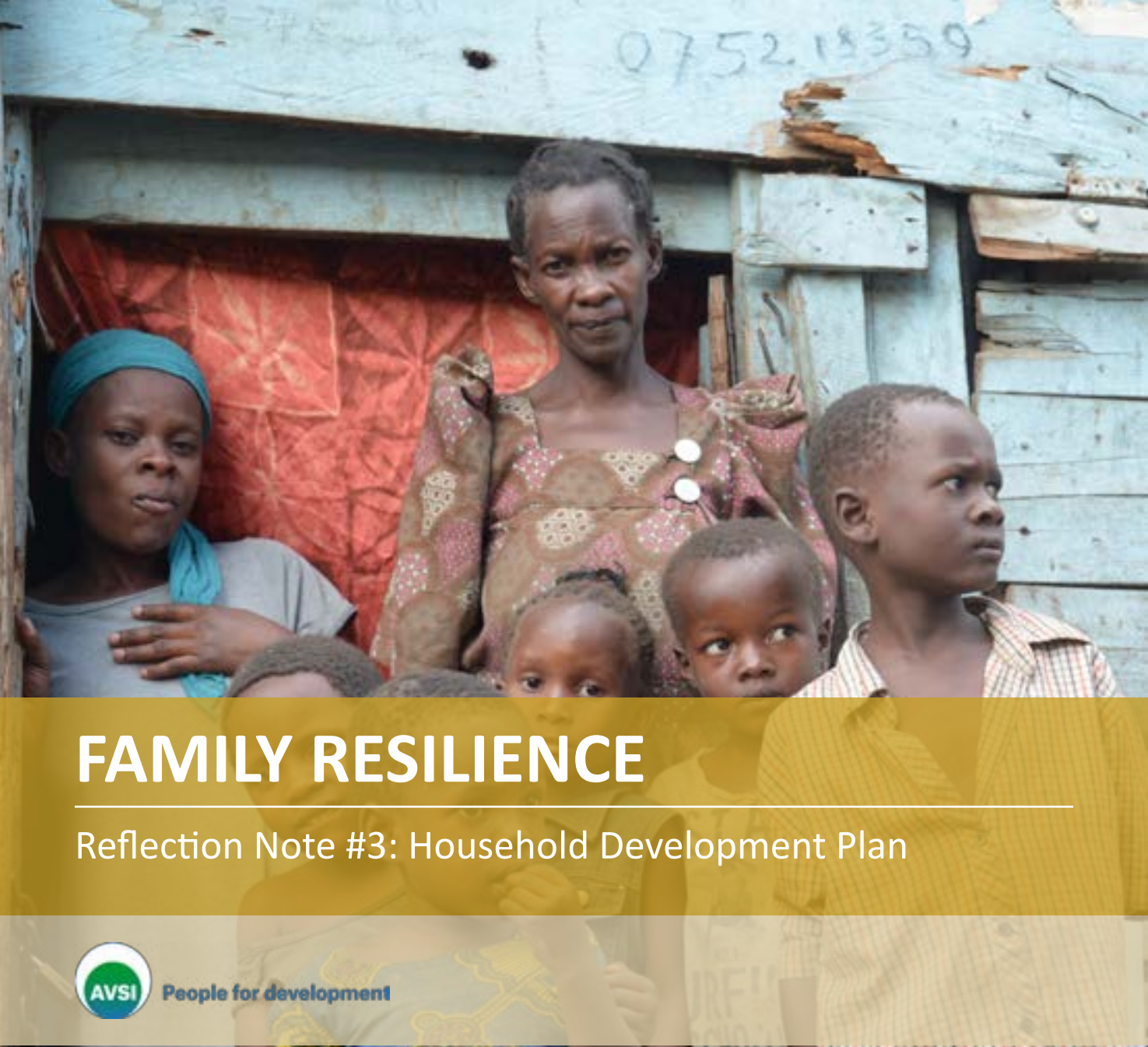

FAMILY RESILIENCE

Reflection Note #3: Household Development Plan

AVSI People for development

Family Resilience Project: Household Development Plan

Significant evidence has accumulated over the years to support the argument that strengthening the family environment is essential to addressing long-term child well-being outcomes. Within the conceptual framework of "family resilience", individual coping capacities are complemented by family dynamics that enable members to deal with stressful situations or shocks. Economic capacity is a part of the framework, but so are values, beliefs and practices such as parenting and coping skills of a family.

QUICK PROJECT FACTS:

Program Name: Family Resilience
Country: Uganda
Time Frame: 2015-2018
Budget: US$1.35 million
Donors: ASPIRES funded by FHI 360, USAID
Beneficiaries: 2,400 children, 650 HH
Districts: Wakiso and Kampala

Question of study:

How, in practice, were Household Development Plans used, and what was their value in improving the relationship environment and capacities of families to reintegrate previously separated children and youth back at home and to prevent separation?

This question was considered very important for the AVSI Uganda staff because of the recent and powerful experience with the SCORE project in which each household prepared a Household Development Plan (HDP) tailored to the available resources and potential already existing within each household. The tool proved very useful as a guide for project interventions that were aimed to make a person aware of their value and resources, and to become self-reliant and capable of coping with any circumstances. The HDP methodology was essential to SCORE's family centered approach which supported the child protection aims of the SCORE project for Orphans and Vulnerable Children.

In contrast to SCORE, in FARE there were two entry points and specific populations targeted: children already separated and living on the streets or in child care institutions, and children in households at risk of child-family separation.

Household Development Plans (HDPs) are a case management tool used to assess household needs and household resources and capacities to plan the necessary actions required to lead the household out of vulnerability. Trained staff use these tools in order to coach and accompany a family. Each HDP is tailored to the individual family. A successful plan, in addition to supporting the family in achieving a stable and decent standard of living, also aims to prevent child separation or prepare the family for child reintegration.

Target population:

- Already separeted children living on the streets or in care institutions.
- Children within households at risk of child-family separation.

The HDPs have a specific role to play given the two main hypotheses of the project:

Reintegration Hypothesis: Families with stable livelihoods and good relationships are better equipped to receive separated children, after children have benefited from strong case management, attachment therapy and transitional care. The HDP should enable a family to be better prepared for reintegration of children into the home by addressing needs that caused separation.

Prevention Hypothesis: Economic strengthening interventions relax household resource constraints while family strengthening interventions build household relationships, addressing root causes of separation. The HDP should guide a family to address possible causes of separation to reduce the likelihood of unnecessary separation.

The HDP is a simple form that summarizes the needs of the family mainly according to Economic Strengthening and Family Strengthening domains. Appropriate actions are planned against the needs and are periodically reviewed and checked against completion. Actions planned for the household vary from IGAs to apprenticeship, vocational skills training, and participation in VSLA groups, as well as parenting workshops, life skills, counseling, adult and child sessions on issues of common concern.

The HDP maintains the unique household (HH) ID code which is also related to the child individual code on the Child Development Plan (CDP) for the reintegrating children. The same process and a similar form are used for the CDP.

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HDPs in FARE

FARE's approach, drawn from AVSI's Sustainable Comprehensive Responses for Vulnerable Children and their Households (SCORE), embraces the entire family and community by remaining flexible to the needs of individual cases. AVSI provided training and mentorship to help partner staff, mainly social workers, in using the tool. The HDP is meant to guide project social workers to match project interventions to the needs of each household, taking into account the household resources and potential contribution and to prevent possible separation or to reintegrate separated youth. Additional services outside of the project are included for referral in response to identified needs. In cases where separation has already occurred, Child Development Plans (CDPs) are first drawn up for each separated child while still at the center or after reunification with family. This plan is later integrated within the HDP.

The following numbers of plans were implemented in FARE:

- HDPs: 572
- 350 HDPs (Prevention).
- 222 HDPs (Reintegration).
- 200 CDPs (Reintegration children).

Total CDPs for Reintegration Children: 200

Note: The difference between the total HDPs and prevention and reintegration CDPs is due to dropout, i.e. families who moved outside of the project area.

The Process

A) Prevention Cases

Step 1: Vulnerable households are identified at the start of the project.
Step 2: HDPs are drawn up according to the economic and family strengthening needs.
Step 3: Interventions such as capacity building, relationship strengthening, VSLA's etc., are planned and carried out. Social workers accompany households in the initial planning.
Step 4: HDPs are periodically reviewed for progress and accomplishment of goals, led by social workers together with the family.

B) Reintegration Cases

Step 1: Social workers identify and approach street children and encourage them to visit drop-in centers or child care institutions. Ugandan Police may also help to find and refer children to the centers, including remand homes connected with the judicial system.
Step 2: At the center, children are invited to participate in activities such as music, dance and drama. There are also washroom facilities and free accommodation. On arrival, medical screening is carried out.
Step 3: The child and social worker discuss the child's desire to return to family care and ultimately agree on pursuing reintegration. A CDP is developed. The social worker identifies the causes of separation and in conversation with the child; his or her needs are identified. Involvement in activities are recorded within the CDP.
Step 4: The child's family is tracked and the social worker conducts a visit to verify the family's willingness in having the child back within the household.
Step 5: If the family is willing to have the child back, a HDP is developed, at which point the CDP is also included.
Step 6: Continued follow up of child and family, as well as follow up of interventions at the family and community level.

Internal Assessment of Utilization of HDP within FARE

In April 2018, AVSI led a series of dialogues, based on semi-structured interviews, with FARE project staff. The first step was to review examples of HDPs, CDPs (prevention) and CDPs (reintegration) from each of the three Implementing Partners (IPs). Three group dialogues were carried out with the IP staff who directly used the HDP tool. The same set of questions was used to solicit input on the following issues:
- methodology used for filling out the form
- how activities were accomplished and monitored
- training given to staff on HDP and how to support family

Key Successes

Out of the three implementing partners only one used the tool for the first time in FARE, while the other two partners had used the tool in previous projects. Unanimously, the three IPs recognized the tool and the process to be very useful.

- The HDP was helpful for IP staff to understand the needs of the family; at the same time it was also useful for the family to recognize their own needs.
- The HDP tool and process made it possible to actively involve all members of the family including the head of the household.
- As families engaged in activities, social workers noted that their confidence and commitment increased on seeing their own achievements. These improvements were often associated with activities related to cash, VSLA, and IGA.

Challenges

- Implementation of HDPs by IP social workers was decentralized while data entry was centralized at AVSI; social workers often waited and relied on the fact that comprehensive feedback on the level of accomplishment of planned activities in the HDPs was to be provided by AVSI before responding to gaps identified in the implementation of the plan. Due to the lack of a clear system of analysis of the HDPs, social workers depended on their own analysis of the situation at the household level. Comprehensive feedback was needed based on the data captured to verify improvement, activities accomplished, and those that were pending for proper planning or prioritization of extra interventions. The social worker needed a clear system on how to progressively analyze a big number of HDPs for families.

- Greater clarity was needed on the type of support FARE could provide to each family at the point of developing the first HDP. Beneficiaries had high expectations and indeed had many unmet needs. Conducting an HDP with the family required the social workers' to give clear explanation of what FARE project could offer a household in terms of services and what needs required referrals. FARE later noted that some social workers were challenged on how to go about referrals especially for cases where free services could not be obtained, for example education services or cases that required large sums of money. This often affected full achievement of planned HDP interventions.

- Some families did not perceive household needs, including lack of certain parenting skills. For example, certain households did not recognize the importance of child education. Some women were also shy to admit their marital problems. On occasions, families lacked the willingness to be actively involved in elaborating the HDP, although this improved over time.

- HDP training for project social workers could have been more frequent and more dynamic to enable them to utilize the tool as an important monitoring tool.

- Social workers expressed the fact that FARE had a diverse set of tools that could have fed into the HDP to have a more rich and informed discussion with the household. For example the home visit tool and the Household Vulnerability Assessment Tool (HVAT) were not integrated well into the HDP in practice by social workers during the HDP process. This affected the depth and quality of analysis of the household challenges and needs.

Recommendations

Tool revision

- Revise and adjust HDP according to the specific and main goal of the project in order to clarify project benefits and to avoid increasing beneficiary expectations.
- Synchronize the content and review of HDP with the Home Visit form, HVAT, and other case management tools to avoid overlap of information or inefficiencies in use of staff time.
  Use online sharing platforms to facilitate updates.

Data Collection and Monitoring

- Carry out periodic data collection and entry to enhance timely feedback and prompt intervention, as noted in the second point of challenges above.
- Identify indicators to measure levels of accomplishment for each action to improve the effectiveness of progress monitoring.

Training

- Provide initial training that covers both technical training on using HDP and skills in building rapport with households. For example, real cases could be presented allowing staff to become familiar with the problems encountered in using the tool and the levels of family vulnerability.
- Provide mentorship throughout the project for staff to guide them on going about difficult or unclear cases, this would perfect use of the tool as an implementation and project monitoring tool.

Service Mapping

- Carry out extensive service mapping so that social workers may refer to the relevant inventory of services in order to address wider household issues. Inventories must include detailed information

Concluding Remarks

The primary effort of each stakeholder goes towards ensuring sustainable change: a transformation in the life of beneficiaries that will permit and promote a decent life with the financial and social means that can also be assured to future generations. At the origin of each project, AVSI's concern is to identify, together with beneficiaries, their real needs and real solutions. This is achieved not by providing a predefined answer, but by working together and interacting with each beneficiary's reality to design an intervention consistent with that of their local context and available resources. Sustainable development is not to provide immediate answers but rather to accompany each direct beneficiary in discovering available resources that can provide the solution to encountered needs.

Point 1 - Training and mentorship are crucial when a project entails the development of a unique plan for each household. All possible vulnerabilities and scenarios cannot be documented in training manuals. Staff therefore need routine support for more complicated scenarios.

Point 2 - To monitor closely household progression, data must be routinely updated and promptly shared among all stakeholders. The use of technical tools, such as forms or the like, are indispensable in complex project, and the possibility to monitor progress of activities permits to better accompany each household in the path out of vulnerability. It is also essential to redirect or adjust the development plan when necessary. For this reason, feedback from data collection and monitoring should be provided in a timely way by project M&E staff to the social workers in order to permit adjustments. Technical tools are fundamental in supporting the path of each household.

Point 3 - AVSI has at its very core, the desire to accompany the individual or household in the recovery of hope and the reawakened understanding that solutions do already exist. This method of accompaniment and establishing trust is part of the learning process for staff and beneficiaries alike. A thorough understanding of needs, burdens, resource availability, and human capabilities is an intangible, yet extremely valuable, asset for AVSI. The HDP has potential to support AVSI's effort to deepen this understanding and build authentic relationships of trust with individuals, families and the community. These relationships, although not quantifiable or practically measurable, have an important value in the life of all stakeholders. Intent on this approach to development, AVSI is equally interested in further refining the instruments that can best support staff to accompany each and every beneficiary along his/her journey in life.

For more information contact:

Ndagire Magdalene |Program Manager – FARE Project |AVSI Foundation
P.O. Box 6785, Plot 1119, Ggaba Road, Kampala, Uganda
Office: +256 (0) 312 501 614 |Mob: +256 (0) 772 897 734 | Email: Magdalene.ndagire@avsi.org

Jackie Aldrette |Technical Advisor – FARE Project |AVSI Foundation
8730 Georgia Ave, Suite 512, Silver Spring, MD 20910
Office: +1 (301) 589-9009 | Email: jackie.aldrette@avsi.org

AVSI FOUNDATION

UGANDA
P.O. Box 6785, Kampala, Uganda
Plot 1119, Ggaba Road
Tel. +256 312 501 604 | +256 393 501 605
Email: communication.uganda@avsi.org
website: http://uganda.avsi.org

ITALY
Via Legnone 4, 20158 Milan, Italy
Tel: +39 02 67 49 881 | Fax: +39 02 67 49 00 56
Email: milano@avsi.org

www.avsi.org

AVSI-USA DC Area Office
8730 Georgia Avenue, Suite 209
Silver Spring, MD 20910
Tel: +1 301 589 9009
Email: infoavsi-usa@avsi.org