rubbish is dumped into a resting place with an attractive bench and organising volunteer-based community events. We also train our local partners and encourage them to act as the link between different stakeholders and work together for local communities to flourish. An agent is always needed to initiate a change: a spark that encourages people to unite,

work together and celebrate each victory they achieve, no matter its size. Dorcas Moldova organises regular meetings and exchange events for our local partners and over 200 volunteers. We facilitate their involvement in platforms and networks and are the voice of those who cannot speak for themselves.



Figure 2. Causal claims



What milestones has the CSN approach in Moldova achieved?

Several milestones have been achieved so far.

- ▶ At least three big events are organised over the year, during which older persons and other generations can chat, eat lunch, walk, and share stories and experiences.
- ▶ The joy and social interactions stakeholders and older persons experience have increased the engagement of both groups in CSNs.
- ▶ Around 200 volunteers are involved in making visits to older people and helping them overcome their social isolation and health limitations.
- ▶ Over 57 churches have become involved in collecting food items during the Blue Bucket Campaign. So far, these buckets have been delivered to 11,725 families and older persons in more than 70 locations in Moldova.

“Sometimes we have older people who start coming to our activities three or five years after the project started even though we invited them from the outset. When they start coming, they say, oh, I didn’t think it would be so interesting or so exciting, but I’ll get so involved or feel so good out of this.”

- Quote from an actor

Which challenges and dilemmas do CSNs in Moldova face?

Internal motivation remains a challenge, as actors and participants often lack a sense of ownership over the initiatives. There is also a need to strike a balance between the involvement of able-bodied and less mobile participants. Finally, there are concerns about the long-term financial sustainability of the programme in Moldova, given the country’s challenging economic context. These concerns are further heightened by the current limitations in understanding and support from government social services.

What good practices have been developed at CSNs in Moldova?

Four good practices have emerged so far from CSNs in Moldova.

- ▶ Create rhythms and traditions around activities because this helps to sustain interest. An example is the Blue Bucket Campaign, which became a Christmas tradition of giving to and caring for the people around us experiencing difficulties. In 2024, we will have our sixth edition. We are happy that the number of actors involved each year keeps growing and that their involvement in our activities is also increasing.
- ▶ Use advocacy efforts to strengthen community safety nets and mobilise neighbours and volunteers to support older persons. An example is our annual meetings with older people and their ‘circles of support’ – family members, distant relatives, neighbours, friends, former work colleagues and many others. At these meetings, we inform the



“I now have people around me. It takes my mind off my life and my worries. So I worry less. I have things to do instead of just waiting for the day to pass. And having these other people, some purpose, something to do, some entertainment, really helps me.”

- Quote from a participant

How effective is the CSN approach in Moldova?

The impact of the CSN approach in Moldova is illustrated in the causal claims diagram in figure 2.

The higher the number, the stronger the causal claim. Thanks to the CSN approach, participants enjoy a greater sense of well-being, socialise more, experience better mental health and eat more healthily.

“Our sustainability plan needs to take into account the current fragile economic situation in Moldova, which will make it hard to realise community safety nets that can function without external funding. Therefore, we should focus on raising awareness.”

- Quote from an actor

“So a big challenge is motivating from the inside, lighting the fire, so to speak. Even after many years of challenging the people involved, they still do not view it as their own mission driven by their own motivation. It’s really hard for us to keep the ball rolling if they don’t take it over.”

- Quote from an actor

community about the situation of older people and challenge those present to visit older people, shop for them, phone them or have tea together.

- Find strong local leaders – agents of change who come from within the community – as then the impact achieved will be greater and the process more sustainable. One good example is our fantastic

volunteers from more than 50 locations, who are always ready to get involved, encourage each other, and share beautiful stories of how a life was changed through a ‘drop of love and kindness.’

- Give people a clear means (tool) to act. For example, the ABCD trainings became a “tool” for many people. Usually, at these meetings, people are challenged to change their mindset positively, explore what they have, and see what they can do to improve the situation in their community. Using their assets, they start to involve other members of their community to care for older people in difficult circumstances and other groups as well. After such training, new groups are formed that start cooking for ill older people, knitting and donating socks for the winter or going and singing Christmas carols to lonely older people. These activities have a snowball effect in the community concerned.

“Every year, we see more people interested. It became like a tradition. And you start something new, and then it gets kind of, I don’t know if it’s institutionalised, it’s not formally, but it becomes part of the system, in a way, of the rhythm.”

- Quote from an actor

What are the next steps for CSNs in Moldova?

At present, communities in Moldova tend to look to external actors to take the initiative and provide resources for CSNs and often fail to see the opportunities and possibilities they have as a community to care for people in vulnerable situations. A possible way forward is an incubator for social change. This would be a training centre where people could come and study about community mobilisation and where we could organise workshops, exchange meetings and share learnings.

Good practices from Dorcas CSNs in other countries that could benefit CSNs in Moldova are:

- **Diversity of actors:** Involving as many different types of actors as possible seems a good practice. The more connections, the stronger the net. However, quality (frequency, intensity, commitment, volume of support) is as important as quantity. The positive point of having multiple types of actors is that it increases the chances of generating different types of support and (social and material) relations.
Reason: We need to increase the diversity of actors in a CSN and make actors more aware of the fact that they are part of a CSN and what that entails.
- **Instilling traditions:** When certain activities are done regularly and with sufficient effort, they can become traditions that people look forward to and help create stronger partnerships or involvement. Examples are annual celebrations or an annual Blue Bucket Campaign.
Reason: Creating and embedding traditions is a key factor for sustaining community mobilisation efforts even if, at a certain point, some actors (e.g. Dorcas Moldova) withdraw.
- **Holding government accountable:** Important starting points are believing that government has legal obligations toward the most vulnerable segments of society, knowing what these obligations are, believing that governments do have resources and that lack of resources is always a matter of making choices and priorities around spending, and knowing actual government budgets.

Reason: Holding governments accountable to do more can be done in constructive ways.

- **Some big social events:** Sometimes, a big-bang type of social event creates more impact than the regular smaller activities. It could be good to create some financial space for big and special events that create long-lasting memories. These could also be the type of activities for which local funds can more easily be found. This can include special activities with and for participants or activities that engage the wider community as well.
Reason: Events can be used to keep government accountable, and through advocacy, they can be called upon to keep their promises regarding older people and develop age-friendly policies.
- **ABCD:** The combination of ABCD, LRM and MSA (multistakeholder approach) has emerged as a good practice. In particular, ABCD has the potential to generate a sense of purpose and a sense of pride and progress for the wider community. This includes a focus on whatever it is that the community wants to address, but it also requires wise facilitation so that a link with the ultimate CSN purpose (to support the most vulnerable) is maintained, even if it is indirectly.
Reason: ABCD helps change people’s mindset from ‘victims and poor’ to ‘capable members of the community with assets to share’. It also facilitates a local sense of ambition and positive analyses of what can be done with the appropriate action.

“I think this idea of an incubator of social change would be a very interesting basis for a separate project. For example, opening official applications for communities to apply for our ABCD training and community safety nets training.”

- Quote from a staff member



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