

SUMMARY

This evaluation concerns a Multi-country Family Development Program (hereafter referred to as FDP). The families benefiting from social assistance are very vulnerable and live in urban areas. The program is lead by Enfants & Développement (hereafter referred to as E&D) and financed up to 75% of its cost by the European Union under the budget line “Local Authorities in Development. Actions in partner countries (Multi-country) for Non-State Actors”. It covers three countries: Burkina Faso, Cambodia and Nepal, over a period of 5 years, from January 2010 to the end of 2014.

The FDP was implemented in order to support and improve the living conditions for the most vulnerable families in urban areas. The FDP methodology and activities are based on the principle that families have to be the source of their own personal development and empowerment. However, because of their vulnerability, exclusion and lack of resources, the families targeted by the project face difficulties in addressing their situation by themselves. Thanks to an individual home-based psychosocial follow-up and social centres located in the areas of intervention providing access to information and raising awareness through group discussions activities, the program works with families to help them identify their problems and develop their capacities to solve them, leading them progressively on the path to self-reliance. The goal is to change the attitude of the most vulnerable families so that they become autonomous, evolving from a passive attitude (often of withdrawal) towards an active attitude by building confidence, skills and knowledge to handle their problems. The program also implements a network of service providers in five sectors (health, education, administration, economy and psychosocial) where families are referred to according to their needs.

A local partner (a local non-state actor) implements the program in each of the three countries: VOC in Nepal, SKO in Cambodia and AGIR in Burkina Faso (before 2013, it was ES-BF in Burkina Faso). The FDP’s specific objective is to sustainably improve capacity and autonomy of these local “non-state actors” (NSA) involved in social work and poverty alleviation in order to contribute to improve the quality and the access of providers of social services to vulnerable families.

No mid-term evaluation has been conducted. This evaluation is the final evaluation of the program. It covers the period from 2010 to the end of 2013. Starting at the beginning of 2014, this evaluation has a prospective aim in order to help define future projects for the program continuation after 2014. Within this evaluation framework, expectations focus on:

- **The relevance and effectiveness of the methodological approach and of the global strategy of intervention regarding family development through social work** in the three countries, with a focus on what works well, in view of adapting the program when needed, both methodologically and strategically, after 2014.
- The effects of the project on **technical and institutional strengthening of the local NSA partners**, looking at the ownership by the technical teams of the whole approach and monitoring and evaluation tools, at the level of autonomy gained by the NGO partners and at E&D added value.
- **The institutional sustainability and the strength of the connections** between stakeholders involved in the program in order to scale it up and include the action in the national plans of the three countries, and also to **strengthen the dialogue and/or the coordination with the State**.

This evaluation **has a learning purpose**. It looks back at the strategy and means of intervention in view of drawing lessons useful for actions in the near future. More broadly, the evaluation, throughout its whole process, tried to build capacity of the concerned teams through a participatory approach, specifically for the findings and the recommendations.

Relevance

The global strategy of intervention for social support of very vulnerable families in urban areas in the three countries is considered relevant. The program targets by the choice of intervention areas (generally areas in the suburbs with often a large concentration of migrants) and of habitats (precarious), families who are indeed very poor and vulnerable, de-socialised, excluded or discriminated on the grounds of national or social origin and/or caste. The economical poverty factor appears to be the key criteria to select the areas of intervention that are deprived and vulnerable and the habitats where the vulnerable families live.

The individual and personalised support is relevant in the three countries for these deprived families, de-socialised in urban or peri-urban areas, since the work on building self-confidence enables them to recreate social relationships, allowing them step-by-step to improve their living conditions.

In the three countries, most of the time, social support takes place with women (mothers) despite the efforts made to involve men, generally less available or not very open to intimate confidence (even between men) but favourable to social support when it can effectively respond to a family need that they cannot deal with by themselves or when it enables them to obtain an income. The “family approach” is relevant in the three countries because every decision taken by the woman has to be discussed with the family, with the spouse/husband in particular.

The FDP global strategy networking with non-state and state providers of social services accessible to vulnerable families, in order to help them solve their problems, is particularly relevant since there is an existing need for information and referral.

Effectiveness

There is no identical process to choose the vulnerable families in the three countries except that, in each country, the family needs to have at least one problem in the five sectors and they have to agree to an individual family follow-up.

The social worker and the family (the mother especially) generally jointly identify problems; which allows a good ownership by the family member who directly benefits from the support to act on problems. Thanks to its holistic social approach in five sectors (health, education, administration, economy and psychosocial), the FDP approach enables to respond to a large scale of problems and needs of the families. The psychosocial dimension must be addressed as a specific issue since the need (lack of self-confidence, fear, violence, etc.) is not necessarily explicitly expressed by the family, but emotional support is directly part of the approach when family home visits take place. For very difficult cases when there are conflicts or very bad relationships between the members of the family and/or domestic violence and/or alcohol and drug addiction problems, the psychosocial support (empathy, listening, counselling) provided by the team face limits to help the families solving these problems and to properly refer the families to specialised service providers since there are very few of them that target very poor people and since families don't necessarily want a follow-up by a service provider specialised in this area.

In relation with the quantitative results, the methodological approach is effective in the three countries. Overall, the multi-country program has achieved, after 4 years, 66% of the quantitative goal

expected at the beginning for the home-based visits; which is satisfying since there is still one year of implementation with the technical teams, who are today fully trained professionals. The percentage is higher in Nepal and Cambodia than in Burkina Faso because of a late start in this country to implement the tools and train the team. In Burkina Faso, the results of the home-based visits have to be mitigated, as the results of the visits to the social centres are significantly high in relation with the objective over 5 years. The program reaches between 6 and 39% of the families considered as very vulnerable according to the local statistics. There is a concern regarding these local statistics themselves because, in some cases, they do not even exist (it is an estimation made by the team), in other cases, they are old (from 2000) and they do not include migrants.

In terms of quality, the FDP has produced short-term and long-term visible results on the level of self-confidence of the supported families. The families generally say that they feel “stronger”, are able to manage their development by themselves, to identify a problem, to go to service providers by themselves, etc., once the follow-up is over.

In the three countries, **the duration of an average of six months** follow-up is considered satisfactory either by the teams involved or by the families, in relation with the objective that has to be reminded, namely: to support the families in finding the capacities themselves to solve their problems on their own in order to increase their autonomy, strengthened by the confidence gained thanks to the social follow-up.

In the three countries, Social Counselling Centres are needed and useful. They complement the psycho-social follow-up work for the families who phased out the home-based support, when providing information on existing services and raising awareness through group discussions. These centres are particularly active in Burkina Faso and in Nepal. In the three countries, families talk with each other in the neighbourhoods of intervention about the program. This contributes to word-of-mouth and to good “publicity” on the existence of the program, which is considered as positive. Families are generally in favour of the program and are positive about the social workers’ support.

The FDP has a **long-term positive impact** on supported families who, generally, have either improved their autonomy level or remained stable but have not regressed. There is no direct correlation between the economic level at the beginning of the follow-up and the capacity to become autonomous. Furthermore, the good results on psychosocial do not necessarily only apply to “easy” cases at the beginning.

Effects on capacity building

On a technical and organisational development level, the three organisations have different backgrounds. Challenges and needs of support have been different in the three countries and have evolved over four years.

In the three countries, the technical teams of social workers have been stable for four years, with few turnovers. This stability is a strength for the program and its sustainability, except for the staff in charge of the database and the network in Cambodia¹ and in Burkina Faso². While the technical

¹ In Cambodia, there were lots of turnovers with the person in charge of the service providers’ network: a team leader from June 2013 to February 2014 and the new one arrived in March 2014 (also in charge of the follow-up family database). From 2010 to 2013, E&D had some difficulties to train someone in SKO. The attempt with a social worker failed. In Cambodia, the person in charge of the database has been recently recruited (March 2014). From 2010 to 2012, the person in charge of the rural areas FDP database from E&D handled data monitoring. An intern also handled the data monitoring in 2012.

² In Burkina Faso, the person in charge of the database from AGIR has just resigned. Apparently, his recent resignation challenges the data monitoring and update. By the time this report was written, we learned about the resignation of the person in charge of the service providers’ network.

teams seemed dedicated to their jobs and united in Nepal and in Cambodia, they seemed to have a little lack of motivation in Burkina Faso. There is a good command and ownership of the FDP approach, with, however, some vigilance to maintain in Burkina Faso in cases of administrative/legal problems solved by the social worker, which is problematic because it is not in accordance with the main goal of the approach that aims to help families to become autonomous and not to become dependent.

In the three countries, the organisations involved in the program established effective partnerships with Universities or Institutes for social work such as the Department for Social Work of the Royal University of Phnom Penh (RUPP), the Classical College University in Kathmandu and the Observatory of Population in Ouagadougou (OPO) at the Institute of Social Sciences of Population (ISSP) in Burkina Faso. Collaboration has enabled the welcoming of interns, who have developed FDP's field experience.

There are numerous tools for family follow-up and for the FDP that are currently under a knowledge capitalisation process by E&D. The training of family' follow-up tools, their adoption by the technical teams and the use of these tools in order to collect the same type of data in each country has been systematic and is common to the three countries. The monitoring between data collection by the social workers and data entry for recording is robust at VOC, and has to be consolidated at SKO and AGIR.

E&D has been able to adapt itself to the needs of the three local partners, to their very different organisation's path, with different needs and with a different level of autonomy. E&D has evolved from an asymmetric "paternalistic" relationship with VOC and SKO to a more professional relationship, more in partnership in terms of sharing responsibility and decision-making (first with VOC and then with SKO in 2013). VOC is an autonomous NGO, which has been able to consolidate its strategy over the years of partnership and which is today in capacity to search for grants (but not yet to respond alone to a request for proposal from the UE), while SKO autonomy and internal governance is still consolidating. The challenge for AGIR is to learn project management as an organisation.

E&D has been able to implement **a complex social engineering process, covering five sectors, in each of the three countries**, by adapting itself to the different contexts, by developing monitoring and evaluation tools that enable to collect and consolidate identical data in the three countries in order to monitor the general program's progress, and by systemising the approach along the four FDP' results. The results are effectively achieved in the three countries, with some concerns however regarding the setting up of a "service provider network" (result 2) even if there is some collaboration among the service providers, both non-state and state.

Institutional sustainability and the strength of connections

At this stage, there is no service provider network dynamic, autonomous financially and able to sustain itself beyond the program duration. At a local level, there is a general lack or low level of service provider coordination committee ownership by local public authorities.

The institutional ownership wished, and sought, faces limits in the dialogue, at the national and local level, due to the contexts. In Asia, the very vulnerable families social support does not connect directly with a local or national policy. In Nepal, the work done is considered more as a complement to what the State can offer than an alternative, given the innovative nature of the social work approach. A dialogue is established with local authorities on child protection. In Cambodia, the dialogue between SKO and local authorities is weak and there is no connection between the FDP and the strategy of the Municipality of Phnom Penh fighting against poverty. However, since the FDP

approach started many years ago in this country, the methodology and the FDP are, in the end, rather used on the field, and, by extension, known by local NGOs, especially in the area of early childhood, and even by provincial authorities. In Burkina Faso, the Ministry of Social Action and National Solidarity implements programs to enhance the access to basic social services for the poor population, mainly in planned settlements, even if their mandates also cover unplanned settlements. The FDP, when working in unplanned settlements in the city immediate surroundings, appears as making up for a State failure.

General and cross-cutting lessons

- The home-based individual FDP approach is relevant for very vulnerable families in urban and peri-urban areas when there is no homogenous “social community” on which they can rely on or when they are in situation of disrupted families; which is what happens in the case of internal migration towards cities. In urban areas, these families suffer from bad conditions caused by increasing urbanisation, related to exclusion or lack of solidarity and mutual support network.
- The spousal relationship is the principal basis for solving other problems in a sustainable way in the family, especially legal/administrative issues, the economic problem, health and education for children. The spousal problematic relationship is one of the causes of family vulnerability to make decisions to solve problems.
- The success of the FDP approach is not necessarily linked to the number of problems to solve (which is in the reports from the field), but rather to the ability to solve a problem as a trigger point to raise self-confidence. The quantitative objective on the number of problems to solve is not relevant with respect to the general FDP approach, even if it is interesting to underline it from a more practical point of view of the project (cf. expected indicators by donors). More generally, this raises the issue of the assessment of a “successful case” for which the self-confidence building dimension has to be stressed.
- It is possible to change families’ perception regarding the service providers but the lack of close local services and/or the lack of quality service providers, limits the approach’ effectiveness.
- The dialogue at local and national levels is not obvious in difficult contexts, such as in fragile States with failing institutions (the case of Nepal), or in centralised power States (the case of Cambodia), or in poor States with few means and resources (the case of Burkina Faso). This may be explained by the lack of perception from the local authorities themselves of their own role as local public spaces in charge of promoting cooperation and coordination among different service providers in their locality.

Recommendations

1. Establish a **more robust mapping** of the areas of intervention, eventually in partnership with a research institute, given the lack of reliable statistics at a local level, especially regarding the number of vulnerable families, migrant in particular.
2. **Strengthen efforts vis-à-vis men** because they are more mobile than women to go to the services providers and they have a significant weight in the decision-making process regarding their family situation. The goal is to inform them on the approach and problem identification to have a green light, especially for issues regarding all members of the family,

as the civil status, child education, and access to economic opportunities. It is necessary, then, to find moments where it is possible to inform them of, at least, the discussions started with the wives. Evening couple counselling sessions at the social centres in Kathmandu work well to involve men; very early meetings in Ouagadougou to meet with men before they go to work are positive examples. Training of the technical teams on psychosocial counselling in spousal relationships, family mediation or alternative conflict resolution may also be useful.

3. In terms of rating, the weight given to the autonomy building process, to self-confidence, should be heavier. This **implies giving more weight to the FDP's goals to psychosocial counselling** and to the family strength and ability to identify, analyse and take steps to solve problems more than to the number of problems to solve. Given the actual complex nature of the quotation progress, a more friendly and psychosocial monitoring tool is recommended. Regarding the duration of the individual home-based social follow-up, **an average of six months** is sufficient with some flexibility: with a lengthened support for exceptional cases and shortened support for cases that can be easily delegated to social centres when it is only a problem of access to information.
4. Collective mechanisms to support the technical teams on how to manage difficult cases through debriefing exercises, case simulation, triangulation, a "witness" during visits concerning difficult cases to manage, are good practices to pursue. In general, there is a vigilance to have regarding the technical teams' capacities **to keep a personal and professional distance with the family problems**. A professional psychological adviser for the teams could be a good asset to 1) help them manage their own stress, 2) provide, occasionally for heavy cases, psychosocial counselling to families facing crises (a man if possible? this came up in Nepal) and 3) to contribute to discussions on the program strategy and methodology.
5. **Quality social services in the vicinity, on a case-by-case approach**, that meet supply and demand in the area of intervention: the FDP approach will be all the more effective if the service providers are close to the vulnerable families and of good quality. To address the issue of distance, these social centres could host other service providers to provide regular basic services (for example: offering health checks, etc.). They could become a **multi-services centre in the area of intervention**, especially in the suburbs where there is a lack of available services. In light of difficulties to "have" good services to refer to in the five sectors, an option might be to reduce the number of sectors (and of problems then) by **focusing on problems that are at the root causes of the blockages** to solve other problems, such as (1°) the psychosocial dimension and the relationship between spouses in decision making and (2°) the legal/administrative dimension, and to adapt the offer for services based on those already existing or operating in the areas of interventions and on those that may be generated by other projects. The reduction of the scope may also be based on the needs of a specific actor, for example, by focusing on child development and protection.
6. Strengthen Social Centres as **places for access to information on existing service providers** to which to refer to: brochures, with detailed descriptions of the type of services, contacts, conditions, map or pictures of places, updated list of the local service providers operating in the area of intervention, regular visits to the service providers by the social workers team (not only by the person in charge of the network) and invitation to the service providers to visit the social centres too in order to know one another better.
7. The process towards autonomy for E&D and VOC has to continue. At the same time, collaboration may evolve on the dissemination of the FDP approach (see below point 8), on sharing information regarding financial partners as it is the case today but also regarding the

strategic goals of each organisation in order to identify shared common goals as grounds for a renewed partnership in the future. A support from E&D to find funds to continue the FDP program is necessary for SKO and AGIR. With SKO, E&D through its involvement in the SKO Administrative Committee can contribute to the SKO **strategic reflection** (towards an assertion and a stronger practice on child protection?) and to the grants search before the end of the program. With AGIR, in the short-term, communication on the project (objectives, results, rooms for interpretation) should be strengthened. Links have to be pursued with other E&D projects in Burkina Faso (Health/Leader Mothers and Early Childhood) with an involvement on both sides to jointly conceive future projects and search for funding.

8. Partnerships within the research community have to be pursued. Disseminate the FDP approach as a “FD model” in **Nepal**, in Universities, as a basic social work curriculum, through E&D expertise and through VOC which can build today the capacity of other local NGOs on the FDP approach. Pursue the linkage between an academic approach and a practical approach in **Cambodia**. In **Burkina Faso**, renew the partnership with the research community (OPO) in order to systematise data collection in the unplanned settlements on the improvement of the living conditions of the families followed up in the FDP.
9. Dialogue with public authorities is **necessary** since the work done is of general interest, either as a complement or as a substitute in the case of a failing State, since the objective is to promote both access to information on existing state and non-state services and access to quality services for very vulnerable and poor populations. It is proposed to proceed **gradually** by consolidating the local level before considering the FDP scaling up at a national level in terms of territory coverage and influence on social policies. First, it is a question of explaining better the program positioning with respect to the State offer and how it fits in local and/or national policies. More efforts in terms of communication and visibility are encouraged. Advocacy activities can be developed as part of a network dynamic at local level before scaling up at national level. A reflection should be initiated on the effectiveness of a **service provider “network”** in each area of intervention that would fulfil three “up” functions: 1°) to upstream by promoting sharing of information and experiences among its members; 2°) to upgrade by providing services to its members and 3°) to upscale with collective concerns in terms of advocacy.
10. The lists of service providers in each area of intervention have to be updated with the aim to adopt a **territorial local development approach** rather than a sector approach. **MoUs have to be continued and formalised with a number of service providers, even limited**, but operational, of good quality and involved in the program, including by providing **training in favour of service provider staff in order to improve the quality of their service for very poor or vulnerable families**. The FDP can be a means to contribute **to reduce discrimination in the long-term** through **raising awareness** and **advocacy** activities for more tolerance or rights vis-à-vis migrant people who are facing social exclusion, poverty and vulnerability on the grounds of national or social origin and/or caste.