



INTER-THEMATIC EVALUATION

FORUT's 2014-2018 – MULTI-YEAR PROGRAMME

VOLUME 2 – PARTNER SUMMARY REPORTS

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**NEW ECONOMY
DEVELOPMENT GROUP INC.**

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ACRONYMS

ADD	Alcohol and drugs and development
AEM	Alcohol Expectancy Model, Sri Lanka
AIDS	Acquired immunodeficiency syndrome
ALCC	All Liquor Campaign Committee, Bangalore
APSA	Association for Promoting Social Action, FORUT partner, Bangalore
BPL	Below the poverty line
BS	Bhima Sangha, Working children's union facilitated by CWC, Bangalore
CR	Child Rights
CBO	Community based organizations
CRF	Children Rights Forums, Nepal
CSO	Community service organizations
CWC	The Concerned for Working Children, FORUT partner, Bangalore
CWC	Child Welfare Committee, Bangalore
CWIN	Child Workers in Nepal Concerned Centre
DFM	Drug Fight Malawi
EAAPA	East African Alcohol Policy Alliance
FISD	Foundation for Innovative Social Development, Sri Lanka
GAPA	Global Alcohol Policy Alliance
GBV	Gender based violence
GE	Gender equality
GEE	Gender economy equality
GPHA	Grama Panchayat Hakkottaya Andolana, a movement of representatives of Grama Panchayat and Gram Sabhas, Karnataka State
GMS	Grama Makkala Sabha, children's collective, Bangalore
HIV	Human immunodeficiency virus
HL	Healthy Lanka, Sri Lanka
IOGT	International Organization of Good Templars, Sweden
IPFT	Integrated progressive farmer training, TUKI, Nepal
KEQ	Key Evaluation Question
KS	Kishori Sangh, adolescent group, Nepal
LFC	Livelihood Facilitation Centres, Friends, Sri Lanka
MAGGA	Malawi Girl Guides Association
MAPA	Malawi Alcohol Policy Alliance
MMM	Makkala / Mahila Mitra, community-selected child friendly men/women
MS	Makkala Sangha, a collective of children, Bangalore
MWU	Migrant Workers Union, Bangalore
NATA	National Authority on Tobacco and Alcohol, Sri Lanka
NAPA	National Alcohol Protection Alliance, Nepal
NAP	National Alcohol Policy, Malawi
NB	Namma Bhoomi, regional resources centre of CWC, Bangalore
NCLP	National Child Labour Scheme, India

NIMHNS	National Institute for Mental Health and Neuro Science, India
NCA	Norwegian Church Aid
NNVP	Namma Nalanda Vidya Peeta, a resource centre, Bangalore
NS	Namma Sabha, youth union and alumni association of Bhima Sangha (BS)
RBM	Results based management
RDTA	Rural Development TUKI Association
RTE	Right to Education
ToC	Theory of change
TTF	Taluk Task Force, a forum to uphold children rights, districts near Bangalore
UFE	Utilization-focused evaluation
UNFPA	United Nations Population Fund
Unicef	United Nations Children Fund
WHO	World Health Organization
WOCELIP	Women and Children Empowerment and Livelihood Improvement Project, Nepal

CWIN SUMMARY REPORT

July 29-Aug. 1, 2017

Country: Nepal
Partner: CWIN

Background

Established in 1987, Child Workers in Nepal Concerned Centre (CWIN) is a pioneer organisation in Nepal for the rights of the child and against child labour exploitation. CWIN is an advocate organisation for the child's rights with focus on children living and working under the most difficult circumstances. CWIN's main areas of concern are child labour, street children, child marriage, bonded labour, trafficking of children, children in conflict with laws and commercial-sexual exploitation of children. As a watchdog in the field of child rights in the country, CWIN acts as a voice of children through lobbying, campaign and pressure to the government to protect and promote children's rights in the country, and to end all kinds of exploitation, abuse and discrimination against children.

CWIN manages the Balika Peace Home, a transit home for sheltered children as well as manages the Child Helpline 1098 in Kathmandu and in other districts of Nepal. The child protection program is built around the Helpline – children are referred by calling the toll-free number and rescued from exploitative situations. CWIN coordinates with the government and police during the rescue. Children are looked after in the transit home and then moved to the Balika Peace Home till the legal cases and rehabilitation issues are sorted out. Children receive a large number of services including child counselling at the transit center and at the Balika Peace Home. Both boys and girls live in the transit home after the rescue until decisions are made on a case by case. Only girls are admitted for longer care to the Balika Peace Home and boys are referred to other organizations. CWIN staff members regularly receive death and violence related threats because of their legal efforts to prosecute the perpetrators of trafficked and exploited children.

Besides service delivery, CWIN has built a reputation for advocating for children's rights. They have influenced policy, sit on various task forces and advisory committees, regularly run campaigns on children's issues along with civil society partners, and work with media to educate the public on children's issues. CWIN builds its advocacy work on strong research findings, documentation and data management (through its services). CWIN spearheaded the national alcohol policy, incorporating children and gender issues in the overall policy.

CWIN has also partnered with RDTA (TUKI) to co-manage a project in remote Dholaka. The area is dominated by marginalized and semi-nomadic populations and was severely hit by the earthquake in 2015.

USES	KEQ	DATA EVIDENCE
Improvement in program design and planning for the next phase	How effective is CWIN's Child Protection System in protecting the lives of target children?	See Summary Table of KEQ
	2. To what extent has CWIN advocated policy changes for alcohol, child rights and protection as well as gender (specifically in relation to the girl child)?	
	To what extent has CWIN's collaboration with TUKI enhanced grassroots integration of issues and contributed to learning?	New KEQ added by Board Member

See details of data collection questions (sub-questions) Note 4

Data Collection

Tool	Remarks
Child Participatory Tools at Ballika Peace Home 3 child friendly exercises	23 children; divided by age group a) Group 1= b) Group 2= and c) Group 3 =. Children below 10 years, mentally challenged and those who had come to the center a few months ago were not included. Total children at the Center = 42
In Depth Interview	2 interviews with govt. officials a) Executive Director of CCWB Central Child Welfare Board and b) Health 1 interview with CWIN Board Member (Sumnima Tuladhar)
FGDs 4 evaluation topics; included group discussion, presentation and analysis with the group	With CWIN staff (12) With CWIN TUKI (4)
Observation	Ballika Peace Home Child Helpline 1098

See Participant List Note 2

See Consent Form Note 3

Agenda - 29th July to Aug. 1st, 2017

See Note 1

Data Collection Details

For the children: At Ballika, developed criteria for eligibility and all eligible children were included the sample and then divided the children into three groups so as to understand outcomes for different levels of exposure (dosage) of the program. I developed a consent form, explained it to children and they signed it (see note 3). I followed up with the children after the workshop, and two days later to ensure that all children were comfortable after the data collection. At Helpline – all children who were available (some had gone to school) and agreed to participate did so for a FGD. The same tools used at Ballika were used here – as they had

proved to be comfortable to the children. The process however was shortened because of the limited time available.

For the interviews with the government officials: One partially with and one without CWIN staff. There was no prompting or interference when the CWIN staff was partially present.

For the FGD with the CWIN team: Discussions on who should be present was planned before visit. Both field and managerial level staff were present. It was not possible to go to Dholaka (TUKI field site) and therefore this limited the evaluation for CWIN TUKI.

General

Days were very long either because of the distance of the nearest field sites (not so near) and because it takes time to do participatory activities with partners. Children also cannot be rushed. Child consent and participation is critical and needs appropriate facilitation. I changed the tools and order of the discussion in order to make the girls at ease. At all times, Ballika staff was present. I also planned the sampling of the girls and adapted the itinerary after arrival as so many changes in schedules had taken place.

At least 6 hours of skype discussion and many emails are needed for preparation.

Evidence

KEQ 1: How effective is CWIN's Child Protection System in protecting the lives of target children?	
Sub questions	Evidence
To what extend children are aware of child helplines' services?	Most children at the Helpline Home and the Ballika Peace Home reported that they did not know about Childline and did not call in. An adult – neighbour, police, good Samaritan – were the ones who called the number. Some children had run away from abusive home or from domestic employment and found the police, or other adult who phoned in. At both the CWIN centers, children have now been educated about ChildLine support. CWIN regularly conducts community based awareness programs about ChildLine and the media also promotes it. Most of the NGOs in the rural area are aware of CWIN's network of short stay homes in the District. These are under threat of closing because of lack of funds.
To what extend Helpline's rescue services reached to children at risk?	The Helpline operates efficiently with a trained staff member who is aware of the protocol for answering different types of calls. Once information is available about sending a rescue team, CWIN has a standard protocol that is followed by the government as well. CWIN coordinates with the police and other government officials for the rescue. HelpLine does reach children at risk, but it is dependent on increasing awareness among children and adults. It appears that

KEQ 1: How effective is CWIN's Child Protection System in protecting the lives of target children?	
Sub questions	Evidence
	children at risk are difficult to reach (most children under CWIN care never called HelpLine themselves).
How effective have been CWIN's rescue services?	<p>CWIN's rescue services are excellent. There is a trained counsellor with a well laid out counselling room for traumatized girl victims. The evaluator has rarely seen this level of expertise and understanding of play therapy. All services are provided as per protocol so there is uniformity and quality in services provided.</p> <p>Children from Helpline and Ballika participated in several group child friendly exercises and indicated in their own words what they had learned and how CWIN was managing their legal cases. The longer the stay of the children at Ballika indicated increasing levels of positive knowledge, behaviour and attitudinal change.</p>
How effective have been psychosocial, legal aid, emergency medical, social reintegration services balika?	All services are closely monitored and children both in the shelters and those who have been reintegrated have very close personal relationships with CWIN. Some girls have returned for help after being abandoned once again after entering into a relationship.
How effective is online data management system of Helpline?	Online data management system is good and is regularly updated.
<p>To what extend Balika supported girls rescued from various forms of violence to socialize, rehabilitate and lead dignified lives?</p> <p>How Balika supported girls in their personal development and building self-esteem?</p>	<p>A dedicated staff member looks after the reintegration of girls. Economic independency of girls is still a problem. Rehabilitation plans are made according the context and ability of the girls. Although both HelpLine and Ballika are meant to be short stay homes, some children stay on until safe viable options are found.</p> <p>From the group work, the longer the girls stayed with Ballika, the stronger was their empowerment. This is clearly evident.</p>
How Child Help Line 1098 can play a significant role to integrate CP in government structure?	The government has accepted CWIN's model of CP. But the relevant government persons in charge who were interviewed reported that they believe in the CP model would hope that CWIN gets funding from abroad to do so. The current government is unable to fund the services offered by CWIN. It is struggling with weeding out 'fake' child homes.
How has CWIN integrated ADD with child rights work in different projects such as Balika, vocational training?	Children had excellent knowledge of ADD, CR and GE at Ballika and in their vocational training.

KEQ 2: To what extent has CWIN advocated policy changes for alcohol, child rights and protection as well as gender (specifically in relation to the girl child)?	
<p>How has CWIN influenced policy a) related to children's policy by integrating issues related to alcohol and gender b) related to alcohol policy by integrating children's issues and gender? What are the lessons learned?</p>	<p>CWIN's influence on ALL policies in ANY ministry for advocating CR is remarkable. CWIN is an established CR organization renowned for its advocacy and understanding of the complex issues related to gender violence and children's rights. It is they who spearheaded the NAPA – the Alcohol policy for Nepal!¹ Their orientation ensured that CR and Gender issues were incorporated in the law. There are concrete examples of how CWIN has been able to advocate for policy changes – e.g. regarding the minimum period for filing the cases (extended to 180 days from 35 days) since children need time to heal, be willing to talk and ready to take legal action.</p> <p>CWIN strongly believes that it is the integration that has enabled CWIN to address Alcohol issues. When CR and gender violence are introduced, Alcohol prevention becomes understandable and easier to implement in their lives.</p>
<p>To what extent have experiences from Helpline and Balika, in working with children at risk, especially girls who have faced violence and/or sexually abused been used to advocate with Nepal govt to amend, implement or create new policy?</p>	<p>CWIN is regarded as a valuable knowledge partner by the government and other civil society members²; they sit on government committees and have helped to develop national plans. The latest issue is how to handle the online harassment of girls. The government directly uses many of the materials they develop.</p>

¹ National Alcohol Policy Alliance – is a network of various organizations under the leadership of CWIN to advocate for, amend and provide evidence for the national alcohol policy of Nepal. See <http://iogt.org/news/2017/02/22/nepal-government-adopted-new-alcohol-law/>

² "CWIN initiated us into the development of an alcohol policy. Civil society members and I had the responsibility to coordinate our work in the policy formulation task force. We formulated the Draft Act and Policy that went to the Cabinet for approval. This process started in 2011." (Badri Bahadur Khadka, Director National Health, Education and Information Center (a wing of Ministry of Health and focal point for Tobacco and Alcohol Control).

KEQ 2: To what extent has CWIN advocated policy changes for alcohol, child rights and protection as well as gender (specifically in relation to the girl child)?	
How did CWIN and civil society collectivise and get their voices heard to influence National Alcohol Policy? What worked and what did not?	CWIN is part of wider civil society networks and were able to work together to influence the National Alcohol Policy. There are problems in integrating women and child issues with the Alcohol Policy which sits in the Ministry of Health as govt. works in silos ³ . However, this is an operational issue not a conceptual issue. CWIN expertise and presence nationally and globally is well recognized.

³ The CCWB – Central Child Welfare Board is a unique agency associated with Min. of Women, Children and Social Welfare and has a committee with representation from important ministries and civil society. It does policy advocacy within the govt. itself for child rights. There are District Child Welfare Boards as well.

“CWIN has been working with CCWB for a long period. 1098 – Child Helpline was initiated by CWIN but taken over by govt. CCWB is the secretariat that manages the child helpline.CWIN has good conceptual clarity, good contact with other agencies and provides technical support to other agencies especially for critical cases. We also invite CWIN for input into policy matters. For example, with the new federal structure of govt. how to ensure the Child Protection System. ...We are working closely with CWIN to ensure Child Rights are introduced in the (new) constitution by influencing Parliamentarians and also the public. We are revising the Children's Act with CWIN and other organizations. ... CWIN is contributing to the Child Marriage Action Plan with the Ministry....CWIN is advocating Child Rights for the Alcohol Policy BUT we are engaged with child labor, child marriage, trafficking, child care homes - so not so engaged in ADD. Would prefer Min. of Health to take up ADD. " (Tarak Dhital, Executive Director Central Child Welfare Board)

KEQ 3: To what extent has CWIN's collaboration with TUKI enhanced grassroots integration of issues and contributed to learning?

CWIN well known for CR advocacy works at the national policy level whereas TUKI is a grassroots farmer organization. CWIN consciously joined hands with TUKI during disaster management to learn how issues get translated at the grassroots level. CWIN believes that such partnership enhances our learning about the issues they work on. For example, TUKI for the first time took on CR issues in their work with women farmers. In other words, sector based implementation was understood as a wider development issues.

“The common link between us was empowerment”.

In the same way, ADD was introduced and the integration of GE through economic empowerment (GEE) with CR and ADD has proved to be very successful. CWIN firmly believes that ADD has been successful because they DID NOT approach the problem as who drinks, who does not and how much. Instead, the impact on children, their savings, gender violence and impact on family relationships was emphasized. CWIN's partnership with TUKI was accepted by FORUT, allowing CWIN to plan its own implementation plans.

Indicative Findings

1) Programs

CWIN uses an empowerment model with girls who are victims of physical and sexual abuse. Evidence from the evaluation indicated that as the girls spent more time with CWIN at Ballika, their shelter home, girls have progressively become more confident, able to deal with their trauma, educate and acquire skills, build relationships with their peers and established goals for themselves to reintegrate with society. The many trainings, child friendly counselling and various forms of therapy (art, theatre, music) have contributed to these outcomes, ensuring that children will be able to in the future avoid violence and will not be 're-victimized'. Below are some of the statements by girls who have spent 3-6 years at Ballika:

Changes	Before	After
In myself	<ul style="list-style-type: none"> - Afraid - Feel ashamed - Could not tell problems to others - Did not want to speak to others - loneliness 	<ul style="list-style-type: none"> - Not afraid with others - Don't feel ashamed to disclose their problem - Capacity built through trainings, so we can speak with adults, peers
Relationship with others	<ul style="list-style-type: none"> - Afraid to speak with family and community and with adult - Don't express their feelings and tell about their needs - They feel ashamed and afraid to talk of physical changes 	<ul style="list-style-type: none"> - Lot of trainings and exposure to different programs. - Developed confidence to speak out - Comfortable atmosphere to express needs

Changes	Before	After
In their situation	<ul style="list-style-type: none"> - No education - Had problem with family and society so lot of physical and psychosocial problems - Abuse – sexual, exploitation - Society perception towards them was negative - Because of poverty had to work as domestic worker, in hotel and in factory - Could not explore their interests 	<ul style="list-style-type: none"> - Get education and all materials needed - Away from family so no physical and mental problems or family pressures - Developed skill to protect themselves against sexual abuse, exploitation, negative perception and other violence - Can make their future plan - Because of their empowerment, can express feelings to others, know more and participate in school

There is a difference in the priorities of girls who have recently come to Ballika and those who have been there for more than three years. The new entrants prioritized counseling whereas the older residents prioritized education and legal aid. It appears that as girls are able to deal with their trauma, they want to move on with their lives.

All girls have a strong need for shelter and safety (a category they added). Children's club's decision-making and participation are other priorities that are important to the girls.

The government also recognizes CWIN's shelter homes and the quality of service provided. One of the officials from the Central Child Welfare Board mentioned that they prefer to send the "difficult" cases to CWIN. That is why they were dismayed to learn that CWIN was planning to shut down their crisis shelters attached to the Helpline at the district level because of the paucity of funds.⁴ However, the government claims that they do not have the resources to support capital intensive residential crisis centers. CWIN on the other hand claims that running Helplines without crisis residential centers (where they keep children for 15 days) are essential as children must be rescued and removed from the violent situations immediately.

2) Advocacy

CWIN is known for its advocacy work with children. **It uses the evidence from the Helpline for policy advocacy.** Below is a list of all the work related to advocacy with different Ministries. They are accepted by civil society for their expertise and lead their advocacy.

⁴ CWIN has one helpline in KTM and in 5 in other districts and it runs these Helplines for the Nepal Government (in collaboration with Nepal Government- Ministry of Women, Children and Social Welfare and Central Child Welfare Board, National Telecom Authority and Nepal Police). The district Helplines receive calls from 63 out of 75 districts as some are very remote and not reachable. The KTM helpline receives calls from all over Nepal. In the new government structure, there will be 7 provinces and we are considering establishing a Child Helpline with crisis shelters and other services in each province. Currently the govt. gives seed money only for the helpline. CWIN will not be able to maintain the crisis centres without external support.

Ministry	Activities
MoWCSW, CCWB	National ChildLine Operating Committee was instituted Advocacy to govt. for Child Helpline 1098 at national level for operating manual
Govt agencies	Anit Rape Campaign 16 days for proper implementation; public demonstration with other NGOs and govt. agencies
School children	Child Helpline 1098 promotion and CR
Public	Mobile booth campaign of Child Helpline 1098 services – distribute leaflets, dramas
Political parties, govt. and especially 601 constituent assembly members writing the new constitution	Letter campaigns – to constituent assembly members
Local bodies of govt.	Lobby for formation of MCPC (municipal child protection committee) and WCPC (ward) under one of the govt. directives.to enforce
CCWB, Child Helpline 1098	Online documentation of child help lines; lobby govt. for uniformity of data system for central database; govt. accepted system
MoWCSW Ministry of Law, CCWB Judicial Academy, NGOs INGOs	Orientation about existing Children's Act doing a gap analysis
Min of Labour, Labour dept. Police, Municipality/DCWB District child welfare board	Advocacy for implementation of child labour control and regulation act 2000. Development of operational guidelines for reintegration of children labour in Nepal have got it
Min Health, Gangalal Hospital (heart hospital)	For free treatment of children below 14 years for major heart ailments
Min of Law/CCWB MoWCSW, Mins of Home Affairs, Attorney General, Supreme Court	Advocacy for direction of FIR for the case related to Child sexual abuse from 35 days to 180 days (we got evidence based advocacy – had to file before 35 days so could only address 10% only now it is 180 days
MoWCSW, CCWB	Development of case management system of children at risk
Min of Health and related ministry and civil society; Traffic Police	<ul style="list-style-type: none"> - Alcoholic Control Policy Act – approved now by Cabinet 3months ago. - To do so we developed alliance NAPA – National Alcohol Policy Alliance to engage civil policy (working with children, drugs, alcohol) to draft policy and lobbied with Ministry and advocated for a task force in Ministry and included civil society in it (4 out of 13) wrote this policy - Felicitated Traffic Police for their work on alcohol-free streets and campaign against drinking and driving
Min of social Welfare	Social and financial education manual + microenterprise development age + career counselling group 10-22 years divided by 3 age groups and parents – taken up by govt. for Adolescents, School going children, youth, teachers, parents, other adults

In terms of NAPA, the Alcohol Prevention Policy – CWIN spearheaded this campaign, included CR and GE issues and made it a reality. **It is very unusual for a CR organization to advocate for ADD!** There are problems operationalizing it at the field level as more awareness needs to be created. At the central level, Ministry of Health (who are responsible for alcohol, etc.) and Ministry for Women and Children are finding it difficult to include CR and Gender in Alcohol related issues (Min. of Health) and alcohol in CR and Gender (Min of Women and Child) but these are operational issues requiring inter-ministerial protocols for working together.

CWIN has sensitized many champions in the government and influencers. This is critical as the court cases often involve prominent people who are perpetrators of violence. CWIN staff routinely gets death threats. For the rescues operations, CWIN has standardized procedures with the government's approval that enables successful rescue operations.⁵ CWIN is concerned about strengthening advocacy at the grassroots as Nepal is moving into a federalist decentralized political structure. CWIN usually advocates at the national level.

CWIN's strength comes from its field programs and their excellent use of evidence to influence policy. FORUT supports these field services – or at least has a majority donor share. Without this support, CWIN's own credibility and influence over policy making would diminish.

Related to Integration: Please see consolidated note with other partners

Related to FORUT KEQ: Please see consolidated note with other partners

⁵ The SOP manual was shown to the evaluator. It is used by govt. for any rescue operation. This is very well planned...something that is only on paper in India.

CWIN TUKI SUMMARY REPORT

July 30 -Aug. 1, 2017

Country: Nepal
Partner: CWIN TUKI

What is TUKI?

Literally, *Tuki* is a traditional kerosene lamp used in rural Nepalese households. The symbol of 'Tuki' was used for a development model where farmer leaders learn about development, are empowered and disseminate what they have learned to the community. So "Tukis" were envisioned to be 'agencies' for disseminating knowledge and pioneering developmental efforts in the village. The "Tuki" approach was initiated in 1977 and led to developing many "Tukis" in communities.

"Tukis" received empowerment training under the Integrated Hill Development Project (IHDP) launched by Government of Nepal (then His Majesty the Government of Nepal) and Swiss Agency for Development and Cooperation/Nepal (SDC/N). This project was completed in 1990.

At this time "Tukis" united to establish RDTA in order to continue the development work. Rural Development Tuki Association (RDTA) is a pioneering developmental organization established in 1991 in Dolakha. RDTA gained its legal status with registration under Government of Nepal, District Administrative Office, Dolakha in 1991-7-16 (Registration no. 24/047/048). It is registered in Social Welfare Council and NGO Federation of Nepal.

The "Tuki Approach" in the field of development and cooperation is one of the most recognized models acknowledged by the Government of Nepal (then His Majesty the Government of Nepal). King Birendra Shah officially recommended his government for the extension of this approach throughout Nepal in 1986 during his visit to the Central Development Region of Nepal. The "Tuki Approach" has been included in various academic curricula.

TUKI being a grassroots level organization that teamed up in a unique partnership with CWIN about ten years ago. Their partnership is an example of how two very different organizations can work together. CWIN brought the expertise of CR and GE as well as advocacy. TUKI's expertise is in mobilizing rural communities for economic development.

TUKI or RDTA, Rural Development TUKI Association began in 1977. 'Tukis' are created through selecting village farmer leaders who undergo 15 days 'Integrated Progressive Farmers Training' (IPFT) for social mobilization and agricultural technical transfer. Each TUKI prepares a work plan for their community and are evaluated on the action plan. If they complete at least 40%, then they are eligible to be a TUKI otherwise they have to make a new plan and implement. All TUKI members establish their own association at their village.

It has a 13-member Executive Board, selected every 3 years through the General Assembly. There is representation of TUKIs in Village Committees and Regional Committees in all 11 regions of Dholaka. There are over 600 TUKI with about 40% women members. RDTA is a farmer-based organization with representation from different social, economic, ethnic, cultural and religious background and has strong networks with the district administration. It is committed to improving agricultural practices and has its own soil laboratory. TUKIs believe in integrated rural development and a child and gender inclusion policy gives special attention to these groups. RDTA has created its own MEAL and contributes to many committees at the district government level.

The collaboration with CWIN included the “peace dividend” in the aftermath of the Maoist struggle in that area titled WOCELIP – Women and Children Empowerment and Livelihood Improvement Project. That is why Dholaka was selected as it was in the conflict zone. Many youths from the indigenous people were killed or were part of Maoist parties. They were the first, after the Nepal army, to reach the area. The project activities include maternal health, development of education, water and sanitation infrastructure, early childhood education, livelihood and empowerment in ADD, CR and GE. This includes supporting the child friendly committees at the village level.

Dholaka was most affected by the earthquake that derailed development efforts.

USES	KEQ	DATA EVIDENCE
Improvement in project designing and implementation for the next project period.	To what extent are there changes in women and children’s behavior in the community?	See Aug. 9 Summary Note
	To what extent do service delivery (activities) contribute to the integration of the various themes (ADD, CR and GE)?	
	How has the communities’ perception regarding the use of alcohol changed? What worked well, and what didn’t? What are the lessons learnt?	

Data Collection

Tool	Remarks
FGDs 4 evaluation topics; included group discussion, presentation and analysis with the group	With CWIN TUKI (4)

See CWIN Participant List Note 2

Agenda: 29th July to Aug. 1st, 2017
 See CWIN Note 1

Data Collection Details

Dholaka takes a whole day to reach and for this reason no field trip was planned. I have visited (many years ago) the neighbouring district of Sindhupalchowk and in that sense, know the context. However, in no way can one compensate for a field visit for this evaluation.

For the FGD with the CWIN TUKI team – Discussions on who should be present was planned before the visit. Both field and managerial level staff were present – having traveled from Dholaka for this meeting. It was not possible to go to Dholaka (TUKI field site) and therefore this limited the evaluation for CWIN TUKI.

General

The TUKI team works in a remote area and it was very difficult to communicate since the Internet was often weak. For this reason, Skype discussions took longer. Also, the team works at the grassroots and getting them to understand the nuances of evaluation, analysis and UFE required considerable handholding. TUKI staff members are 'locked' into thinking of specific activities - which are required for results based management (RBM) and it took a while for them to unlearn what was needed for the evaluation.

Evidence

KEQ 1: To what extent are there changes in women and children's behaviour in the community?	
Sub-Questions	Evidence
To what extent are there changes in women's level of awareness on women's right?	Women have increased awareness/knowledge on gender rights, women health, CR, improved agriculture technology, cooperatives, women's role in development process and use of REFLECT Centers (for literacy and development issues). <i>Need more REFLECT centers for women's rights</i>
To what extent are there changes in household economy through agriculture activities? How have improved agricultural activities helped to raise the living standards of the family?	Many women applying improved technology in vegetable production; maximum households increasingly consume green vegetable; many women are getting good income from vegetable production. However, expansion to other areas is limited because of budget constraints. Irrigation system is necessary <i>Also, technical knowledge on commercial, entrepreneurship and marketing is needed as is Infrastructure development for commercial farming</i>
To what extent are there changes in women's participation in development activities?	Women literacy is increased through 1 year REFLECT Centers, which conduct better literacy classes than the govt. Most of the women farmer groups are now registered at District Agriculture Development Office (DADO) Increased number of women involving in cooperative practice; one cooperative is registered in Division Office of Cooperatives.

KEQ 1: To what extent are there changes in women and children's behaviour in the community?	
Sub-Questions	Evidence
	Need to support these groups with seed money and fund mobilization. Also, to strengthen cooperative and groups
To what extent children are aware of child rights?	<p>CRF and KS clubs have been formed and mobilized. Most of the children are aware about child rights and are involved in child right forums (CRF) and KS, adolescent groups</p> <p>Girls have increased knowledge of reproductive health and adolescence changes.</p> <p><i>Need to mobilize boys' groups</i></p>
What changes have children brought in the school in relation to practice of child rights?	<p>Instrumental for good governance and quality education in school through monitoring regularity of teachers, banning corporal punishment, increasing student enrolment, following up dropouts. Their role in selection of scholarship candidates in impartial way in the school. Role in enrolling out of school children.</p> <p>Maintain health and hygiene (sanitary pad distribution that lead to regularity of adolescent girls at menstruation.</p> <p>Their support post-earthquake situation (lead role in child friendly space, relief material distribution)</p> <p>Instrumental to stop the child labor and child marriage in the community.</p>
How often pregnant women visit health centers? What has worked well about pregnant women's visits to health center?	<p>Greater awareness of health issues among women. Nutritious food support to pregnant women during their regular check-ups at Health Posts. Women getting used to going to the HP for regular check-ups but there are dropouts. Provide some incentive to health staff for the health class and provide lunch/refreshment.</p> <p>Provide emergency health treatment support to those women from project area that are needy and referred by HPs/SHPs but demand outstrips budget available.</p> <p><i>Support needed to establish 24 Hours Safe birthing centers at HPs and other related equipment and tools in all VDCs</i></p> <p>Reduced child-mother mortality rate – big achievement</p>
What is the condition of women and children on water, hygiene and sanitation	<p>Child friendly toilets constructed. Although there is awareness raising on sanitation issues budgets are needed to strengthen CRF, KS, youth and Women farmer group to campaign on sanitation. Construction of toilets is important but so is discussing behaviour change.</p> <p>Because of limited budget sanitation infrastructure was possible in few schools</p>

KEQ 1: To what extent are there changes in women and children's behaviour in the community?	
Sub-Questions	Evidence
KEQ 2: To what extent does service delivery (activities) contribute to the integration of the various themes (ADD, CR and GE)?	
Sub-Questions	Evidence
To what extent agricultural technical knowledge transferred in women's group level?	Women have gained a great deal in terms of skills. They do kitchen gardening as well. But it is important to enhance women's economic empowerment through all cycles of agriculture (production, store, market and consumption) and non-agriculture, commercial agriculture is needed
To what extent are there ensured of child friendly infrastructure construction support?	Schools have been constructed after the earthquake and made child friendly, which has contributed, to more enrollment and less dropout especially among girls. There is indication that child labor has reduced. But more infrastructure support is needed.
To what extent has gender violence reduced with reduced alcohol consumption?	Women started to talk about women rights and their violation, cases started to come the women's group and even to the police. Silence was broken, and it was acceptable to talk about the issue. There is domestic violence, but beating by the husband is now understood as a violence rather than being 'normal'. Anecdotal evidence exists that domestic violence rates that are ascribed to alcohol use are declining . It is also likely that there are pockets in the community that are not responding to these changes.
What are the initiatives taken by CRFs (Child Rights Forums) and KS (Kishori Sangh, Adolescent Group) for reduction of alcohol use? Lessons learned?	Most of the children are aware of harm of alcohol. Able to carry out activities against alcohol through CRFs such as rallies, street dramas Need to involve adolescent boys as well – currently only girls are included in the program.
How has improved school sanitation infrastructure contributed to girl's education?	Provision of sanitary napkins to girls and child friendly toilets have increased enrollment and reduced dropout of girls. Also, female mentors in the school helped to retain girl students.

KEQ 3: How have the communities' perception regarding the use of alcohol changed? What worked well, and what didn't? What are the lessons learnt?	
Sub-Questions	Evidence
To what extent the people are aware regarding the problems of alcohol consumption?	Formation of ADD committee: Initiation against the production and consumption of alcohol in locality. Alcohol code of conduct developed sitting together with social ethnic welfare societies. Many of the community leaders gave up alcohol and became role models Some of the ethnic community leaders became ambassadors against alcohol.

KEQ 3: How have the communities' perception regarding the use of alcohol changed? What worked well, and what didn't? What are the lessons learnt?	
Sub-Questions	Evidence
	<p>However, some ADD prevention committees are not very functional and need to be strengthened.</p> <p>Media mobilization (radio PSA, Public hearing) enabled wide coverage and people started talking about alcohol and its effect on health, domestic violence and violation of child rights.</p> <p>Mass awareness was possible as the public hearing was conducted in community itself.</p> <p>People got knowledge on national alcohol policy.</p>
<p>What were the main roles of child clubs and women groups in awareness campaign on ADD? Lessons learned</p>	<p>Women received the messages on ADD, CR and GE and disseminated the knowledge. Children's voices are now heard and listened to at household and community level</p> <p>Women were encouraged to choose agriculture activity as an option for livelihood so that resources could be allocated for alcohol reduction.</p>
<p>How was the coordination between TUKI/CWIN with govt. line agencies in building of awareness on ADD?</p>	<p>Important to have effective monitoring; also many local govt. administrators need to be trained.</p>
<p>How has the use of alcohol in social ceremonies/rituals changed in the locality?</p>	<p>Alcohol use is customary at ceremonies. Likely that drinking has not stopped but one could say that it is reduced drinking. Developed code of conduct to control abuse of alcohol in social ceremonies.</p>
<p>How have the local youth and ADD committee taken initiative for the reduction of alcohol production and consumption in locality? Did this result in any change regarding the alcohol use in daily life of people?</p>	<p>An anti-alcohol group of youth and ethnic origin celebrates and organizes alcohol free programme for different festivals and day celebration. However, there is a culture of drinking alcohol!</p>

Indicative Findings

1) Programs

TUKI has a wide range of programs to strengthen **women's groups for livelihood**, improved agricultural practices, modifying food habits to include green vegetables, training on kitchen gardening as well as to mobilize them into groups or collectives. Many women used to make liquor to supplement their income and so alternative livelihoods are necessary to compensate for their loss from the sale of liquor – mostly achieved. TUKI's problems are related to reaching

out to include more people. TUKI now needs to commercialize women farmers with equipment, training and marketing their products.

In terms of **maternal health**, TUKI has strengthened health centers, mobilized the health staff through trainings, provided nutritional support to pregnant women and attempted to encourage pregnant women to regularly go for health check-ups. They have been quite successful and would now like to work on the dropouts, make the health post staff more women friendly, provide more budget for food and refreshments and increase the number of 24-hour safe birthing health posts. Toilet facilities have been built for all households, but open defecation cultural habits need to be addressed.

In terms of **education**, they have constructed school, toilets and distributed sanitary pads to encourage girls to go to school. Female mentor teachers have been very helpful in talking to girls. Toilets have enabled girl children to continue school. One of the great achievements is that schools do not beat children and are corporal punishment free, teachers have received some training to improve quality, early childhood education was encouraged, and scholarships have been provided to needy children. Once again budget constraints force limited coverage for all these activities. TUKI has also introduced an assessment system to monitor teachers.

Children and youth have been mobilized in groups and they are actively involved in raising awareness against **ADD**, child labor, child marriage and conduct many community activities such as rallies, campaigns and so on. ADD committees are active in some VDCs and many community leaders have become champions of ADD prevention and developed a code of conduct to abstain from alcohol during festivities has been adopted by many VDCs.

TUKI would like to introduce new issues such as climate change and adaptation.

2) Advocacy

Media and public hearings are used to raise general awareness. More women are speaking out about alcohol and gender violence as are children and youth. The national policy on alcohol is being disseminated at the local level and district officials are being trained on it. TUKIs are a valuable asset in this process.

TUKI is invited on many planning and monitoring committees at the **district government level** and is in a unique position to contribute to and shape local policy, which it does.

Related to Integration: Please see consolidated note with other partners

Related to FORUT KEQ: Please see consolidated note with other partners

APSA SUMMARY OF PARTNER FINDINGS

Country: India

Partner: Association for Promoting Social Action (APSA), Bangalore

Brief work profile of APSA

- APSA is a 35-year old 'child right community development organization' working with poor urban communities in Bangalore and Hyderabad cities since 1981. APSA has its Registered Office in Hyderabad/Telangana state and the Administrative Office in Bangalore/Karnataka state. APSA Bangalore has four outreach field offices, one in each of the working constituencies. In Hyderabad city, APSA has two offices – one is the Plan India office for Plan-funded projects, and one is the FORUT office for FORUT-funded projects.
- APSA works in 8 political Assembly Constituencies: 4 in Karnataka state (Bangalore city) and 4 in Telangana state (Hyderabad and Secunderabad cities). In total, works in 100 urban slums, 50 slums in Bangalore city and 50 slums in Hyderabad city. On average, APSA covers about 250-300 families in each slum. Additionally, in Bangalore city, APSA is also working with three slums in Koramangala locality. APSA's Shelter Home Suraksha for young girls rescued from trafficking and abuse is located in Kanakpura, and APSA works with around five panchayats in Kanakpura giving awareness (CR, CP, trafficking, gender rights, skill training, etc.) and raising resources locally for Suraksha Centre.
- APSA works primarily in 4 thematic areas: Child Rights and Child Rights Advocacy; Empowerment & Development of Youth; and Gender Empowerment & Advocacy; Alcohol, Drugs & Development.
- APSA's institution-based (extension) services in Bangalore and Hyderabad include:
 - One nonformal education/ bridge school (Dream School)
 - Four residential homes/ shelters (Nammene, Navajeevana & Suraksha in Bangalore and Rainbow Home in Hyderabad)
 - Eight skill training centres (Bangalore: 4 community-based centres, Kaushalya and a centre in YWCA; Hyderabad: 2 training centres)
 - Child-line (Bangalore is running one of the 3 Child- line centres in the city)
 - Pre-schools (8 preschools in Bangalore city)
- Major programs/ activities related to CR, GR, Youth and ADD:
 - Mainstreaming children from APSA's non-formal school into government schools.
 - Providing nutrition support to children in APSA's shelters for improving health and well-being.
 - Training in short-term skills for livelihood for youth and life-skills to children
 - Building leadership among youth and children in urban slums.

- Forming and guiding community-based organisations (CBOs): unionisation of domestic workers and forming association/ union of migrant construction workers, children’s collectives, youth groups, capacitating children to represent in Child-Friendly Wards (CFWs), women’s SHGs and Federations.
 - Capacitating communities to become aware of and access their entitlement to various rights (political, civic, housing, water, Govt. welfare schemes, scholarships, girl child schemes, etc.).
 - Building networks and linkages (with the local community, government departments and officials, judicial officials, NGOs, CSOs, media, etc.).
 - APSA representation on various national, state and local government committees for policy decisions, and the follow-up of the implementation of the Right To Education (RTE) Act (through work with government schools), and implementation of the Juvenile Justice and Child Labour Acts.
 - As a key member on the Anti-Liquor Campaign Committee (ALCC), awareness and campaign against illegal ‘belt shops’ and abuse of tobacco and alcohol and regularisation of liquor licensing and sale in Telangana and Karnataka.
- Partnership: APSA partners with the government (in govt. programs and as a resource partner for training govt. officials in various aspects of child rights and child protection), donors including Forut, CSR, networks of NGOs and CSOs.

Uses and Data Source

USES	Evidence / Data Source
USE 1: To revise the overall Theory of Change (ToC) and to produce individual ToCs for each programme (thematic or geographical)	
KEQ 1.1. How well does each programme area align with government and donor priorities?	- Group interviews with beneficiaries of the LIC scholarship and members of APSA’s Construction Workers’ Collective, and the project coordinators.
1.2. To what extent does each service delivery programme address an identified need or ADD, CR & GE?)	- FGDs & Stories with/ from the children/ trainees of Kaushalya Skill Training Centre
1.3. To what extent can changes be attributed to the service delivery programme?	- FGDs & Stories with/ from the children of Dream school, Nammane, Navajeevana Nilaya and Suraksha Centre
1.4. How have the partners intervened ADD, CR & GR at the individual & community levels?	- Data from latest RBM reporting and other documents
1.5. How have the partners approached ADD, CR & GR at the government & policy level?	-

USES	Evidence / Data Source
USE 2: To design projects with more integration among thematic areas and strengthen strategies (advocacy and communication)	
<p>KEQ 2.1. What have been the advantages, disadvantages and challenges of thematic approaches to the programme?</p> <p>2.2. To what extent have strategies contributed to integration among thematic areas to maximise local impact?</p> <p>2.3. Particular features of the strategies that made a difference</p>	<ul style="list-style-type: none"> - FGDs & Stories with/from the children of Child-Rights Friendly Ward (CFW) - FGDs with the slum-dwellers/community representatives of Slum Dwellers Association - FGDs with the representatives of Construction Workers Welfare Association - FGDs with the representatives of Soukhya/SHG Federation - Interviews with the Coordinators of outreach projects - Data from recent RBM reporting
USE 3: To identify gaps and make decisions on priorities and overall/new direction and focus of the next framework programme	
<p>KEQ 3.1. Which is the most significant impact and why is it so?</p> <p>3.2. What are the conditions / enabling factors associated with higher-level outcomes?</p> <p>3.3. What are the barriers / contextual limitations/gaps?</p>	<ul style="list-style-type: none"> - FGDs with the representatives of Construction Workers Welfare Board - FGDs with the representatives of Soukhya/SHG Federation - FGDs with the representatives of Domestic Workers Union - Interviews with the Coordinators of the SHGs Federation, Domestic Workers Union and Construction Workers Welfare Board
USE 4: FORUT and partners/ staff to improve and systematise joint efforts for capacity-building and mutual learning	
<p>KEQ 4.1. What are the capacity & competency gains reported by partners?</p> <p>4.2. To what extent / in what ways are the gains linked to collaboration with FORUT and other partners?</p>	<ul style="list-style-type: none"> - FGDs/Interviews with the program core team members related to the Forut projects – service delivery & outreach, advocacy & empowerment - FGDs/Interviews with the administrative core team - Data from recent RBM reporting

Data Collection

Tool	Remarks
<p>Focus Group Discussions (FGDs) – at APSA Centre, Bangalore.</p> <p>- 2 FGDs (6 children each) on 09.08.2017 with the victims of child & gender abuse and the residents of service delivery institutions (i) Nammane and (ii) Kaushalya.</p>	<ul style="list-style-type: none"> • Due to time constraints, the evaluator was not able to visit the other centres of APSA. • Rather, the right-holders (children from Kaushalya and working girls from Navjeevana) had to come to the APSA centre. Understandably it was difficult for them to come in bigger numbers. • The sample representation of the right-holders (children and working girls) was 3-5 members from

Tool	Remarks
<p>- 1 FGD (5 girl youth) on 09.08.2017 with the girls from Navjeevana Nilaya (run by the training graduates of APSA's skill training institutes who are now employed)</p> <p>- 3 FGDs (4-5 members in each) on 10.08.2017 with APSA's staff of (i) institutional services, (ii) outreach programs, and (iii) networks & advocacy</p>	<p>each grouping and the number is below the standard sampling of 12-15%. The evaluator had to contend with the data as indicative samples.</p> <ul style="list-style-type: none"> • The evaluator observed genuine sharing from the right-holders and no force or compulsion. • The right-holders were able to validate the qualitative sharing by relating to their experience; knowledge gained, confidence gained, life skill learnt and future aspirations. • Admin staff had a fair knowledge of the program components and could interact in the FGDs. • Organizing different group-works/FGDS simultaneously was helpful to save time.
<p>In-depth interviews – at APSA Centre, Bangalore</p> <p>- 3 interviews on 09.08.2017 with the women of (i) Soukhya – Community Forum Against Violence on Women – 2 women attended, (ii) SHG Federation – 2 women attended and (iii) beneficiaries of Life Insurance Scheme – 1 woman attended.</p> <p>- 3 interviews on 09.08.2017 with the members of (i) Child-Friendly Ward of children – 3 girl children attended, (ii) Slum Dwellers Association – 2 men attended and (iii) Domestic Workers Welfare Association – 2 women attended</p> <p>- 1 interview on 09.09.2017 with the women caregivers of Nammamane/resident for girls – 2 women attended</p> <p>- 3 interviews on 10.08.2017 with APSA team – (i) core team members including the PIU – 4 members attended, (ii) program coordinators from Bangalore, Kanakapura and Hyderabad & Secunderabad, – 4 members attended and (iii) juvenile justice & re-integration – 2 members attended</p>	<ul style="list-style-type: none"> • Due to time constraints, the evaluator was not able to visit the slums or the federations where they have their operation. • Rather, the leaders of the Federation or Forum or Associations had to come to the APSA centre for the interviews • Similarly, the victims of different violations and the beneficiaries of government schemes from the Bangalore slums had to visit APSA for the interviews • The sample representation of the leaders or victims or beneficiaries for the interviews was 3-5 members from each grouping. As indicated above, the number is below the standard sampling. • There were instances the leaders were rhetoric like “we knew nothing, but now we know everything,” “we now know to manage any right violations,” etc. • The leaders also tended to highlight or ride on one or two instances of their success stories. • The APSA team members were able to substantiate and validate their submissions with newspaper clippings, pictures and other supportive documents. • Unfortunately, some of the community members had to wait for a long time for their turns/interviews.
<p>Participant observation – at APSA Centre, Bangalore</p>	<ul style="list-style-type: none"> • It was good to have the opportunities to be observant of the bridge schools and the skill training.

Tool	Remarks
<p>- 1 Bridge School for school dropouts / Dream School (located near to APSA Centre, Bangalore) on 09.08.2017</p> <p>- 3 Skill Training – Sewing for girls, Coil winding and Computer / digital graphic design (located on the campus of APSA Centre, Bangalore) on 09.08.2017</p>	<ul style="list-style-type: none"> The FGDs and interviews were facilitated right in the middle of the Nammane/resident of the children. It provided opportunity to observe the behaviour/attitude of the children, institutional service atmosphere, etc. informally There was a constraint of time to spend more time as observant and to witness more live actions.
<p>Case Studies – at APSA Centre, Bangalore</p> <p>- 3 individual case studies/life stories on 09.08.2017 with the victims of child and gender abuse (i) Nammamane, (ii) Navajeevana Nilaya and (iii) Kaushalya</p>	<ul style="list-style-type: none"> The venue for collecting the case studies was kept consciously as non-threatening & open The evaluator was not able to spend more than 30 minutes for each case study. More time would have helped to collect more intricacies to the case which might have got lost due to limited time.
<p>Inter-active De-briefing at the end of the data collection process – on 10.08.2017 at APSA Centre</p> <p>- The participants were the Primary Users, Core Team and the Program Coordinators of APSA</p>	<ul style="list-style-type: none"> The Primary Users, the core team and the program coordinators of APSA were keen to hear from the evaluators at the end. The de-briefing provided some space for the Primary Users and others to respond to the findings in the affirmation or something they will have to work. Spent about 30 minutes for the de-briefing which was less to make it as more interactive.

Data summary (grouped by each KEQ)

KEQ 1:	Data summaries
<p>1.1. How well does each programme area align with government and donor priorities?</p>	<ul style="list-style-type: none"> APSA worked from the priority needs of children and designed its program/interventions – education, health, shelter, protection from abuse, confidence & life skills and development. The government's open shelters needed to be critically assessed from the point of children/their rights. APSA played a role in observing, monitoring the open shelters and was instrumental in closing down the government run shelters wherever it was not functioning well. APSA used the government schemes wherever it was in line with the 'rights' perspective and its intervention strategy. APSA didn't take or collaborate on any government schemes that did not fit in. Sometimes it is difficult to fulfil the criteria of the government schemes like National Child Labour Program (NCLP), and it was a challenge. However, APSA as an institution had the scope to make independent decisions. APSA is a child right community development organisation. It's interventions for the protection of children from the violations of their rights, rescue and rehabilitation care were initiated much before Forut's partnership.

KEQ 1:	Data summaries
<p>1.2. To what extent does each service delivery programme address an identified need or ADD, CR & GE?</p>	<ul style="list-style-type: none"> - The girls/boys have come from difficult situations/ background. The children entered first into APSA with the problems of alcohol, low income, deserted from parents/ broken homes, addicted to smoking/marijuana, chewing tobacco (<i>hansa</i>) and alcohol. Most of them were sexually abused, mentally disturbed, dropped out from schools, and no life or livelihood skills. • Individual initial assessment is done to determine. APSA provided the care according to each child's needs and the interests - institutional, group and individual care.⁶ • Used external support like professionals from NIMHNS (National Institute for Mental Health and Neuro Science) for counselling and related training. - Provided awareness to the resident children on their rights as a child or as a girl, and opportunity to outside exposure for self-confidence. • Provided skill training to young people to get a decent job for their livelihood. • Provided awareness on the ill-effects of alcohol, and organised/supported forums and campaigns for public awareness and against alcohol policies.
<p>1.3. To what extent can changes be attributed to the service delivery programme</p>	<ul style="list-style-type: none"> - APSA's programs have brought significant changes in the lives of children. At the individual child/youth level, APSA has provided the basic education, developed skills in the youth for their livelihood, built positive attitude for life, helped to wean away addictions (smoking, alcohol and tobacco use), improved their health and re-integrated them into their homes/parents. - The livelihood skill helped to get a decent job, to earn and to save money for their marriage and future life. - The children and youth have become aware and conscious of the gender discrimination. - The opportunities provided by the institutional services of APSA have prevented children/youth from being vulnerable to abuse and early marriage. - The right-holders were proud to be associated with APSA. May Day is celebrated in APSA Centre, Bangalore, as 'Alumni Day'. It is chiefly organized by the children themselves who benefitted from APSA. - Case study: Arthi (name changed) came to APSA through the Child

⁶ Institutional care meant providing shelter, food/nutrition, protection and other basics. Group care was to address the common issues of child rights or gender rights or alcohol abuse. Individual care extended to counseling, life skill, education and health.

KEQ 1:	Data summaries
	<ul style="list-style-type: none"> - Welfare Committee (CWC)⁷ of Bangalore. She is 20 years old and has no mother. She has two sibling sisters, and they are in government hostels. Her father, a daily wage earner as a painter was sentenced to 7-year imprisonment for the crime of being cause for the suicide of his wife. Arthi along with her sisters were left alone and deserted without any care after her mother's death. The police got Arthi to the CWC, Bangalore, and with their interventions and recommendation, she got introduced to APSA. Arthi was able to continue her education at the Bridge School run APSA and is now qualified to be in 10th standard in the open school system. Three years since she is a resident of Nammane, a shelter home run by APSA in Bangalore. She says, "I got the opportunity in APSA to get education, shelter, food, and I have caretakers like mothers." She further says, "I had an eye problem and weak health, but I had an eye problem and weak health, but I am now out of all that problems. I became aware of my rights as a child and as an adolescent. The knowledge I have acquired has opened my eyes. I was 2nd standard school-dropout and I have now reached 10th standard, and I am so excited. I have gained the confidence to lead my life. I know how to protect myself and want to live as a dignified and self-dependent person. I have taken leadership in the Nammane and am on the Food Committee. I want to become a dancer. I want to help my sisters."
<p>1.4. How have the partners intervened ADD, CR & GR at the individual & community levels?</p>	<ul style="list-style-type: none"> - The institutional services through Nammane, Kaushalya, Navajeevana Nilaya and Suraksha Centre in Bangalore and Rainbow Centre in Hyderabad provided integrated services – care for children/child-friendly shelters, protection and equal opportunities for girls, and individual counselling support to wean away from vices. - The Child Line⁸ run by APSA provides access and immediate response to children in distress/need. There were many cases where the Child Line has prevented young girls from getting married or from the traffickers or alcoholic parents. The awareness and knowledge of the Child Line help the children or girls who are in need. - APSA has undertaken public awareness in its constituencies on the ill-effects of alcoholism. The CBOs promoted by APSA have played crucial in creating the awareness. APSA and CBOs have organised street plays and performed in different places/ community related to alcoholism.

⁷ Child Welfare Committees (CWCs) have been designated by law as the final district-level authorities for the care, protection, treatment, development and rehabilitation of Children in Need of Care and Protection (CNCP). CWCs thus have the sole authority to deal with matters concerning CNCP and are bestowed with the powers of a first-class judicial magistrate.

⁸ Child Line is a government supported toll-free number for children in distress. It is run by NGOs.

KEQ 1:	Data summaries
	<ul style="list-style-type: none"> - At the individual level, the counsellors provided advice to parents, and it has helped them to stop drinking. The alcoholic parents have been counselled individually and helped with the de-addiction procedure. - There were instances where the resident girls of Nammane have taken the lead to tell their parents not to drink when they come to visit them. - There were cases the CBOs especially women have taken the lead to agitate collectively and close down the sale of liquor in the residential areas.
<p>1.5. How have the partners approached ADD, CR & GR at the government & policy level?</p>	<ul style="list-style-type: none"> - APSA lobbied and created an opportunity to discuss the issues with legislators/ministers. There are a number of examples to indicate the collective advocacy and lobby work for policy level changes at the state and central levels for CR, Girl Children/adolescents and ADD which have made a wider impact. - The networking and collective advocacy initiated before or during the project period (2014-17) have yielded results in bringing changes in the policies related child rights largely and to some extent specific to girl children/adolescents. For details⁹ <ul style="list-style-type: none"> - People Alliance for RTE @ national level and changes in RTE - Karnataka CR Observatory and creation of Legislative CR Forum - Karnataka CR Commission and amendments in Child Labour and Juvenile Justice Act (JJA)

⁹

- Karnataka: there were issues of fee and the distribution of stationary under the provision of Right to Education (RTE) Act. Established RTE Task Force of NGOs lead to the Department Order for clarifying & monitoring age for admission, school fee structure and free uniform.
- People's Alliance for RTE @ national level: It brings out a status report on children annually. It led to filing a sue motto case in Karnataka High Court led to reducing the meaning of school dropouts from 90 days of absence to 7 consecutive days. The Court also directed the education department for Attendance Authority to verify/monitor records in schools.
- Karnataka CR Observatory: As a result of lobby with the legislators a Legislative CR forum was created. The legislators dedicate 3 days exclusively to debate in the Assembly. Annual document and information about the status of children in the state and the collective lobby of NGOs led to the creation of this Forum.
- Karnataka CR Commission: The collective work of NGOs led to the amendments in Child Labour and Juvenile Justice Act for more regulatory measures.
- Child Protection Policy (CPP) for Educational Institutions: As part of the collective APSA played a role in formulating guidelines for CPP. It is a policy approved by the Assembly Cabinet in 2016 and included in the Gazette. It applies to 85,000 government and private schools (up to 10th standard) in Karnataka.
- Girl Child Policy in Karnataka: Prepared a draft collectively and is approved by the departments but it has to be processed further for higher approval. Also played a role in developing Training Modules for the Education Department to help in the implementation.
- Involved in preparing State Level Action Plan for Child Labour for prevention, survey, identification, rescue, rehab and mainstreaming of children and adolescents. The draft plan is in the process of getting approved. Also involved in drafting Standard Operating Procedures for District Admin to declare a district as child and adolescent labour free zone.

KEQ 1:	Data summaries
	<ul style="list-style-type: none"> - Child Protection Policy (CPP) and Guidelines for child protection in schools - Girl child Policy in Karnataka and draft policy & training modules which are pending for higher approval - State level Action Plan for Child Labour and standard operating procedures to declare a district as Child Labour Free Zone - Active in Karnataka Child Labour Eradication Project Society & National High Power Child Labour Advisory Committee • The networking and collective advocacy initiated before or during the project period (2014-17) have yielded results in bringing changes in the policies related or alcohol/ tobacco abuse. For details¹⁰ <ul style="list-style-type: none"> - Child Rights organisations in Karnataka and stoppage of nicotine toffee - All Liquor Campaign Committee (ALCC) in Telangana state and campaigned for regulation on distribution/sale of liquor & tobacco products, and ban of the same in residential areas. - Contributed to stop cheap, spurious and illicit liquor sale, and similarly to ban chewing tobacco. - Set up special Task Force to monitor toddy. Closure of the same in residential areas. - Introduced the concept of Happy Family which was later adapted by the Telangana state Government - The above have contributed to reduction in domestic violence, more household saving and meet the expenses for children's education

¹⁰

- Children's group from APSA met the Karnataka Child Rights Commission submitted memo about the impact of tobacco use on children. The Child Rights Organizations in Karnatka campaign against the nicotine toffee and got it stopped
- APSA is a member of the All Liquor Campaign Committee (ALCC). It consists of CBOs/government departments/apex bodies like Nehru Yuve Kendra in Telengana. It campaigns for regularized liquor sale in the state and campaigns for curtailment to present system. It also extends its support for the ban of tobacco use and marijuana. The campaign also roped in popular personalities like Swami Agniwash, women commission chairperson. Outcomes of the campaign are:
 - Was able to ban the sale of cheap liquor as it has furious effects. Submitted memo to deputy Chief Minister of Telengana demanding the ban of gudka (chewing tobacco). Similarly, submitted memo to ban toddy shops and to remove liquor shop from residential areas.
 - The campaign also contributed to setting up special task force to monitor the samples of toddy, closing down illegal toddy shops, prohibiting the consumption of alcohol in public places, regularizing the timing of the liquor shops, Supreme Court order against liquor shops on the national high ways.
 - The closure and regularization of alcohol or toddy or tobacco use brings in the participation of women in large numbers and it brings change in the households – lesser domestic violence, more saving, money to meet the education expenses of children.
 - Brought in the concept of Happy Family, developed posters and distributed to community, government offices, The Telengana government has copied this concept and used it in their propaganda against illicit liquor.

KEQ 1:	Data summaries
	<ul style="list-style-type: none"> • APSA involved in urban governance in collaboration with CIVIC NGO. It took up the issues of PDS, health and education. It has contributed to the improvement of Anganwadi/crèche centres with the facilities like toilets, quality of the food, availability of caregivers/teachers, etc. • Karnataka Slum-dwellers network/Janara Sangatakala Okkuta campaigned/conducted a public hearing against slum clearance and future policy directions. For documentation support, they also collected details of the slums cleared in the past and showed the negative impact in the people especially the children to the CR Commission. These campaigns have contributed to a new slum clearance policy which provides the basic facilities.

KEQ 2:	Data summaries
2.1. What have been the advantages, disadvantages and challenges of thematic approaches to the programme?	<ul style="list-style-type: none"> • The institutional services provided a good base to meet the priority needs of the children which are “rescue and rehabilitation” and approach in an integrated strategy. • The institutional set up strengthens the scope to withstand the challenges from the vested interests such as employers of child labourers, parents who lived on the income earned by children, gender abuse, and other practices determined by the religion/cultural/ patriarchal practices. • It is a challenge to separate the issues faced by the children in question, and it was advantageous to intervene comprehensively and in an integrated way the four themes (CR, Youth, Gender and AD).
2.2. To what extent have strategies contributed to integration among thematic areas to maximise local impact.	<ul style="list-style-type: none"> • Whether the beneficiary right holders were boys or girls, they had to take care of their responsibility like washing clothes, cleaning etc. which was not the normal traditional practices. • Soukya is a CBO, and the members were motivated to take up domestic violence in the neighbourhood like eve teasing¹¹, alcoholic husband, wife-beating, and husband deserting their wife and children. The CBO workers are in 10 areas of Bangalore slums¹², and they take up cases for counselling, child related issues, seeking police support wherever necessary and bring reunion in the family. • Soukya works in collaboration with the other CBOs (SHGs & Domestic Workers Union). The collaborative and integrative approach has helped to resolve issues effectively, and it has contributed to the reduction of domestic violence in the areas where Soukya was active and reduced eve teasing of girls.

¹¹ Refers to boys or men teasing the girls or women with derogatory and sometimes abusive words/expressions.

¹² It is estimated that the population of the slums in Karnataka State is about 40.50 lakhs, which works out to 22.56% of the State's urban population. Totally **2,397 slums** are notified in the State and out of which **387 slums** are notified in Bangalore City alone under the Karnataka Slum Areas (Improvement and Clearance) Act 1973.

KEQ 2:	Data summaries
	<ul style="list-style-type: none"> • The members of CBOs have multiple identities since each issue is a concern and related to them. A woman member of an SHG is a member of Domestic Workers Union or Soukya dealing with violence on women. • SHG Federation/Kasthuri Federation (18 Federations of 480 sangams/units) were instrumental in organising campaigns and bringing awareness to public issues, welfare schemes & law and order, child marriages, school dropouts and the ill-effects of alcohol. These activities have contributed to reduce smoking in children and prevent shops from selling cigarettes to children. Children got the support of police protection, de-addiction centres and proper care from the government hospitals. Police respected the Federation leaders and got the cooperation when required. • Used the provisions/schemes of the Juvenile Justice Act (JJA) effectively. Children in conflict with law needed care and protection and to ensure that the child rights were not violated. Ensured the children in need get immediate support - counselling, free legal service, monetary compensation from the government depending on the case, and accompanied till the end through shelter home and integration to the family. In the year 2016 APSA extended support to 463 cases (children in conflict –171¹³, court cases – 58, children in need of protection – 205). In 2017 APSA extended support to 194 cases (children in conflict – 99 and need protection – 95, court cases – 24). • APSA promotes and member of different Networks in Bangalore (see section 1.5.) and it has conducted regular review meetings of the status of children in need and has taken efforts to improvise the systems and to make it child-friendly. The networks sensitised the police and had contributed to the emergence of child-friendly

¹³ The major findings of a study (2013-14) in Bangalore conducted by BOSCO, a well-known and credible NGO working for the cause of children are the following:

Total numbers of reported cases of children in conflict with law, from two divisions (South and West) of Bangalore city were 170.

- 96% of the offenses were allegedly committed by the boys
- The representation of girls among children in conflict with law is only 2% (4)
- Large majority (94%) of these offenses were allegedly committed by children aged between 15 and 17 years.
- A majority (85%) of the children in conflict with law were found to have both their parents living category. 11% belongs to single parent category and only 3% of the children belongs to orphan (who had lost both the parents category)
- Majority (80%) of the children in conflict with law were found to have studied minimum of 7th standard.
- Majority (53.5%) of the students were found to be school dropouts when the offences were reported.
- Peer influence (52.4%) and adult influence (10%) are the major factors leading to offence. Family environment (8%) and sudden reactions (8%) were other highest contributing factors leading to offenses.

KEQ 2:	Data summaries
	<p>police units. Two child-friendly courts have come up in 2017 in Bangalore, Karnataka.</p> <ul style="list-style-type: none"> • The networks have proposed amendments in the functioning of the CWC and different aspects of foster care. They have brought to the attention of UNICEF to intervene and brought the bureaucrats, police and CBOs/NGOs to work in tandem. • APSA as a long-term objective tries to unite the child with their parents if they are alive. The children and parents have gone through changes in attitudes (changed attitude towards girl children and no alcoholism in the parents) and mutual acceptance before the family union. There were cases where it never happened.
<p>2.3. Particular features of the strategies that made a difference</p>	<ul style="list-style-type: none"> • The alumni association which brings hundreds of beneficiary children every year has been a flagship event. It indicates the sustainable changes APSA has been able to bring at the individual level. • APSA considers 'child participation' as a special feature and brings rigorous process for participation like the participation of children in meetings, and managing the institutional care through different committees. • The institutional shelter care is considered as a special feature and as an 'open home' for the children with all the basic facilities and opportunities for their development. • The Outreach Program has the special objective of social mobilisation and not to make the parents/parents/ community as passive participants. • Breaks the gender or religious or language barriers in enabling the right holders or parents or community to take responsibility • The networking and advocacy are special strategies for a policy change or implementation of policies which have wider coverage of the people in the state. Refer the outcomes from the contributions of APSA 1.5.

KEQ 3:	Data summaries
<p>KEQ 3.1. Which is the most significant impact and why is it so?</p>	<ul style="list-style-type: none"> • Changes that have come into individual children towards affirming the child rights (education, health, dignity and demand for rightful things) have been significant from the programs and interventions of APSA. • Within the child rights, the impact of the rehabilitation and education for children (basic, high school and higher education) has been most significantly felt by the children. • Among the different strategies of APSA, the service delivery has been visible, integrative and comprehensive. • The models of institutional care/Nammane and Alumni Association stand out. In the last year (2016) alone the

KEQ 3:	Data summaries
	<p>institutional service delivery benefitted 732 children and youth individually (Nammene Shelter Home – 338, Navajeevan Nilaya Working hostel – 32, Dream School for day-scholars – 140, Kaushalya Skill Training – 190, Suraksha Centre for Trafficked girls – 32)</p> <ul style="list-style-type: none"> • On the other hand, the outreach programs and activities have been complimentary. APSA has reached out with their inputs like creating/promoting local collectives, facilitating them to get government welfare benefits, vocational skills, etc to a bigger number of individual and collective benefits – (SHG members – 1011 women, Community-based vocational skill training – 278 youth, Day care for young children – 24, Right to Education & Government Schools – 217, Domestic Workers Collectives – 806 women and Construction Workers Collectives – 676) (<i>data for 2016</i>). • Brought considerable changes especially in Telangana State in alcohol and drug consumption/addiction and related government policies. Public and children have become aware of the ill-effects of these vices to the health and family. Children who have come into contact directly with APSA, have stopped smoking, consuming alcohol and chewing tobacco. • The contributions of APSA through different networks and advocacy work have brought changes in the State government policies, guidelines related especially to the rights of children and its implementation. Refer 1.5.
<p>3.2. What are the conditions / enabling factors associated with higher-level outcomes?</p>	<ul style="list-style-type: none"> • The institutional service as a strategy has been a good enabling factor to address the issues of child rights and to rebuild the lives of deserted and abused girls. Please refer the data summary reported under KEQ 3.1. • The outreach intervention especially the strategy of working with CBOs has been a complementary and enabling factor. The Construction Workers Welfare Union working in 2 Constituency in Bangalore with 676 members (men & women), Domestic Workers Collectives (women) in Bangalore with 806 members and SHGS & its federations with 1101 women members from 83 SHGs/25 Federations have been of great support at the community levels (<i>data for 2016</i>). There are also upcoming CBOs, and they are Slum Dwellers Association in one

KEQ 3:	Data summaries
	constituency and Child-Friendly Collectives in 4 Wards of Bamgalore. ¹⁴ <ul style="list-style-type: none"> The interventions through different networks, forums and collectives of civil society organisations, NGOs, government etc. were a significant enabling factor for creating favourable changes in the policies, government guidelines and its implementation. Refer 1.5.
3.3. What are the barriers/contextual limitations/gaps?	<ul style="list-style-type: none"> The major barriers to the rescue and protection of children were (i) the opposition from the offenders or abusers of child rights, non-cooperation from the family members of the children, and non-cooperation from the police/law keepers in fulfilling the legal procedures. It is overcome through more public awareness, sensitised police, support of local leaders and CBOs/ federations. The CBOs/community enablers like the Construction Workers Union (CWU) or Child-Friendly Wards (CFW) or Domestic Workers Collectives (DWC) or the Slum Dwellers Association (SDA) faced with challenges of taking up crucial issues like gender based wage discrimination, safety measures at work etc. The CWU should take up the issues of discrimination in wages based on gender and prevent the government from spending. Similarly, the DWC should take up the larger issue of engaging children as a domestic worker, abuse of children in work. Similarly, the CFW can be activated to take up the gender based discriminatory practices at home/schools and to do that the girls from the CFW have to become more conscious of the gender related practices. Proper systems have to be in place for the CFW to voice out the issues faced and to overcome the pressure from the adults, government officials, school teachers and local leaders.

¹⁴

- Construction Workers Welfare Union: The workers were able to get hospital support, death compensations, marriage support (Rs.50,000) for their children and variant education scholarship from 5th standard. The Union was able to take up the issues of non-payment of wages to the workers.
- Domestic Workers Collectives: They were helpful in protecting the workers from the harassment of employers; false accusations and complaints of theft.
- SHGs and its Federations: Each SHG is an independent unit having its own saving and lending among its members. They also extend their support to their members when they are faced with problems like domestic violence, alcoholic husbands. The federations organize wider support for affirming the rights of women through the celebration of International Women's Day.
- Child Friendly Ward Collectives: These collectives supported for getting the facilities like water, anganwadi/day care centre teachers, etc in their areas/ slums, and take these issues to the area leaders and Ward Corporator. They solicited the support of the local police, government officials, and government school teachers. They took up the issue of tobacco selling, smoking marijuana/kancha etc.
- Slum Dwellers Association – 1 constituency – KR Puram: land title issue for the housing land, efforts to legalize the housing land. Some are members of construction workers union member, SHG member.
- The SHG members also get into the government LIC (Life Insurance Corporation) scheme with an annual premium payment of Rs.100. The members have benefitted education support for their children and death (natural and accidental) compensation.

KEQ 4:	Data summaries
<p>4.1. What are the capacity & competency gains reported by partners?</p>	<ul style="list-style-type: none"> • Internal staff assessment happens every year, and it identifies the need areas and organises the in-house training with in-house resource persons. Some of the training were: on issue of domestic violence, visioning workshop for APSA for strengthening work with CBOs and to build second-line leadership in APSA. • Used the 'Happy Family' concept in Telangana state and the Telangana government has adopted it. The concept was the result of the exchange visit from APSA to the partners in Sri Lanka. • Building global awareness and actions. Forut is a member of the Global Alcohol Policy Aligns (GAPA), and they organise biennial conference where members from 60 countries participate sponsored by the different governments. At the end of the conference, they pass resolutions to be followed up the participating members/country organisations.
<p>4.2. To what extent / in what ways are the gains linked to collaboration with FORUT and other partners?</p>	<ul style="list-style-type: none"> • RBM training of Forut helped staff streamline their work and improved reporting and documentation skills. Also, other agencies referred by Forut have equipped APSA staff better in tackling the child trafficking issues through manuals/booklets and referral documents. It has helped in the rescue cases of more than 200 trafficked children, increasing awareness on health (use of sanitary pads) and environment. • Exposure visits to Nepal (CWIN) and Sri Lanka (FISD and Healthy Lanka) helped in the training of children, migrant construction workers and community members (husbands of SHG members) on ill effects of alcohol and substance abuse. • There were many opportunities provided about ADD: Forut's ongoing dialogue and sharing of reference materials/publications, particularly on ADD, has given APSA exposure to global scene and enabled participation at global conferences and connect with other international organisations working on similar issues. • Support for infrastructure and advocacy materials: FORUT supported through contacts which enabled APSA to set up the Suraksha Shelter for trafficked girls at Kanakpura and Kausalya for skill training in Bangalore. Supported to prepare posters on child protection, right to education etc. which benefited government schools, police stations, NGOs and enrollment campaigns. • Some training/exposures have strict follow up with follow up reviews, and some were left to individuals to practice. Forut takes the responsibility of follow up for certain international/global resolutions.

Indicative findings and analysis (per each evaluation USE)

USE-1: To revise the overall Theory of Change (ToC) and to produce individual ToCs for each programme (thematic or geographical)

APSA began its work with children, adolescents/youth in response to the priority needs at the ground level much before Forut entered into a partnership with APSA. The children come with

the problems caused by multiple issues including poverty, gender based discriminatory attitudes/practices, broken homes, alcohol abuse in the adults/parents in the family and poverty. APSA's attention to the gender discrimination and ill-effects of alcohol/tobacco emerged along while working with the children for their rights. The interventions covered individual, family, community and state levels.

APSA's continued to work responding to the needs of children at the individual, community and State in a comprehensive way where the rights of children take the lead. The partnership of Forut have brought more attention and strengthened the interventions of APSA in the areas of gender consciousness/GE and adversaries of alcohol/tobacco use/ADD.

There are ample indications from the findings that the ground reality dictates the priority importance to the rights of children which is inclusive of the vulnerability of girl children. APSA is recognised by the government, and from the significant impact, it has created in the children and girls/adolescents and youth. However, the recognition of the impact is not as 'gender empowerment' or 'empowerment of the girls' but as a champion of restoring and upholding the 'rights of children' or 'child rights'. The alcohol/drug abuse is perceived largely as a causative factor, which is taken up as a preventive measure and complementary to the integrated approach.

No doubt APSA goes with the priority needs of violation on the rights of children which are dictated by the ground reality. The priority of the government for protecting and caring for the rights of children with the number of policies and schemes makes it a win-win-win strategic area for different actors (right-holders, government and APSA). The government has more concrete schemes for children/both girls and boys in general (bridge school, open education system, school fee waiver, health care support, institution / free hostel facilities, support for livelihood skill training, etc.) to protect and restore their rights.

Whereas the government has far less importance and concrete measures/schemes to support/designed specifically to bring awareness on gender discrimination or schemes for affirming gender equality. There are no concrete measures from the government to tackle/challenge the gender based discriminatory traditional attitudes and practices for a long-term impact. The schemes like free bicycles for school going girls, financial support for their marriage has a feeble effect. The recent times have seen stricter legal measure against abuses on girls and women, but it is not sufficient to tackle the severity of the gender discrimination experienced by girls/women and to restore their dignity.

When it comes to the alcohol or tobacco consumption the government is influenced by vested interests; the State government earns a huge income from the sale of liquor. The tobacco industries have a good influence over the policies of the government. There are hardly any concrete government measures/ schemes which can be used as a handle to strengthen the interventions against alcohol or drug abuse. The present state of affairs indicates the least priority of the government in this area, and thus it provides NGOs lesser scope to deal with the issue/area effectively.

USE-2: To design projects with more integration among thematic areas and strengthen strategies (advocacy and communication)

The integrated approach has been inevitable and advantageous in dealing with the children comprehensively to protect the rights of children; provide safe and child-friendly home and community. The institutional service delivery has been able to maximise the changes at the individual level. These services extend to a good number of children every year in the 'rescue and rehabilitation'.

The Outreach Program has the special objective of social mobilisation and not to make the parents/parents/ community as passive participants. APSA has organised different community-based organisations like SHGs, Soukya/Women's Group, Domestic Workers Association, Construction Workers Association etc. The members of the CBOs have multiple identities since each issue is a concern and related to them. A woman member of an SHG is a member of Domestic Workers Union or Soukya dealing with violence on women. It provides the necessary community support in an organised and integrated way.

APSA lobbied and created an opportunity to discuss the issues with legislators/ ministers. There are a number of examples to indicate the collective advocacy and lobby work for policy level changes at the state and central levels for CR, Girl Children/adolescents and ADD which have made a wider impact. The networking and collective advocacy initiated before or during the project period (2014-17) have yielded significant results in bringing changes in the policies related child rights largely and to some extent specific to girl children/adolescents.

The necessity to align and fulfil the criteria of government priorities, schemes and policies have been a challenge. As in the case of getting government support from the National Child Labour Scheme (NCLP) the NGO has to fulfill a minimum number of 15 children at any given time in one centre, the caretaker/trainer should have a prescribed qualification, age, experience etc. The other challenge is the dynamics, the culture, values and systems practised in the community has been a challenge to take the community support along for creating long lasting changes or outcome or impact. For instance, the poorer families especially when a girl child has single parent it is accepted in the community get the girl married even before the marriageable age of 18. Similarly, boys are expected to work and bring income to the family when the family income is low, or the father is an alcoholic.

USE 3: To identify gaps and make decisions on priorities and overall/new direction and focus of the next framework programme

The outcomes at the individual, community and policy levels have created enabling environment especially for children & for their rights. The focus and outcome of the interventions can be placed in the order of CR, GE and ADD.

The institutional service delivery has made a significant impact at the individual level (boys & girl children or adolescent girls & boys). The importance given to the participation of children in all the activities and individual care have complemented to the impact. The institutional service

as a strategy has been a good enabling factor to address the issues of child rights and to rebuild the lives of deserted and abused girls. APSA follows/ provides livelihood skills to the youth (girls & boys) like Desk Top Printing (DTP) techniques/skills, electronic, beautician course etc. which, however, do not challenge the gender bias. The sewing skills or beautician courses are traditionally known for girls, and there is no change in what APSA provides.

As indicated earlier, the outreach services have established wide reach, good rapport and grassroots collectives to support the cause of children. However, there is a tendency in each CBO to focus on issues which may not directly relate to the children - domestic workers deal largely with the issues of their employers, issues of wage, ill-treatment, false police cases etc. Similarly, the Slum Development Association pre-occupied with the issue of legal title to their residential land as they fear forced eviction. They respond to the issues of child rights or gender discrimination only in crisis and not as their ongoing agenda.

Similarly, the networking and collective advocacy have brought significant changes in the policies and its implementation. However, it goes with the Government's priority and receptiveness. The government has been proactive and many schemes/activities related to protecting the rights of children, but it is not the same level when it comes to gender or alcohol/tobacco abuse.

USE 4: FORUT and partners/ staff to improve and systematise joint efforts for capacity-building and mutual learning

- There have been opportunities for cross learning among the partners of Forut. It has been largely through one-to-one visit among partners, biennial all partners meet and international/global conferences. Secondly, Forut has been providing inputs on RBM and other issues. Thirdly, the partners organise their in-house training on a need basis.
- The input from Forut on RBM has been felt systematic and without which it would have been difficult for partners to do the planning and reporting using the mandatory RBM frame. The committed and experienced members and the leadership in Forut are recognized for providing space for the partners to express their independent thinking. The in-house training has been regular, and it updated the required skills.
- There have been cross-learning from the exposures and partners meet. It was left rather loose or left to the partners to make use of it. A well-designed thrust, more purposefulness and role responsibility would yield a better outcome.

CWC – SUMMARY OF FINDINGS

Country: India

Partner: The Concerned for Working Children (CWC)

Brief Profile: CWC is a secular, democratic private development agency with its registered office in Bangalore. CWC was born in 1975 but registered in 1985. They have the vision for “A sustainable and ecologically balanced world where all children are respected and able protagonists who realise, experience and practice all their rights through their participation.....” (*refer the Brochure of CWC*). CWC has been FORUT's partner for the last 26 years.

They work in partnership with children and their communities, local governments and national and international agencies. Besides working children, CWC also works with migrant children and their communities and school children. They have field programs in rural and urban districts of Karnataka state/India; Udupi, Bellary and Bangalore districts. They work with approximately 65,000 children (both directly and indirectly other than the reach through policy interventions) across Karnataka each year (*refer the Brochure of CWC*).

CWC has three major program strategies (1) Children's Citizenship – rights-based participation, protagonist, citizenship, direct and collective participation and equity. (2) Education for Empowerment – rights-based education, democratic, participatory pedagogy, children to be ambassadors of change and combining traditional skills with technology. (3) Governance – participatory democracy, citizenship, devolution of power, accountability, transparency, equity, plurality and tolerance.

Keeping the 'systemic change' as a long-term objective the three program strategies (Children's Citizenship, Education for Empowerment and Governance) of CWC are designed to tackle and work for self-determination, gender rights, balanced power equations, anti-alcohol, participatory local governance, livelihood, etc.

Some of the concrete and prominent interventions¹⁵ are

- Children's citizenship: Building, capacitating and working children's collectives; the following lists the locations and number of *Bhima sangha*¹⁶ unions: (Bellary - 31; Udupi – 17; Bangalore - 19), *Makkala Sangha*¹⁷(Kundapura – 58), *Makkala Area Sabha*¹⁸ (2), *Makkala*

¹⁵ These are expressions of different activities related to the three major strategies.

¹⁶ Bhima Sangha (BS) – Working children's union facilitated by CWC

¹⁷ Makkala Sangha (MS) – *Makkala Sangha/MS* is collective of children (age group below 18 years) who go to school, of those children who combines work with schooling and of those who are drop out and stay at home.

¹⁸ Makkala Area Sabha – it is urban counterpart to rural Makkala Grama Sabha. In rural it is part of the Panchayat Raj Act but in urban it is only in practice in the working areas of CWC

*Grama Sabha*¹⁹ and Makkala/Children Task Force (in 28 Gram Panchayats of Kundapura Taluk). Building and working with adult (men & women) collectives Migrant Workers Union and- *Makkala/Mahila Mitra*.²⁰

- Education for empowerment: Namma Nalanda Vidya Peeta (NNVP) Regional Resource Centre/*Namma Bhoomi*, Appropriate Education Program (influencing mainstreaming education policies & syllabus/National Curriculum Framework, empowering the community through *Namma Sabha*/local governance, building capacity of the community, Extension school/working with government schools, Flexi school, *Makkala Toofan*/e-publishing etc.)
- Governance: Karnataka Panchayat Raj Act, 1993 Review and Amendment Committee and *Grama Panchayat Hakkottaya Andolana* (GPHA)²¹/Campaign for participatory governance, creation and the functioning of Makkala Grama Sabha/Children's Sabha, capacity building of children and community, local governance etc.

CWC has been nominated to the Nobel Peace Prize (2012, 2013 and 2014) by three Norwegian Parliamentarians for its global contribution to the area of Children's Rights and Children's Participation.

Uses, KEQs and Evidence

USES	Evidence / Data Support
USE 1: To design the next project plan with FORUT based on an organic, rights-based process of context-specific and inter-thematic areas.	
KEQ 1.1. What have been the advantages of and challenges to rights-based approach – which is bottom up, multi-pronged and integrated; based on local socio-political contexts, in order to ensure systemic changes?	<ul style="list-style-type: none"> - FGDs with the members of the children's collectives - <i>Bhima Sangha</i> and <i>Makkala Sanghas</i> from the field areas of Kundapura, Bellary and Bangalore - FGDs and interview with <i>Makkala/Mahila Mitra</i> members (adult members) - FGD with the senior team members of CWC - Film/YouTube –Forgotten on Pyjama Trial (2016) and regular video clippings/e-publications of CWC under '<i>Makkala Toofan</i>' - Local Governance Structure (2017), Right to Play (2017), Inclusive Play Space.
KEQ 1.2. To what extent has CWC addressed realisation of Children' Rights in an organic, participatory, integrated and comprehensive manner?	<ul style="list-style-type: none"> - All India Radio (AIR) interview with the Director Advocacy - recording (2015)

¹⁹ Makkala Grama Sabha – Formal institutionalised Participatory platform for children in rural local governance of Karnataka where children take part in direct democratic processes

²⁰ Makkala/Mahila Mitra – Makkala Mitras are child friendly adult man or women, selected by the children themselves within their Panchayat, in order to understand and respond to the issues/crises faced by children and to facilitate them to organise themselves to claim their rights. Mahila Mitras are women friendly adult woman, selected by the children themselves, in order to understand and respond to the issues/crises faced by children and women.

²¹ GPHA – The *Grama Panchayat Hakkottaya Andolana* (GPHA) is a movement of representatives of Grama Panchayat and Gram Sabhas of Karnataka State devoted to secure and safeguard the provisions of democratic decentralisation and devolution of power enshrined in the Constitution and to strengthen these institutions, especially at the grassroots level by empowering people's representatives to become effective instruments of development and social justice.

USES	Evidence / Data Support
KEQ 1.3. What are the strategic aspects of the partnerships CWC has with its constituencies, stake holders and civil society partners including its funding partner (FORUT)?	<ul style="list-style-type: none"> - Printed documents, published booklets/articles (2015), (CWC Newsletter, Daily Newspaper articles on Decentralization of Powers & <i>Panchayat Raj</i>)
USE 2: To make decisions on priorities and overall direction and focus of the next framework programme	
KEQ 2.1. How have advocacy and networking (local, district, state, national and international) – been carried out to maximise impact/outcome?	<ul style="list-style-type: none"> - FGDs with constituency members - FGDs with senior staff/team members of CWC - Regular advocacy material through the e-publications of CWC/<i>Makkala Toofan</i> like Panchayat Raj Amendment Committee Report (2014), Submissions made to the UN Committee on Rights of the Child²² (2017) - Udupi District CR Friendly Protection Protocol – DC/District Bureaucratic Head
USE 3: To facilitate effective cross learning for holistic, long-term sustainable impact.	
KEQ 3.1. What have been the extent of sharing and learning among FORUT and its partners to strengthen capacities and competencies?	<ul style="list-style-type: none"> - Presentation on the partnership or relationship with FORUT - Interactive sessions with the senior staff/team members of CWC - Publication/booklet by FORUT titled Childhood Matters – Alcohol & Drug Problems from a CR perspective (2015)

Data Collection

Tool	Remarks
<p>6 Focus group Discussions (FGDs) – at CWC Centre, Bangalore On 30.08.2017:</p> <ul style="list-style-type: none"> - 2 FGDs with the working children (girls & boys) - Bhima Sangha (BS); - 2 FGDs with the school going & working children - Makkala Sangha (MS); - 1 FGD with the adults (men & women) of Makkala/Mahila Mitra (MMM) from Kundapura/ Udupi and Hoovina Hadagali Taluk/Bellary; - 1FGD with the adults (men) of Migrant Workers Union (MWU) from Udupi district and Bangalore - Totally 15 constituency members participated in the FGDs 	<ul style="list-style-type: none"> • It was helpful for the evaluator to have in advance the profile of the constituency members who participated in the FGDs or interviews. • There was a good combination of both girls and boys from the BS and SMS. • Similarly, there was mix of both men and women representing different CBOs to the FGDs or interviews • Due to time constraints and given the time-frame allotted for each partner for face-to-face interactions and data collection the evaluator was not able to visit any field places. Rather the constituency members had to visit the CWC Centre in Bangalore. It limited the number.

²² UN Committee on the Rights of the Child, 2017

Tool	Remarks
<p>3 FGDs on 31.08.2017 with the senior team/staff members of CWC</p> <ul style="list-style-type: none"> - They were 14 members in number including the Founder, the Executive Director and Director Advocacy, two Assistant Directors, Coordinators and Consultants of program and administration 	<ul style="list-style-type: none"> • Senior staff of CWC had to help in the facilitation of FGDs since the evaluator was engaged at the same time interviewing other constituency members • The constituency members and the staff/team members were very vocal in the FGDs, interviews or the plenary.
<p>3 in-depth interviews – at CWC Centre, Bangalore on 30.08.2017 with...</p> <ul style="list-style-type: none"> - Makkala/Mahila Mitra (1 man & 2 women) - Mr. Udaykumar Shetty, President of Kundapura Taluk Chapter of Gram Panchayat Hakkottaya Andolana - Mr. Praveen, Graduated from Namma Bhoomi / Regional Resource Centre of the CWC 	<ul style="list-style-type: none"> • Again, the members had to travel overnight to participate in the interview • Spent about 30 minutes with each interview and the evaluator experienced genuine response • Again, the profile of each member shared in advance was helpful • Reliable references quoted/shown during the interviews as supportive documents to the different process carried out and the outcome.
<p>3 presentations on 31.08.2017:</p> <ul style="list-style-type: none"> - CWC's development paradigm or Theory of Change - Children's Citizenship - Education for Empowerment - Governance - CWC's partnership/relationship with FORUT 	<ul style="list-style-type: none"> • The presentations of the development paradigm or the theory of change specific to CWC was helpful given the time constraint. • Similarly, the presentations on the different strategic components of their comprehensive approach helped to contextualise the data or the findings from the constituency members • Reliable references quoted/shown during the presentations as supportive documents to the different process carried out and the outcome.
<p>De-briefing on 31.08.2017 – final and end session of the face-to-face data collection.</p> <ul style="list-style-type: none"> - The founder, directors, assistant directors, coordinators and consultants of both program and administration were present 	<ul style="list-style-type: none"> • The evaluator had limited time to organise the notes for the debriefing. The sharing was preliminary and limited to the prominent preliminary findings. • The session was interactive and open for critiques

Data summary (grouped by each KEQ)

KEQ 1.1.	Data summaries
<p>What have been the advantages of and challenges to rights-based approach – which is bottom up, multi-pronged and integrated; based on local socio-political contexts, in order to ensure systemic changes?</p>	<p>Participatory Governance mechanism & Advantages:</p> <ul style="list-style-type: none"> • CWC has promoted different collectives and continues to support them through training and orientation on different issues. Local governance as a statutory mechanism for a bottom-up approach to CR: <i>Grama Panchayat Hokkotaya Andolan</i> (GPHA)²³ and CWC have played a crucial role in establishing a mandatory provision for children's participation in the local governance institution. <i>Panchayat Raj</i> (PR) is a constitutional institution for local grassroots Governance. <i>Grama Makkala Sabha</i>-GMS (<i>Grama Panchayat</i> children's group) has been brought as a mandatory part of Karnataka State from 2006 as part of Government Circular and from 2016 as part of Karnataka Gram Swaraj Panchayat Raj (Amendment) Act, 1993 which enacted in 2016 This official platform of children is a big advantage for the children to participate in the local governance and to assert their rights. • <i>Makkala/ Mahila Mitra</i> (MMM)²⁴ involved in providing children support in crises and facilitating them for participating in Makkala GMS and to organise themselves to claim their rights collectively; they closely work with Children's Sangha and Bhima Sangha in communities and elsewhere to inform them about the meetings and create awareness on the issues affecting children - issues such as no electricity, no walking path especially during monsoon, alcohol abuse, danger zones etc. MMM also takes up individual cases of children's and women abuses or neglect

²³ GPHA is a movement of representatives of grama panchayat and gram sabhas of Karnataka state to secure the provisions of democratic decentralisation and devolution of power enshrined in the constitution and to strengthen the grassroots institutions for local Governance.

²⁴ Makkala/Mahila Mitra or Children's Friends: The members (both men and women) of the collective are selected by the children themselves in the working areas of CWC in Kundapur/Udupi and Bellary districts. There are about 250 members in Kundapur taluk alone. It is considered the first line of support from the local community to the children. They help and facilitate children to raise issues in different platforms.

KEQ 1.1.	Data summaries
	<ul style="list-style-type: none"> • <i>Bhima Sangha</i>²⁵/<i>Makkala Sangha</i>²⁶: They sort out the issues and discuss with MMM. The BS/SMS set the criteria to become a member of MMM; such as they have to listen to children, they have to support, they have to participate in the meetings of BS/MS, they should respect and should keep confidentiality of children. There is a system of Post Box for children to make their complaints/issues and MMM takes up suitable actions and ensures confidentiality wherever necessary. For instance, BS/MS provide information about a child marriage to MMM, and the source of information is not revealed to protect them from the backlash. <p>Challenges:</p> <ul style="list-style-type: none"> • Participation of children in <i>Grama Sabha</i>²⁷ is their right however they need the support of the local teachers, panchayat members etc. for meaningful participation. Despite the bottom up, multi-pronged and integrated approach sometimes there are challenges in getting the support from the politicians, corrupt officials, vested interests to particulars issues and patriarchy customs/practice. • Some children are outside the collectives like BS/MS or MMM. The non-members feel that it is not much of use. However, they still approach BS/MS when they face problems such as child marriage or children begging to which BS/MS have responded either directly or have called Makkala Mitra helpline or the State helpline (telephone number 1098) and got the required help. • Working with the organisations which refused to take ideological rights based positions was a challenge. • UN Committee on the Rights of the Child has become toothless to punish the signatory countries for non-compliance. The corporatisation and co-option of the organisations like UNICEF and lack of resources at the wider level for Rights-Based and sustained long-term interventions were other challenges to this approach.

²⁵ *Bhima Sangha* (BS): It is a working children union which was initiated in 1990. It is considered as a core group of working children which helps the adults to understand and relate the issues to policies. BS/CWC is a founding member of International Working Children Forum. It protects the interests of working children and protests the attempt to criminalize the working children.

²⁶ *Makkala Sangha*/MS is collective of children who go to school, of those who combines work with schooling and of those who are drop out and stay at home. It is inspired by the BS and MS is present in all the working areas of CWC.

²⁷ Grama Sabha (GS) is part and parcel of Panchayat Raj Institution constituted for local/grassroots governance.

KEQ 1.2.	Data summaries
<p>To what extent has CWC addressed realisation of Children' Rights in an organic, participatory, integrated and comprehensive manner?</p>	<ul style="list-style-type: none"> • Changed the narrative of discourse on children's issues and challenged the criminalisation of working children; 'all work is not bad, and all school is not good', 'from children as future of the country to children as citizens of today' and 'child-friendly environment and protagonist'. CWC has been a pioneer in highlighting this narrative and impacted significantly in this direction. • The children collectives (BS, SMS, Task Force) from the working areas of CWC (Bangalore, Kundapura and Bellary) have gained confidence, learnt to voice their concerns, developed the attitude of helping, became aware of helpline and mapped the danger zones. Gained the confidence of adults and parents to believe in the children's ability as rights holders. • The children's collectives are well intertwined with the adult collectives to resist and respond to issues which directly or indirectly affect their rights. • The children's collectives and community have become aware and taken up the issues of children –issues of individual abusive cases, the force from the local adults to indulge in smoking or drinking or begging and child marriage or the harassment of police and labour department imposed on 'working children'. • The issues of sanitation, mosquitoes, liquor sale, safe road, open stone quarry and public toilets have also been the concerns of the children's collectives. The collectives of children, adults/ community resolved several of these cases with the support of the police, local panchayat counsellor and district officials. • The children collectives monitored the functioning of the government crèches/Anganwadi care centres. They raised the issues of employing rural adults under the MNREG scheme and prevented migration to towns/cities. They also undertook school enrollment and mainstreaming school dropouts. • When the children needed help they first approached BS/SMS for support, then the adult collectives MMM, Panchayat, community in different platforms. For example; a child was asked to buy liquor, and the child met with an accident while returning as the bottle broke and caused the death. BS, MMM and Taluk Task Force (TTF)²⁸ took up the issue of illegal arrack²⁹ and went to taluk panchayat, revenue department, and mobilised the support from various forums and raised this issue of illegal arrack. They also joined in the campaign against brewing/sale of illicit liquor.

²⁸ Taluk Task Force (TTF) is a forum of children, adults/community representatives, and government officials to uphold the rights of children. The TTF organizes its meets regularly. 60 percent of the members are children and they have representation from the district level. TTF is established and it functions in and Hoovina Hadagali Taluk in Bellary district and Kundapur Taluk/Udupi District.

²⁹ Illegally brewed alcohol made available at a cheaper rate and it has often turned out to be spurious killing and blinding the consumers.

KEQ 1.2.	Data summaries
	<ul style="list-style-type: none"> • The children's collectives used the platform of <i>grama makkala sabha (GMS)</i>, and street plays to voice out their issues. They used 'Post Box' system for complaints. They used colour ribbon coding (Red Ribbon Social Monitoring Tool) placed in common village areas to indicate whether the issues are resolved or still pending. • Case: Praveen works as a Development Engineer who started from being a helper to a supervisor to a technical supporter in SAAB Engineering. He got the job placement while he was in Namma Bhoomi (NB)³⁰. He is now 34 years and completed a Diploma in Mechanic. Praveen worked as a hotel worker at the age of 14, and he met a member from CWC who used to come for tea, and he got introduced to NB. He got the opportunity to learn life and livelihood skill (cycle mechanic) and formal education (completed 10th standard in the open school system). He participated and took leadership in the children collectives and now the adult collectives at different levels. He is the ex-president of BS at the panchayat and state levels and is the present Secretary of <i>Namma Sabha</i>³¹. He had represented BS in international forums when he was still about 15/16 years old. Praveen helps in the evening tuition classes and in the prevention of children coming to the city from the source itself. He helps in finding suitable employment for youth. They have WhatsApp group and meet once in a year officially in the Alumni Meet. He also helps in personal crisis, and collective campaigns like Vote is not Sale, campaign against CL, etc.

³⁰ Namma Bhoomi is a Regional Resource Centre of CWC located in Kundapura of Udupi district. It is base centre for many creating model, alternate education, skill learning etc

³¹ Namma Sabha (NS) is a youth union/alumni association of BS. When the children grow out from BS they come into this collect. NS also accommodate other youth, and they organize alumni meet. They take up the issues concerning youth in all the working areas of CWC

KEQ 1.3.	Data summaries
<p>What are the strategic aspects of the partnerships CWC has with its constituencies, stake holders and civil society partners including its funding partner (FORUT)?</p>	<ul style="list-style-type: none"> • The inclusive approach of CWC has been strategic for better results/outcome. CWC works with their constituencies as ‘partners’ and not as networking, for instance, the Taluk/District Task Force where the collectives of children, MMM or other forums participate as one force. The children organised themselves, advocated their issues and were party to the decisions. They claimed the rights with self-determination (<i>“it is my issue and I have to be part of the decision” asserts a child</i>). The Task Force is the federation of key stakeholders including children themselves. To address the issues of children or women, it brought in the panchayat leaders different political parties and involved them as leaders with responsibility. • Adult/Community Federations and Collectives: MMM is the first-line of community support the children’s collectives receive for all the issues that affect the children directly or indirectly. Along with MMM, the wider mass support was mobilised. Migrant Workers Association is an umbrella body formed in Udupi and Bangalore districts. This Association facilitated the functioning of the district level Construction Workers Union which is now at the Karnataka state level union. There are about 1300 members from Udupi district and 500 members from Bangalore. They have taken up the issue of construction workers identity through Voter Card or Ration Card; helped to get the proper documents for the identity (Voter or Ration cards) and accidental or welfare benefits for the construction workers. They have an ongoing demand for permanent places for housing, electricity, water etc. They also have extended support to the children’s collectives and the issues. Their children are also part of the children’s collectives. • A case of MMM: MMM received a letter from a girl from one of the villages in Kundapur complaining about the harassment she faced in the school by the headmaster. MMM took the issue to the Block Development Officer and Deputy Director (DD). Even then the issue did not get a good response; rather the DD had approached the girl separately and threatened the girl. MMM took the case further to the Department of Public Instruction (DPI), and the Headmaster got transferred from the school as a punishment. • CWC has also had another type of collaborations with different stakeholders at different levels³². It has gone beyond the children from the sanghas/ children’s collectives

³² - A State Committee was formed by the Department of Women and Child to draft Child Protection Policy (CPP) drafted which was passed in 2016. The Karnataka Girl Child Policy and Child Policy are in the draft forms.

- A State Committee of 4 with multiple ideologies formed to draft a policy amendment to bring the children of migrant works into the provision of RTE (Right to Education). This was a result of a PIL

KEQ 1.3.	Data summaries
	<ul style="list-style-type: none"> - CWC was part of 8-member State Committee for drafting State Child Protection Policy and Karnataka Child Protection Guidelines for Educational Institutions - Part of the State Committee for drafting policy on Right to Education for migrant children - Founding member of the International Movement for Working Children - Advisory Member for the International Consortium of Street Children to influence UN Committee - Partner of Child Hope and their worldwide forum for children • Planning is considered an important strategic aspect of the children's collectives. The BS/SMS from Kundapura did monthly plan and review. The priority issues for the monthly plan came from the 'mapping of children's issues at the panchayat level'. They used different platforms for actions depending on the nature of the issues. The collectives of Bangalore and Bellary did meet regularly and took up issues affecting them, but they were not necessarily deriving from an overall plan. • The survey of the migrant workers' resident areas/ blue tent homes/<i>Jhopdi</i> in Bangalore helped to understand the issues of the workers and take them up for remedial measures. The issues of eviction, the continuity of their children's education, identity cards and the basic living facilities were some of the taunting issues they faced

KEQ 2.1.	Data summaries
How have advocacy and networking (local, district, state, national and international) – been carried out to maximise impact/outcome?	<ul style="list-style-type: none"> • CWC has created or demonstrated models for the government to scale up. Sometimes it was also the necessity to clear certain wrong impressions that the community may hold, such as in a village in the Hoovinahadagali Taluk CWC had to offset the image that the 'BS/MMM stop marriages' since they were involved in stopping 'child marriages'. In response, BS/MMM/ CWC organised model 'ideal mass marriages' where each couple was scrutinised in advance whether they had reached the legal marriageable age or not and provided many additional inputs for a meaningful married life. These effectively prevented the incidence of child marriage. The success of

filed by an NGO and the High court directed the state to develop a policy. The draft has to be vetted by the legal committee of the government.

- Part of the campaign of International Movement of Working Children (IMWC) highlighting the issues related to the ILO conventions affecting the working among others.
- CWC is the Advisory Member of the International consortium of organizations/ NGOs working with the children on street which came together to influence UN's General Comment on Children in Contact with streets.
- Active partner of 'Child Hope' which brings together about 40 organizations/ NGOs worldwide and takes up the issues of children.

KEQ 2.1.	Data summaries
	<p>this initiative prompted the State Government to design its Ideal marriage Programme (Adarsha Vivaha) on these very lines. For these in CWC's programme areas, CWC is part of the Social Monitoring Committees</p> <ul style="list-style-type: none"> • The BS/MMM also took up the issue of 'child marriage' as an action plan agenda and advocated in the district level forums/platforms. It got the concerned government officials and ministers involved in the issue. When the Karnataka High Court ordered for the Justice Shivaraj Patil Committee to Review Child Marriages in the State, CWC was part of the Drafting Team of the Committee and led the Child Participation process as well as contributed to the Mass Marriage and Child Marriage and Education components of the State Review. • CWC succeeded in conducting the first Children's Grama Sabha in the State in 2002 and subsequently successfully advocated for them to be mandatory in the whole State. CWC moved further and formulated guidelines/ procedure for conducting and facilitating the <i>makkala sabha</i>. CWC and GPHA successfully took the initiative to include the provision of Gram <i>Makkala Sabha</i> in Karnataka Gram Swaraj and <i>Panchayat Raj Act, 1993</i> which is an amended act enacted in 2016 and is mandatory now to all 6022 Gram Panchayats of the <i>State</i>. • CWC followed a strategy of critiquing the existing policies from the point of children and at the same time provided alternatives. CWC collaborated at different levels with different stakeholders (please refer Data Summary of 1.3) to do this. It has helped to maximise the outcome. <ul style="list-style-type: none"> - Provided critiques to the Juvenile Justice Act - Critiqued Panchayat Raj Act and brought about changes in democratic decentralisation in the entire state of Karnataka. One of the many significant changes includes a State mandate for child participation in the local governance - Part of the <i>Drafting Committees</i> for amending the existing ones or bringing new policies - Karnataka Child Protection Policy (CPP) 2016; Karnataka Girl Child Policy; Karnataka State Plan of Action on Survey, Identification, <i>Repatriation, Rehabilitation and Mainstream</i> of Child Labour 2016. - Campaign (2015-16) against proposed amendments to Child Labour Act 1986 - CWC opposed the inclusion of traditional understanding of Child Labour as enshrined in ILO (ILO 138) in connection with the UN General Comment on Adolescents. The UN Committee did give a hearing to this view in Geneva. However, they retained their traditional position in this matter although some members of the UN held an opposing view.

KEQ 2.1.	Data summaries
	<ul style="list-style-type: none"> - CWC was a member of the UN Expert Group taking part in the drafting UN General Comment on adolescence; UN General Comment on Children in Street situations; and UN General Comment on Children's Right to Participation. • CWC and the collectives intervened for the proper implementation of different policies. Lobbied with concerned stakeholders to make them understand the implications of not following the policies. Approached the judicial court and challenged for the implementation when felt necessary. Some of the cases are: <ul style="list-style-type: none"> - BS/MS intervened against irregularities in the distribution of Below the Poverty Line (BPL) Card in Kundapur and succeeded. - Critiqued on the Government's circular related to the allotment of beneficiaries for the housing schemes and challenged the issue in the State High Court demanding that it violated the State Act. The court ruled in its favour and issued 'stay order' to the State Government. - Intervened and Critiqued the State Plan of Action related to working children. - Provided training for the implementation of the features of Child Protection Policy. Also developed internal Code for Child Protection which can be used/ followed by any organisations. - Developed Guiding Principles for Media helped to self-imposed principles, endorsed by the Press Council of India. • Initiated an 'Honourable Voters Campaign' and has been picked up by the <i>Door Darshan</i>/State-run television and the telecast or the campaign has gone further to the national level. • The District Child Protection Task Force is set up as a platform for children and other stakeholders in Udupi district at Gram Panchayat and Taluk Level. It started with <i>gram panchayat</i> initiated by CWC/BS/MS. It is now a District Level Platform chaired by the District Commissioner, a likely model for state-level emulation. • In response to the move to disengage the <i>grama panchayat</i> without enough power for self-governance, the GPHA/Campaign emerged in 2007 with the support of CWC discussing the issues that infringed on the rights issues of the grama Panchayat and Gram Sabhas. This campaign was successful against the regressive proposed amendment. In 2014 as a result of its continued advocacy, a Review Committee was set up to review the status of Democratic Decentralisation in the State, and the Panchayat Raj Act that was existing by that time, and to draft a Bill for Grama Swaraj and Panchayat Act. CWC was a member of the Drafting Committee. The amendment proposed by it came into effect in 2016 which included <i>makkala grama sabha</i>/children's collective as part of the <i>grama panchayat</i>/local governance. The GPHA has also done the mapping to fix the responsibility of the Government at the three levels

KEQ 2.1.	Data summaries
	<p>(panchayat, taluk and district) with regard to all the tasks they are mandated to carry out.</p> <ul style="list-style-type: none"> • GPHA is still active: Members of Legislative Council (MLC) across the all the political parties were brought together in 2016 and formed as a network, and the members are also in social media (WhatsApp) group to keep the group active. GPHA was active in the Honourable Voter Campaign that includes “Me and my Votes are Not for Sale” and motivated voters to reject all forms of corruption in elections and money in exchange for their votes. <p>State/national/global –what experienced at the local level is reflected at the policy level at the state or national – for instance, the <i>makkala grama sabha</i> is mandatory for the whole Karnataka state. Media and <i>Door Darshan</i>/State television channel telecasted 32 episodes on children’s rights, for instance, on the mechanism for local governance – <i>grama sabha</i>, the accountability etc. which were communicated in stories and illustrations. It started with cable network and moved to state-run television, and it became popular and had a tremendous response.</p>

KEQ 3.1.	Data summaries
<p>What have been the extent of sharing and learning among FORUT and its partners to strengthen capacities and competencies?</p>	<ul style="list-style-type: none"> • Forut has been respectful to what CWC is convinced, has practised and has shared. They respected the importance of Participatory Rights Based Approach and the need for systemic changes. They understood the nature of the interventions of CWC and extended support. FORUT started its partnership in 1990 and recognised the need for long-term support for systematic change. They have not forced upon any pre-defined guideline or ideas. • The ready-made tools/booklet in English on ADD has been found useful as reference documents/tools. For instance, Childhood Matters, and the tool is helpful to challenge the abuse of alcohol in the communities’. The tool reported having helped the partner to adapt to community-specific strategy related to alcohol abuse. FORUT’s engagement in ADD has been helpful to become aware of new development in this area. • The partners got the opportunity to meet as partners once in two years. The partners and FORUT designed the agenda and schedule together, and it provided space for sharing from partners. For instance, the partners meeting of 2017 looked at what was happening in India and other countries as well as Norway. It was useful to understand the changing scenario. • There was also an opportunity for partners to showcase the models like the “Happy Family” concept and its practice. The forums of Global Alcohol Policy Alliance (GAPA) and WHO where FORUT made a very strong case for CR vis a vis alcohol and drug abuse, and it was useful to advocate the cause.

KEQ 3.1.	Data summaries
	<ul style="list-style-type: none"> • FORUT created opportunities for cross learning – visit of Sri Lanka and Sierra Leone partners to CWC has led to the replication of models like ‘Children Club’ on their return to their respective country. • FORUT helped tremendously to understand the RBM and to deal with the “artificial imposition of thematic – linear proposal formats” and its application. FORUT has also narrative format other than the RBM which shared the qualitative aspects of the work of the partners with FORUT. • FORUT has provided ‘social media’ spaces for partners to advocate their issues or actions and to seek solidarity. The website is used for sharing case study, events and impact and regular update of the work and happenings and to keep in touch with the individual donor base of FORUT. They also used twitters, re-tweeting and e-petitions. The social media and YouTube were helpful to campaign against some issues, for instance, “anti-child labour and not anti-child” during the event of World Day against Child Labour in 2016. • The relationship of CWC with FORUT affirmed the democratic, real sense of partnership and mutual learning. The long-term relationship of FORUT with CWC is indicative of its belief in sustained support.

Indicative findings (per each evaluation USE)

USE 1: To design the next project plan with FORUT based on an organic, rights-based process of context-specific and inter-thematic areas.

CWC with a larger vision and paradigm as stated at the beginning of this Report, worked through three strategic areas (1) Children Citizenship, (2) Education for Empowerment and (3) Governance. CWC believes that the issues such as child rights violation or gender discrimination or alcohol/tobacco abuse are part of the strategic bottom-up, organic, integrated and comprehensive approach. CWC believes that any bifurcation of these issues would become artificial. CWC believes that such an integrated approach fulfils the primary objectives of CWC, FORUT and Norad leading to a systematic change.

The bottom-up and integrated approach (beyond the three thematic areas/groupings – CR, GE and ADD) to CR has been advantageous to mobilise the support of the community effectively. It has also helped CWC to overcome the challenges and achieve significantly in favour of children. *Please refer 1.2.* CWC worked with the conviction that there were various issues related to children which required support from the constituencies and the different stakeholders, and the issues of children had to be perceived as a larger societal issue.

The children’s collectives BS/MS, especially in the rural areas, are intrinsically woven into the adult’s collectives MMM/Migrant Workers’ Unions, grassroots governance platform/panchayat raj institutions and the immediate community. It has proven as effective strategic aspects which offered good strength to the children’s collectives and to exert greater pressure or assert its

demand. CWC has also proven in its strategic aspect of working with the wider level forums/committees at the state or central or international/global levels. These interventions have resulted in amending the existing policies related to governance and children or bringing new policies. *Please refer Data Summary of 1.3 and 2.1.*

The normative framework of respecting the children, their ability and listening to them are considered the foundation of the 'organic, participatory, right based and integrated approach' of CWC. The long-term and sustained partnerships and collaborations with the constituency, panchayat/local governance institution, government, civil societies, CBOs, resource agencies and the media are all considered its 'strategic partners'. CWC tries to ensure that for a systemic change and to safeguard the rights of children required comprehensive and integrated approach; an approach that deals with the issues of children such as 'child abuse', 'dominance of adults', 'gender discrimination', 'alcohol abuse' etc. and the causative factors/environment.

The outcomes have been comprehensive in the following areas. (a) Direct individual and group benefits to children, (b) change of attitudes in adults and community, (c) support from the adults, adult collectives, panchayat/ institutions of governance, (d) different mechanisms/ platforms for the active participation of children and to voice out/take actions on issues affecting them directly or indirectly and (e) policy level changes in grassroots governance and child rights regulations at all levels. Please refer *Data Summary 1.2. & 1.3.*

The assertion of child rights through the panchayat raj institutions/grassroots governance has been prominent. The establishment of *makkala grama sabha* which is a mandatory part of the grassroots self-governance has been an effective and constitutional platform to the participation of children in the self-governance.

It would be good that the children's collectives especially the taluk and district collectives were to have a collaborative tie-up with networks that might even be outside the fold of CWC. Understandably the children's collectives of Bangalore have problems relating to other networks due to constant moving of their base since they are migrant workers. These collectives of children from Bangalore responded then and there to the issues than drawing out the actions of an overall plan of their priorities. Follow-up of certain actions also become a problem, for instance, the children took the effort of identifying other working children in the city and took photographs of them doing street vending etc. but the action did not go further.

Regarding the adult collectives in contrast to the MMM, due to their marginal status, the Migrant Workers Unions were pre-occupied with the issues affecting their living immediately than the issues affecting their children though it is a concern for them.

USE 2: To make decisions on priorities and overall direction and focus of the next framework programme

CWC has proved that the advocacy and networking (local, state, national and international levels) have been effective and compatible with their overall approach to organic, rights-based and integrated way. The advocacy and networking for amending the existing ones or new policy formulation have happened at different levels. Normally it started from the felt-needs of the

community at the local level and then moved to district level committees and beyond state/national/ international levels. When certain issues did not get resolved at one level, it was escalated to wider level to exert more pressure. Certain common criteria were followed while doing advocacy or policy-related work at the different levels. The participation of children directly or through representations, indivisibility of certain components like gender, etc. was kept at high level. All these have contributed to the children's right to participation and changed/changing power balance at the local/*panchayat* and state levels. *(Please refer Data Summary 1.3.)*

The advocacy and networking have brought significant outcome bringing changes in the participation and dignity of children in the local governance, state-level policy changes and effective implementation of the policies impacted positively to assert the rights of children. *(Please refer Data Summary 2.1.)*

USE 3: To facilitate effective cross learning for holistic, long-term sustainable impact

CWC has felt that the international opportunities and platforms created by FORUT have been helpful at different points for new learning, new contacts, and replication of certain models. These gains have been sporadic within the gambit of the three thematic issues, yet significant.

CWC has been very vocal in voicing their views on the RBM as “artificial imposition of thematic – linear proposal formats”. It might have been very difficult to make a proposal or report through RBM if not for the training and guidance of FORUT. They were appreciative of the narrative reporting other than the RBM through which FORUT opened the space for the partners to report on their qualitative aspects of the achievements.

There is a need felt to build and strengthen the international solidarity. It is felt important to mapping the strength of each partner which could help in identifying the need for collective work in South Asia and beyond. It is also concern that the international resource is reducing for support to Rights-Based development programs.

‘Governance’ is an important thematic area which CWC has been practising and advocating for years. CWC has already discussed and highlighted in the partner's meetings for the inclusion of Governance as a thematic area as it is a key to bring sustainable systemic change. CWC also believe that it is in line with FORUT and NORAD's concern for Democracy and Political decentralisation.

FISD SUMMARY REPORT

Aug. 13 and 17, 2017

Country: Sri Lanka
Partner: FISD

FISD Background

FISD works on ADD, CR and GE but in different districts. Therefore, there is a CR central theme in some villages, ADD is central in others and GE in yet other villages. The other two components become 'lite'. This has created artificial silos – however, one advantage is that since the govt. also works in silos – the CR team works with the child related govt. departments, GE with women and ADD with health.

Gender related

FISD has promoted the Happy Family Model which talks of healthy families, is not confrontational and works both with women's collectives and male engagement. This Model has been accepted at the national level. Similarly, they have advocated for both girls' and boys' empowerment at the national level when discussing gender. FISD has worked with Min. of Women Affairs to link community level learnings to policy level. FISD developed women's collectives called 'vigilante committees' to empower women and oversee any gender related problems. This mechanism has been adopted nationally. However, although the government has encouraged the formation of these committees, they are not well equipped to implement them. Also, only one officer is expected to oversee over 40 to 50 villages including violence issues in the community. That is why vigilante committees fill in the gap. FISD's strong advocacy with National Child Protection Authority and Ministry has led to the acceptance of 'vigilante committees'.

Child related

Children have been mobilized through child clubs and empowered to realize their rights. Children learn through a curriculum devised by FISD. At district level, child clubs are recognized by the government and some govt. officials have asked FISD to introduce in other villages.³³ There are currently 24 child clubs which are running directly by FISD and another 50 are being indirectly supported to meet the target of 10,000 children in 5 years.

³³ Clubs can take in an average of 50 children as regular participants in each of the 24 clubs. But the camps which contain activities geared towards the leader's badge which is the ultimate goal (under these camps they cover life skills) exceed 100.

With adults, “Alert Groups” have been formed to sensitize them about children’s rights and child protection and thus enabling them to link service providers with the committee. FISD is the national lead for the South Asian Initiative to end Violence against Children (SAIEVAC) at SAARC (regional south Asian body of countries) – thus working at both national and regional levels.

ADD

FISD, like the others, uses the Alcohol Expectancy Module (AEM)³⁴ believing that by changing perception of behavior under the influence of alcohol, we can address the issue. FISD works with youth to distinguish marketing images for alcohol and tobacco and to understand ill effects of consuming these products. Similarly, they work with women not to accept unruly behavior of husbands under the influence of alcohol. FISD has developed a local action plan for ADD. They work with users, non-users, women and children. Also, to change social norms of drinking during festivals, death, etc. Awareness is build regarding bad effects of alcohol with a diverse stakeholder group such as farmers and other professional groups.

FISD has worked with groups such as the Sri Lanka Federation of Non-Governmental Organizations Against Drug Abuse (SL FONGOADA), National Alcohol Alliance to implement NATA at community level.

USES	KEQ	DATA EVIDENCE
Getting direction for next (future) applications	To what extent has the community empowerment model used in the three programs of FISD been successful in changing the behavior of target communities	See Note 3
Understanding the added value of thematic integration of FISD programs	To what extent the thematic integration of ADD, CRPP and GE helped in achieving expected (outputs/ outcomes) at the community level.	
	How has FISD's advocacy with local authorities to appropriately implement national programs, etc. benefitted the community?	

See details of data collection questions (sub-questions) Note 4

³⁴ Alcohol Expectancy Module – the flagship resource for ADD. The module states that alcoholics are aware of their unruly behaviour since they tailor it according to the person present. E.g. they will not abuse a policeman in a drunken state, but they will do so to a woman. Therefore, their bad behaviour should not be ‘tolerated’ by women or excuse it saying that ‘it was under the influence of alcohol’. Therefore, women are to make men accountable. As mentioned elsewhere such strategies in patriarchal societies have very different connotations, providing a platform for women to be empowered. We did not have time in this evaluation to explore this further but FORUT partners may need to examine this closely. Another activity used widely is calculating how much alcohol costs and comparing the total to the overall income and needs of the family. Children too have been taught to do so.

Data Collection

Tool	Remarks
Child Participatory Tools 3 child friendly exercises	42 children divided by topics for group work
In Depth Interview	Two interviews a) Government - Additional Secretary, Development Ministry of Women and Child Affairs Ms. Ashoka Alawatta b) Network – Dr. Sarath Samarage President SL FONGOHDA
FGDs 4 evaluation topics; included group discussion, presentation and analysis with the group	<ul style="list-style-type: none"> - With FIRD staff – 3 FGD groups (working on ADD, GE and CR respectively) – about 20 staff - With local Government officials – 4 persons, 1 FGD - With women's collectives – one FGD with 15 women - With women's vigilant groups – one FGD with 17 women - With Men Group one FGD with 10 men
Village meeting	All social groups discussion – ADD group, youth group and children. With children also small group work

Agenda - Aug. 13 and 17st, 2017

See Note 3

Data Collection Details

For the children: A small group of 15-20 was requested to come for use of PRA. However more than 40 arrived and so groups were made by age. It was not possible to do the voting and prioritizing. But children did identify what was important. In the village, children were very shy and so, we had group work in a separate room while I continued talking to the larger village group. To involve the children, they then presented to the village.

For the interviews with the government officials: Generally, without staff. There was no prompting or interference.

For the FGD with the partner team: Discussions on who should be present was planned before visit. Both field and managerial level staff were present. Language was managed through having discussions within the group with presentations in English and translations on the discussion.

General

Days were very long either because of the distance of the nearest field sites (not so near) and because it takes time to do participatory activities with partners. Children also cannot be rushed. Child consent and participation is critical and needs appropriate facilitation.

Evidence

KEQ 1: To what extent has the community empowerment model used in the three programs of FISD been successful in changing the behavior of target communities?	
Sub-Questions	Evidence
How has the Happy Family model changed the behavior of men and women in the families? Has it changed the power relationship	<p>Happy Family Model opened up a platform to address gender issues with all members of the family e.g.: family camps. This was an entry point for addressing violence within families and violence against women and girls; Encouraged more women and men participation to the activities e.g.: women were able to come out from homes because of the H.P model and able to discuss issues common to their family relationships. Families were able to find ways and means of changing gender roles within family as they understood the benefits it has on each family member. This gave the opportunity to influence gender socialization of children within the family</p> <p>Gave more space for women to openly discuss alcohol related issue within the family; Helpful to build more close relationship among family members towards more quality family time with the members. BUT Limited participation of men; Not sufficient interventions for challenging the relationship between alcohol and violence.</p> <p>Need analysis of those families who are not participating in the program; More clear categorizing of families according to their participation and engagement with the program; Family sessions need to be more focused to objectives; to improve family level integration of the thematic integration; need community based Monitoring and quality control e.g., Community dash board system</p>
How effective has been the collectivization ³⁵ of women and what are their challenges	<p>Collective empowerment (power with)</p> <ul style="list-style-type: none"> - increased inclusion - able to share knowledge, experiences as a group etc. - increase peer support - changing as a group is more effective/ powerful than changing as an individual. <p>Created self-learning opportunities within the group as they were going through a self-development plan but a strong coordination and a referral system to support their day to day practical needs is required.</p>

³⁵ Collectivization refers to informal social groups and the committees (vigilante, in the case of FISD and societies in the case of Healthy Lanka). These NGOs know what is community mobilization very well. The Sri Lankan government also supports social groups (which are informal) to pass on messages and mobilize for their programs, the most important being the Samurdhi program – poverty alleviation program.

KEQ 1: To what extent has the community empowerment model used in the three programs of FISD been successful in changing the behavior of target communities?	
Sub-Questions	Evidence
	Increase in the Involvement of women in changing their family environment to prevention activities; But the same women groups participate in each and every society/activity. Need to focus more on gender empowerment; Sub committees created to work on specific subjects, but practical guidance needed as to how their work could be carried out to be more effective
<p>How has the perceptions on alcohol and other drugs changed among men, women and youth and children?</p> <p>What was difficult to change?</p> <p>How have they used this information? What worked and what did not?</p>	<p>Environment that promoted alcohol use changed as more persons challenged the alcohol expectancies; Young persons delayed their initiation of alcohol use; Life styles free of alcohol use have become trendy</p> <p>Men: Able to reduce or quit their consumption as the they had a peer group but lack positive role models and user groups sometimes oppose prevention activities. Need to develop lot of positive role models and introduce innovative self-development activities for user groups that go beyond ADD prevention. More men participate in the program</p> <ul style="list-style-type: none"> - Peer groups are mobilized to organize masculinity challenge activities. - increase in time allocated to social activities - they have learned to use community events, gatherings to discuss masculinity related issues <p>Involvement of men in various forms e.g. Fathers, peers, spouses, community leaders</p> <p>Community Action Group (ADD): Action committee for prevention did not attract adult men in general and users in particular. They did however lobby with govt. and other; More actions taken to deal with problems, issues and cases related to alcohol, tobacco and other drugs in the families and communities</p> <p>Changes in children perceptions on ADD, based on group discussions with children.</p> <p>Stopping the acting (pretences) under the influence of alcohol</p> <ul style="list-style-type: none"> ▶ Displaying posters with prevention messages to catch alcohol user's attention ▶ Restricting mobility of such persons by women societies ▶ Posting stickers to increase the awareness among households <p>Stopping the sale of alcohol and cigarettes</p>

KEQ 1: To what extent has the community empowerment model used in the three programs of FIRD been successful in changing the behavior of target communities?	
Sub-Questions	Evidence
	<ul style="list-style-type: none"> ▶ Pasting poster in the vicinity of the shops ▶ Building awareness of the shop owner to stop selling such products ▶ Convincing shop owner there is no profit in selling cigarettes ▶ Increasing the awareness on the harm due to selling alcohol and tobacco products <p>Prevention of alcohol, tobacco and other drugs in places where community members frequently visit</p> <ul style="list-style-type: none"> ▶ Pasting stickers in the buses and increasing the awareness of bus drivers and conductors ▶ Conducting poster, sticker campaigns to reduce the use of alcohol, tobacco and other drugs at places frequently visited ▶ Through the women societies rejecting the alcohol, tobacco and other drug users in the community <p>Making the future generation free from alcohol, tobacco and other drug use</p> <ul style="list-style-type: none"> ▶ Conducting the Certificate and Badge programme with 35 children in the village ▶ Conducting child camps and increasing the awareness of children, parents and adults ▶ Conducting poster exhibitions on the effects of alcohol, tobacco and other drug use <p>Prevention of alcohol, tobacco and other drugs during festivals and celebrations</p> <ul style="list-style-type: none"> ▶ Conducting Sinhala New year festivals and displaying posters with alcohol, tobacco and other drugs during the festivals ▶ Conducting Entertainment events and involving persons who had not participated in prevention activities before and providing them awareness
What is the change in children's behaviour at home and community?	Children recognize and react to the myths and misconception of alcohol, tobacco and other drugs; question efforts to promote use of alcohol, tobacco. Children need to learn why abstaining is important for their own development

KEQ 1: To what extent has the community empowerment model used in the three programs of FISD been successful in changing the behavior of target communities?	
Sub-Questions	Evidence
<p>What is the perception of adults regarding children's ability to participate?</p> <p>How are adults enabling children to fulfil their right to education, play and protection? For girls?</p>	<p>Youth delayed initiation of alcohol, tobacco and other drug use among youth groups and able to recognize and counter the promotions to increase the use of alcohol and tobacco use. But need more innovative programmes to build confidence and develop skills to influence the setting/context of use.</p> <p>Child Friendly Committees establishing active working groups to work towards child rights and protection. Children are very vocal, and use a number of advocacy activities to realize their rights. Maintaining confidentiality with regard to child rights violations but need technical skills and capacity on counselling and psycho- social intervention; CFC has identified the risky places through mapping and mitigating risks; In doing children's camps create space for children to display talents- Leadership camps, exploration camps etc.; Through the happy family programme being able to work together and maintain happiness in the family e.g. participation of specially children in whatever home activities parents engage in.; Poster campaigns on Alcohol prevention together with children has minimized consumption amongst the youth, after the introduction of the ADD programme. It also has lessened the number of unhealthy youth gatherings specially to smoke; Through house to house visits under the CR programme it was possible to send children who were non-schooling back to school; CFC conducted leadership camps identified the potentials of people and were able to direct them for different activities; Children gained self-confidence and violence minimized - due to the FISD programmes violence against children minimized.</p>

KEQ 2: To what extent the thematic integration of ADD, CRPP and GE helped in achieving expected (outputs/outcomes) at the community level	
Sub-Questions	Evidence
<p>How has gender relations changed in the family as a result of children and fathers participating in the program.</p>	<p><i>Involving men has resulted in</i> increased concern to reduce or quit the use of alcohol but need peer activities with men to convince them – peers with equal power and/or men of higher level of power; Men reduced spending on alcohol and tobacco and spent it on the needs of the families; spent more time with their spouses and children but children and women still lack decision making skills and role sharing skills within the family</p>
<p><i>How far changes in the perception of alcohol and drugs supported in empowering women</i></p>	<p>Women do not pardon or sanction the mis-behaviour of men under the influence of alcohol use but unable to challenge power relationships</p>

KEQ 2: To what extent the thematic integration of ADD, CRPP and GE helped in achieving expected (outputs/outcomes) at the community level	
Sub-Questions	Evidence
<i>and securing the rights of the children?</i>	
What do you understand about being a girl and a boy? How has that understanding changed?	Children are aware of gender differences and gender justice. E.g. aware of ill effects of child marriage; gender bias; cultural barriers, etc.

KEQ 3: How has FISS's advocacy with local authorities to appropriately implement national programs, etc. benefitted the community?	
Sub-Questions	Evidence
To what extent has the establishment of mechanism of vigilant committee (within NAP) supported functioning of alert groups at the community level.	Need to include vigilant committees into communities that has ADD groups /villages Community based mechanism to identify and address issued of GBV is established, recognized by community, trusted by community; Divisional recognition and support system established for the functioning of vigilant committees; has increased befriending skills / case management skills of women leaders; Links with the service providers strengthened. BUT, need of improving the system of follow ups (FISS/ Service Providers); Advocate for more resources (Divisional/ National); Build local experts Mainstreaming vigilant committees and incorporating men engagement in to gender justice work
<i>How effective has been communities in advocacy with the local authorities for effective implementation of NATA Act in their communities?</i>	Close community connections with the authorities; Membership in forums, networks but hindered by lack of knowledge of local officers in translating National policy in to local action and inactiveness of officers – workload and lack of resource
How have children NAP strengthened the functioning of Child Friendly Committees at community level.	Children clubs need to be included into communities that have ADD groups /villages

KEQ 4: To what extent the community learning supported in influencing National action plans of each program area?	
Sub-Questions	Evidence
How has the community model of engaging men and boys / and community model of women alert groups influence the NAP?	Various CBOs supported the Community Action Groups in prevention work but lack of interest in adopting alcohol policy or code of conduct into the constitution or working guide of the organizations. NEED More lobbying to engage men; Further strengthening of staff and community on mobilizing men is needed; Need more emphasis on fatherhood program; Need

KEQ 4: To what extent the community learning supported in influencing National action plans of each program area?	
Sub-Questions	Evidence
	further mobilization of community leaders and members on challenging myths related alcohol and violence. Men and boys Engagement programs added value in to changing gender stereotypes and perceptions
To what extent has the government used the Fisd child club model for their own development program?	<ul style="list-style-type: none"> • Children’s clubs created space for active participation of children and as a result a demand of the model and scaling up in adjacent communities but need to build better rapport with the government institutions at National as well as District level. More explicit activities have to be introduced to make children understand concepts of gender and alcohol prevention • Similarly, youth groups are creating spaces to collaborate between Fisd youth group and Divisional level youth group. Better collaborations with government programmes. Need training manuals, tools, technical material • Children have started to identify their own protection issues e.g. <i>Child-led Research</i> <p>CR and Child friendly committees was incorporated in to the national action plan. But alcohol and drug prevention was not reflected</p>

Program Related

Fisd has good linkages with **other government institutions**. Authorized officers of NATA work to reduce the sale of alcohol and tobacco products to person below 21 years of age. Fisd is recognized as a partner resource organization by the Presidential Task Force on Drug Prevention. The Alcohol Expectancy Model has been integrated into the action plans of the Social development programmes of the Samurधि authority and the Youth clubs of the National Youth Services Council. Government officials are more interested in implementing activities rather than integrating alcohol and other drug prevention as objective into their national action plans and organizations responsible are working as silos at district level. There is a need to Advocate to integrate prevention objectives in the national action plans and advocate to establish Steering committees at district level.

Referrals: Access to information on treatment and rehabilitation services increased but lack proper referral system.

Alcohol/tobacco Cessation Program – e.g. Quit Line (telephone support service): Lack publicity on the service available and in-house resources to expand the service. Advocacy effort needed to establish service within the Government system

Children's clubs: Child clubs were introduced within the happy family model in engage children to influence family relationships and it worked well. Created more space for children to have a dialogue with their parents on role sharing within the family. Children got involved in peace building /conflict management within their families which led to reduction in domestic violence.

An environment of respect towards mother created by children leading to increased self - esteem within children and women. Involved in challenging and changing the myths and misconception of alcohol, tobacco and other drugs; challenge promotions of alcohol, tobacco and other drug use and to take action to reduce alcohol and tobacco use within their communities. Have not reached children beyond children clubs. Do not have programmes to attract children who are not interested in participating in child clubs. Need to involve other groups beyond child clubs through other mechanisms; Increase programs through schools and dhamma schools; introduce innovative programmes for parents to discuss child club (Life skills) activities/benefits of child engagement. Limited CR and ADD integration in child club activities; Haven't catered to differently abled children; Less focus on child protection issues/needs

Below is a list of activities that children have done in the children's clubs:

1. *Child Rights and Protection – Activities done by children*

1. Making aware through hand bills and posters
2. Holding child rights awareness programmes for children
3. Establishing child clubs
4. Awareness creation programmes for parents
5. Musical programmes
6. Camps for youth
7. Programmes on the protection of girl child
8. Drawing the risk map and identifying such places
9. First Aid programmes
10. In order to work more towards child rights and protection awareness creation in other societies in the community
11. Realize rights through advocacy

2. *Gender - Activities done by children*

1. Awareness programmes on gender
2. Preparation of handbills and distribute
3. Conducting camps
4. Programme on the rights of girl child
5. Community awareness programmes
6. Through bubble poster
7. Distribution of book marks
8. Campaigns

3. *ADD - Activities done by children*

1. Establishing child clubs

2. Awareness through handbills and posters
3. Completion of the ADD hand book
4. Identifying places where alcohol consumption takes place
5. Conducting activities based on the ADD workbooks for children groups of 6 – 10 years and 11 – 14 years
6. Parents awareness programmes
7. Conducting camps in relation to alcohol prevention
8. Awareness creation for school children
9. Taking action against places selling alcohol
10. Collaborating with organizations working on rehabilitation of Alcohol abusers and referrals to such places

Youth programs: Established peer education system and certified Trainers are available. Effective in mobilizing youths for managing, organizing and running –campaigns and camps.

(Girls change the World concept, Be the Change,) These campaigns were able to influence gender identities of youth. Youth underwent a self- development process with regard to different aspects of knowledge and attitude change (SRHR, online safely, intimate partner violence, problem analysis etc.) but difficulty in maintaining continuous youth groups and need to keep them connected through new technology, social media.

Limited efforts for youth outreach programmes (especially those who do not participate) and lack of willingness of community members in having mixed gender group activities. Need collaborative programmes with existing youth organizations/programmes/ initiatives; further sensitization of community members on the benefits of mixed gender group activities; develop innovative methods to engage these groups for beyond prevention activities.

Women's Program: List of programs with women are diverse and comprehensive – below is a list prepared by women regarding their capacity development:

1. Leadership training for women
2. Preventing physical, emotional, mental state and harassment
3. Household economic Management Program
4. Gender (Men, women, children)
5. Introducing and coordinating the service providers
6. Awareness raising on women's rights and human rights
7. Training for vigilant committees on function of vigilant groups, legal and psychosocial knowledge
8. The programs that build up the relationship between their children and their fathers
9. Self-development plan for women
10. Awareness on self-esteem of women
11. How to analyze the problems (By using the problem tree)
12. Effects of marriage law and general law for women
13. Physical, mental, and the befriending skills for women

14. Awareness of counselling and psychosocial interventions.
15. Happy family program and camp
16. The children camp (between age of 6 and 18)
17. Camp related with maintaining dignity of the women
18. Cyber violence (through what's up, viber, imo)
19. Youth camp (leadership, self-fulfilment)
20. Awareness campaigns using posters, stickers and handbills
21. Awareness of prevention from drug addiction.

Limited CR and ADD integration in child club activities. Haven't catered to differently abled children; Less focus on child protection issues/needs

Related to Advocacy

a) List of FISS advocacy with and what about? Lessons Learned

WHO	WHAT	LL
Women development officer	Integrating the women alert groups in to the mainstream plan (National Action plan to address SGBV)	WDO needs technical capacity which FISS started providing at the national level Negative attitude of WDO on the additional work load. We had to support her in easing her work
Police- women's and children's desk/ MOH/psychosocial officers and other relevant service providers	Importance of coming together at the divisional level when providing services. Reducing the gaps between them. Promoting a holistic approach.	National level gaps are affecting the divisional level. Ministries do not work together. So, their officers at divisional level do not work together.
Shop owners	Stop selling of cigarettes	In Convincing shop owners that the integrated model was so much useful. As they are too concerned of their children. Understanding it as a social cause
CBO leaders	Intergrade alcohol and drug prevention policy /code of conduct in to the constitutions/ action plan	Personal interests of leaders come as barriers Need for a strong civil society activism
Divisional Secretariats (in different ones)	A Place (Land and Building) for the mobile Library; child club, playground; land with water source	Children can act on their own when capacitated specially on their rights
Private land owner	Land for the water project (Land with water source) and to establish water tank	
Member of Parliament	Allocation of finances for the water project from budget	Children should be provided with information to act upon

FISD has indicated strong advocacy on the following issues:

- a. **Prevention of gender based violence** – National action plan to address SGBV – with Ministry of women and child affairs
 - Mainstreaming vigilant committees and incorporating men engagement in to gender justice work;
 - CR and Child friendly committees were incorporated in to the national action plan. But alcohol and drug prevention was not reflected (we have not taken enough efforts);
 - The added value is the experience and expertise of the organization in managing the 'be the change' campaign for engaging men and boys and the engagement with regional and the global alliances;
 - If to redesign will look in to the sections where ADD component should come in and advocate for inclusion.

- b. The FISD ADD programme advocated for **printing of Pictorial Health Warnings (PHWs) on the packages of the tobacco products as per the WHO Framework Convention** for which Sri Lanka had ratified.
 - a. FISD networked with the Ministry of Health and National Authority on Tobacco and Alcohol (NATA) and other civil society organizations for this advocacy Representative of the community groups of FISD CR, GBV and ADD programme met with Hon. Mithreepala Sirisena, then Minister of Health in Colombo to lobby him on the effective implementation of NATA act including not selling alcohol and tobacco products to persons below 21 years of age. Hon. Mithreepala Sirisena, then Minister of Health enacted regulation under the NATA act to print Pictorial Health Warnings covering 80% of the surface of tobacco packages mainly to discourage the young persons initiating tobacco smoking;
 - b. The Ceylon Tobacco Company filed case in the Supreme Court to prevent the minister implement the regulation;
 - c. Initially the opinions of the decision makers commitment and public opinion makers were not in favour of printing the PHW;
 - d. Due to the persistent advocacy campaign the civil society organizations including FISD public opinion shifted in favour printing the PHW, which had bearing on shift in the opinions of the decision makers in the same direction;
 - e. Supreme court gave a ruling to print 60% of the surface of the tobacco packaging with PHWs in the interest of public health and to discourage young person initiating using tobacco products, which was later increased to 80% of the surface area.

- The Children groups, women groups and the Community Action Groups consisting the CR, GE and ADD programme of FISD jointly advocated for the printing of PHW at community level, divisional level and the national level
- The advocacy campaign gave an opportunity of the three programme to bring in their perspectives and views into and ADD related advocacy campaign
- FISD was able to garner public opinion in favor of the action of the Health Minister in the districts where FISD organization worked and influence the opinions of the decision makers and public at national level

- FIRD was able to add more value to the advocacy by bringing in gender and child right perspective into the advocacy efforts
- Advocacy initiatives at the community level and divisional level were more effective
- The Government Officials showed hesitance to openly support the advocacy as it involved a supreme court case.
- Many media organizations were reluctant give balanced coverage of the advocacy as it was versus one of the strongest business organization in the country

FRIENDS SUMMARY REPORT

Aug. 12 and 16, 2017

Country: Sri Lanka
Partner: FRIENDS

About FRIENDS

FRIENDS was established in 2011 after Forut's exit from SL to continue some of its projects. FRIENDS has expertise in livelihoods and works with economically inactive women, identifies their most feasible individual livelihoods, provides necessary skill development trainings and in-kind assistance to initiate livelihoods. Close follow-ups and monitoring have helped to develop sustainable livelihoods. FRIENDS has developed more than 2000 economically active women in project locations.

Friends is experimenting with the establishment of Livelihood Facilitation Centers (LFC) whose objective is to procure raw materials at reasonable price, coordinate services women need for their livelihood (e.g. training, loans) and develop market opportunities. Project women build, operate and own these centers. Ten such centers operate in project locations under the guidance of FRIENDS.

In addition, FRIENDS has mobilized groups of women into self-employed women forums. Ten organizations have been registered under social service act to operate independently. FRIENDS works and enters communities through GEE (Gender Economic Empowerment) and then introduces issues related to child rights and ADD. Moneragala is a poor district selected by FRIENDS for GEE. It also works in other areas – one of them is Puttalam, which was being managed by another NGO. Here the project strategies are quite different with more equal weightage given to CR and ADD along with GEE.

In Wellawaya, Moneragala, FRIENDS has created awareness on ADD and mapped the prevalence of alcohol, drug and tobacco addiction in 70 villages. The findings indicated that 30% of all men above 18 years were daily habitual drinkers and about 64% were occasional drinkers. About 60% of men above 18 years were taking tobacco.³⁶ Although there is NATA (National Alcohol Policy), implementation is weak and awareness lacking at grassroots level. Many villagers sell paddy for beer production, the earnings are then used to import rice!

³⁶ These numbers will become the baseline. This ADD component has just started but, as staff mentioned, they will be completed within the project period.

USES	KEQ	DATA EVIDENCE
Identify the effectiveness of the programme-(Gender Economic Empowerment) for further improve the ongoing programme and develop new programmes to reach different donors	How have women's increased economic strength changed their own and family's lives and role in the community?	See Note 3
	How effective have women's new livelihood skills and practices (such as resource management, mobilization, collectivization, linkages) contributed to sustainable livelihoods?	
Identify these positive aspects to add for future programmes	What are the learnings of integrating ADD and GE at the project and national level?	
Understanding the effectiveness and sustainability of the programme to develop a replicable gender economic empowerment model for future programme	How effective is the facilitation centre model?	

Data Collection

Tool	Remarks
Interview	Agricultural Officer (1)
FGDs 4 evaluation topics; included group discussion, presentation and analysis with the group	With FRIENDS team from two project sites: Wellawaya and Puttalam as well as some others (20 persons)
FGD with participatory activities	With women entrepreneurs (6)
FGD with participatory activities	With women leaders (12)
Children – Participatory activities	Boys (12) Girls (8)
FGD	Men (husbands) group (6)
Observation	Livelihood Facilitation Center

See Participant List Note 2.

Agenda: Aug. 2017

See Note 1

Data Collection Details

For the FGD with the team – The team is very grassroots and a lot of handholding was necessary for them to analyze the KEQ and data collection questions. There was a difference between the various teams with the Wellawaya team more confident in GEE and the other from Puttalam having a more integrated and nuanced approach.

General

Deleted one data collection question related to community findings being used at national level since FRIENDS work is very local. The Puttalam project came to FRIENDS because one of the NGOs managing it was asked to hand over by FORUT. Interestingly, during the formulation of the KEQ, the emphasis was on the FRIENDS LFC³⁷ and livelihood program and not the one in Puttalam which has a more integrated approach to development.

Evidence

KEQ 1: How have women's increased economic strength changed their own and family's lives and role in the community?	
Sub-Questions	Evidence
How many of women earn a regular income from their livelihoods? What do women do for their earnings?	<i>1) GEE Project</i> Supported 2,067 women in 8 project locations. Wellawaya is one of the eight locations and about 1,515 women earn a regular income. Most women set aside what they earn for family's basic needs, children's education, save a bit and reinvest in their livelihood. Some mentioned contributing to building their home and giving money to their husbands for family related issues.
How do women feel about their economic empowerment? Do you experience any positive or negative change of your husband/family as your financial strength, contribution to family? What are those?	<i>Both Projects</i> Women expressed that they were able to with their increased income provide a better standard of living, afford children's education and able to be in control of their money and their lives. Their knowledge of income and expenditure had also improved. By and large husbands have been supportive, some help in domestic work, more help in the business and some have given up alcohol (difficult to verify is this is a socially accepted answer). FRIENDS staff also reported the same changes
Do you experience any change in your community role? More involvement etc.?	<i>Both Projects</i> Women feel that their status has increased because of their income, ability to find employment for others, able to liaise with government officers and greater confidence in providing advice to others. In their words, "Before I began earning, I was nobody."

³⁷ Local Facilitation Centers – this is the flagship activity of FRIENDS. Umbrella under which activities are being subsumed – procurement, sales, marketing, loan provision, networking.

KEQ 2: How effective have women's new livelihood skills and practices (such as resource management, mobilization, collectivization, linkages) contributed to sustainable livelihoods?	
Sub-Questions	Evidence
What sort of skill received from the project?	<i>GEE³⁸ and Puttalam Projects</i> Women rated highly the following skills: developing a business plan, initiating new business, maintaining accounts, saving, time management, attention to product quality and working in groups
How does women's groups support each other to continue livelihoods	<i>1) GEE Project</i> Women value being part of a collective to share and work together. About 151 women groups have been formed in project villages. They meet monthly and discuss their livelihood issues, needs and find solutions. Registered self-employed women forums are available and functioning well. This also means more budget for credit. However, several women are left out and the project needs to reach out to them. Though some women do not earn a regular income from their livelihood they participate for other project activities. Few members have left the project. <i>2) In Puttalam</i> Women are more likely to come to meetings when they are learning to set up their business. Once on their feet there is less interest in attending the meetings. It may be necessary to strengthen the gender empowerment components in meetings
How do you link with other service organizations required to continue your livelihood? Benefits?	<i>1) GEE Project</i> Close monitoring and business counseling needed to fully utilize business plans, as some women have not been able to reinvest. High demand for loans and some linkages with private sector may be necessary.
Do you have confidence to continue your livelihood? Explain	<i>Both Projects</i> Most women are doing well and are confident that they will be able to continue. The flip side is that with increasing responsibility, women do not have free time. Gender equity needs to be learned by both men and women.

KEQ 3: What are the learnings of integrating ADD and GE at the project and national level?	
Sub-Questions	Evidence
What are the learnings of integrating ADD and GEE in the lives of women, their families, and community?	<i>1) GEE Project</i> Children are aware of the bad effects of alcohol and tobacco and have done a few community activities such as making posters and placing stickers. However, they do not have in depth knowledge as the ADD program and children's clubs are recently initiated. Most of the benefits of GEE according to children are

³⁸ Wellaway has been replaced with GEE – Gender Economic Empowerment.

KEQ 3: What are the learnings of integrating ADD and GE at the project and national level?	
Sub-Questions	Evidence
	<p>economic – most said that their demands for books, and other essentials were fulfilled because the mothers were earning money.</p> <p>Men are highly reluctant to participate in community groups or meetings. The project could not implement the planned gender awareness program for them in many places.</p> <p>Children and youth have some sense of gender equality but more needs to be done.</p> <p><i>2) In Puttalam</i> Children have been able to protect themselves using “lifeline module”. Children Clubs meet regularly but not all children attend regularly, mostly because they need to be conducted at times that are available for children. It is very difficult to schedule because they prefer to go to study classes. Some parents do not send children and there is need to reach out to them.</p> <p>22 Shops have completely stopped selling cigarettes. NATA is implemented. Changes of alcohol consumption in events such as wedding and parties reduced.</p>
What are the activities done on ADD at community level? Lessons learned	<p><i>1) GEE Project</i> Community activities include placing stickers and posters and sensitization during festivals. Formation of youth and child clubs in project villages could not be completed as planned due to lack of their participation. However, more needs to be done to ensure strong community mobilization and participation. There is need to link up with other existing community groups as well to strengthen ADD awareness.</p> <p><i>2) In Puttalam</i> Youth seem to be less interested in community activities and more pre-occupied with pursuing careers or education.</p>

KEQ 4: How effective is the facilitation centre model?	
Sub-Questions	Evidence
What are the benefits received by women from centre?	<p><i>1) GEE Project</i> Women feel it is “their space”. The economic model of LFC enables them to get cheaper raw material as well as credit. The LFC also has a sales outlet and as a member runs it, women are comfortable approaching it for their many needs. LFC provide trainings, guidance for business registrations, and marketing facilities. Women’s suggestion was that LFC should participate in trade fairs, have more working capital (by increasing membership), procure more raw material and circulate more credit.</p>

KEQ 4: How effective is the facilitation centre model?	
Sub-Questions	Evidence
How do you ensure the sustainability?	<i>1) Wellawaya Project</i> By increasing both profitability and visibility (encouraging more women to use the facility), it is likely to be sustainable. Also, goods need to have quality checks. More income generation activities are needed for financial sustainability. Not all LFC are doing well – one in a remote area is struggling and out of the eight, a few need strengthening.
What are the links developed by center to strengthen the services delivery and how effective are they?	<i>1) GEE Project</i> Developed several market linkages with national level markets. (E.g. Jaffna Palmira items sent to Colombo centers). But could not continue due to transport difficulties. Difficult to link up with other NGOs as they too have paucity of funds. Project has developed direct links with Mahaweli authority, Veterinary Department, Agriculture department etc. in all project locations. Those links are successful and have provided benefits to project women such as free machineries, technical trainings, market opportunities. These are links at the local level and FRIENDS needs to establish more linkages at the national level.

Indicative Findings

1) Programs

In Wellawaya

FRIENDS has good expertise in livelihoods and therefore has been to empower women. It offers a lot of vocational training and livelihood support to make viable businesses. This is a difficult effort. For GEE, they would need to add on more gender related trainings.

The LFC are functioning well, some doing better than the others but FRIENDS is aware of the problems and working on them.

FRIENDS has just started working with children and youth and on ADD issues so there was little feedback available.

In Puttalam

The project uses a different approach and child and youth clubs are active and well established. Livelihood activities are present but there is greater involvement of the community and attempts to integrate the activities in the system through the training of government officers. This however has been an uphill task.

2) Advocacy

In Wellawaya

Most of FRIENDS advocacy is at the local level or with organizations and groups promoting business. Their model of GEE is good and recognized by the government but there was little indication that the model would be supported by them. The LFC is a good approach for sustainability and FRIENDS needs to advocate the model at different forums. They have adapted the approach from a well-known Indian model called the SEWA approach – FRIENDS had visited the organization to learn from them.

In Puttalam

The project uses a different approach and child and youth clubs are active and well established. Advocacy with government officers has indicated their lack of knowledge in human rights. Human rights classes are run with the help of the University of Colombo but very few officers feel the need to attend the classes and even if sympathetic officers are available, they are transferred soon. FRIENDS expertise is well known by other CSOs and government and they are often invited as resource persons.

Related to Integration: Please see consolidated note with other partners.

Related to FORUT KEQ: Please see consolidated note with other partners.

HEALTHY LANKA SUMMARY REPORT

Aug. 1, 2017

Country: Sri Lanka

Partner: Healthy Lanka

What is Healthy Lanka?

HL works in several districts with ADD as its primary component both influencing national policy as well as working at the community level. At community level, they form and strengthen CSOs (currently 86) to be vigilant towards alcohol prevention. Both male and female members, and some children are part of these CSOs. The CSO does awareness raising as well as handles alcohol related family disputes. Through their district program coordinator (DPC), HL begins its work in villages by forming children, women, alcohol user groups and introduces community action with them. These then are formally developed into a CSO – this organization then works with various govt. departments e.g. women's issues are taken to the women development officer and so on.

They are working with 14400 youth in community and have develop materials to develop peer leaders. They train govt. officers, many who are involved in poverty alleviation and are allocated to villages – they all undergo ADD training Where there are no CSOs, social groups are formed to bring awareness regarding ADD to the community. Social groups are informal and do not have office bearers.

At the national level, HL is involved with 240 social groups to advocate for NATA as many govt. officials do not have a detailed understanding of NATA provisions (such as not selling alcohol and tobacco to below 21 years). HL also advises on amendments of and violations of NATA. HL works with over 800 organizations and with 30 state sector organizations and INGOs to develop an Alcohol Policy Alliance for awareness raising, campaigns against giving new bar permits (near schools or religious places), reducing bar taxes and low taxes on liquor. HL works with over 830 organizations and with 80 religious organizations of all faiths to develop an Alcohol Policy Alliance for awareness raising, campaigns against giving new bar permits (near schools or religious places), reducing bar taxes and low taxes on liquor. HL also talks to Parliamentarians to not support such liberal regulations that increase the consumption of liquor. HL works with children in 36 locations through children's clubs to build awareness, build leadership and participate in campaigns. Because of their focus on ADD, they also work on GBV and Happy Family concepts. They also train on gender justice with government functionaries and youth.

USES	KEQ	DATA EVIDENCE
To verify program outputs /outcomes	To what extent has the Healthy Lanka alcohol and drug prevention programme brought change in awareness, knowledge	See Note 3

USES	KEQ	DATA EVIDENCE
To find out the possibilities of integration of ADD, CR, gender justice for future directions Impact of ADD outcomes over gender justice and child rights at community level	and behaviour of children, women and adult men?	
	To what extent Healthy Lanka has contributed to awareness raising for the effective preventive education including NATA awareness with relevant government authorities?	
	What is the role of Healthy Lanka played in improving NATA act implementation at national and community level?	
	How does the Healthy Lanka alcohol and tobacco prevention programme integrate the CR and GJ component?	

Data Collection

Tool	Remarks
FGD using participatory tools	CSO members Village one (15) Women's social group members Village two (9)
Children participatory tools	Child Club members Village one (35) Peer Group members Village two (6)
FGD	Government officials in Kamburupitiya (25)
In depth Interview	National Government – Ministry of Education 1) Mrs. Renuka Peiris Director of Health and Nutrition and Alcohol and Drug Prevention 2) Mr. N Gunashekharan, Deputy Director Alcohol and Drug Prevention
FGDs 4 evaluation topics; included group discussion, presentation and analysis with the group	With staff (18)

See Note 2 Participant List

Agenda - Aug. 2017

See Note 1

Data Collection Details

For the FGD with the team – The field visit was arranged with the support of HL and discussions with field and managerial staff enriched the discussions.

General – Overall, we met a large number of stakeholders involved in the program. The program was very tight but well planned.

Evidence

KEQ 1: To what extent has the Healthy Lanka alcohol and drug prevention programme brought change in awareness, knowledge and behaviour of children, women and adult men?	
Sub-Questions	Evidence
What differences has this made in families?	<p>Discussions with the staff indicated many changes which have been triangulated with children, women and community groups:</p> <p>In Family relationships</p> <ul style="list-style-type: none"> • Adults more willing to send children to participate in prevention work has increased • Alcohol using family members have reduced use and share in household duties • Family members show more respect to the alcohol using family member who attempts to reduce alcohol use • Fathers spend more time with children • Family members show more support for children's prevention activities • Children are less abused <p>Women have understood the Expectancy Challenge model and the Happy Family concept and work accordingly – women leaders respond first and mothers respond next. About 65 out of 100 mothers are able to work with their children. The remaining 35 mothers take time to grasp the concept because they are unable to attend meetings.</p> <ul style="list-style-type: none"> • More women ensure that their children gain an accurate knowledge on alcohol since early childhood • Increase in women who work with a few peers to disseminate preventive messages. Their houses have become preventive information centres. • Women do not allow alcohol to be used in their homes • More women are now campaigners for community change related to alcohol • More women create motivation and a proper environment to discuss alcohol problems <p>House to house campaigns are effective in motivating women who show low participation in the programme</p> <p>Women peer groups – “Preventive homes” and women guides or “social mothers” are helpful in motivating other women</p> <p>Women are able to understand company strategies to glamorize alcohol use and educate others on them</p> <p>Adult men</p> <ul style="list-style-type: none"> • More men work to ensure that their children gain an accurate knowledge on alcohol since early childhood • Increase in men who have reduced or stopped the use of alcohol and tobacco • There are men who work to free others from alcohol and tobacco use

KEQ 1: To what extent has the Healthy Lanka alcohol and drug prevention programme brought change in awareness, knowledge and behaviour of children, women and adult men?	
Sub-Questions	Evidence
	<ul style="list-style-type: none"> • More men refrain from alcohol and tobacco use because they are able to calculate the costs of alcohol and cigarettes; they use the money saved on their families • There are social events at which alcohol is not served • More persons in the community appreciate alcohol free events • Men are able to understand bad behavior after using alcohol and have reduced violent behavior • Men who exempted themselves from household work because of alcohol used has decreased • Even though some men still drink, they have stopped glamorizing alcohol to others • Alcohol is no longer seen as manly
What differences has this made in communities?	<p>CSOs are the only organised structure specifically for alcohol and drug prevention and able to function independently. However, they need to be the main body that controls other CBOs – it needs better networking, more connection with other CSOs/community groups to sustain and provide leadership for alcohol and drug abuse.</p> <p>In some communities there are social groups – more informal than the CSOs. The social groups have included alcohol and drug prevention into their agendas. However, the social groups should be developed into CSOs – strengthen the knowledge base on ADD, gender, and child rights so that they can give training to others, be more purposeful and sustainable.</p>
What strategies have worked for awareness building, knowledge and positive behavioural changes among children in the child clubs?	<p>Discussions with children indicated their overall awareness of alcohol and drug prevention and the problems with use for the individual, family and community. HL uses age appropriate workbooks for children and encourages community level activities by children. Children mentioned a variety of activities: distribution of leaflets; visiting shops and requesting shopkeepers not to sell alcohol and tobacco to persons under 21 years old; removing any such advertisements on display; pasting cartoons with prevention messages drawn by child club members throughout the village; visiting adults' committees etc. and talking to them about prevention; holding a kite festival with prevention messages to build awareness in the community; conducting community awareness campaigns with the involvement of government officers at the district secretariat office; maintaining a library for alcohol and drug prevention awareness creation; writing letters to Minister/newspapers objecting advertisements that promote alcohol and tobacco.</p> <p>Different age groups under 11 years, 11-14 years, and older children were able to indicate the changes in themselves, their friends' behavior (because of the knowledge they shared about alcohol and drug abuse), in their family and village. Children have gained knowledge but importantly, their self-confidence, ability to communicate with peers and older persons</p>

KEQ 1: To what extent has the Healthy Lanka alcohol and drug prevention programme brought change in awareness, knowledge and behaviour of children, women and adult men?	
Sub-Questions	<i>Evidence</i>
	<p>and have developed leadership skills. They are able to convince their family members about abstinence from alcohol and increasingly participate in community activities. They understand how alcohol is glamorized through advertisements and have developed critical decision-making.</p> <p>The AEM (Alcohol Expectancy Module) has resulted in also discussing gender and violence issues and reduction in youth spending time idly in the communities (because they are involved in community activities). These are unexpected outcomes.</p> <p>Children were also realistic about some of the challenges they faced such as shopkeepers not listening to them and community adults not supporting them. They have however thought of ways to manage these – such as accompanying govt. officers and other adults with power (village priests, leaders) to create awareness and therefore bring importance to children's work.</p> <p>These changes were corroborated in discussions with HL project officers and women's group. Having achieved this degree of children's participation, HL is looking for increasing their own understanding of children's participation so as to develop more child-friendly activities and encourage further ownership and participation of children. The same is required for the youth groups.</p>

KEQ 2: To what extent Healthy Lanka has contributed to awareness raising for the effective preventive education including NATA awareness with relevant government authorities?	
Sub-Questions	<i>Evidence</i>
What differences has this made at community level?	<ul style="list-style-type: none"> • Increase in persons who do prevention work • People can identify and question behavior and words that glamorize alcohol • Increase in persons able to calculate the cost of alcohol and tobacco use • The community appreciates children doing alcohol prevention work • The CSO has become the main body that does prevention work in the community • There are information dissemination centres in the community • Technical knowhow related to prevention has spread in the community • Alcohol prevention has become a topic in social settings • "Alcoholization" of social events has decreased
What kind of social changes has been observed by you as a	Government officers took Healthy Lanka's technical support and worked in their communities. Changes include according to these officers:

KEQ 2: To what extent Healthy Lanka has contributed to awareness raising for the effective preventive education including NATA awareness with relevant government authorities?	
Sub-Questions	Evidence
<p>result of government officer's interactions of alcohol and drug prevention?</p>	<ul style="list-style-type: none"> • Indicators related to the alcohol expectancy challenge model have been included in the government circulars • Increase in technical knowhow among government officers • Government officer's involvement in prevention work has increased • Government officers are more likely to enforce the implementation of the NATA Act • Prevention has become a popular topic among government officers when working with the people • There are active preventive groups with government officers <p>Challenges relate to changes needed: a) Policies on alcohol and drug prevention should increase and government officers should be assessed on the extent they implement these policies; and b) How to systematize this in the government structure</p> <p>Schools Worked well</p> <ul style="list-style-type: none"> • Under the interventions and influence of civil society organisations, especially Healthy Lanka, the government has been involved in working to educate school children <p>Challenges</p> <ul style="list-style-type: none"> • Alcohol and drug prevention should be promoted not only as part of a curriculum but as an essential component of informal education at schools – more participatory methods and materials for training teachers and students based on these participatory activities should be developed. Teachers need lesson plans because that's what they are used to.

KEQ 3: What is the role of Healthy Lanka played in improving NATA act implementation at national and community level?	
Sub-Questions	Evidence
<p>How does NATA act helped to reduce availability of tobacco and alcohol in your communities? What activities Healthy Lanka initiated to improve the knowledge on NATA act at community level?</p>	<ul style="list-style-type: none"> • National Alcohol Policy, Cabinet approved in 2016 June. • HL did advocacy through Sri Lanka Alcohol Policy Alliance (SLAPA) • Had the opportunity to give their views to HE the President. • Healthy Lanka led the process of establishing SLAPA. • Effective implementation of NATA act at community and national level e.g. alcohol and tobacco selling for minors made an issue; child rights protection and promotion at community level, Govt as the duty bearer has been promoted by HL • GBV prevention through reducing alcohol related misbehavior by men has led to new insight to police, government officers and the community.

KEQ 3: What is the role of Healthy Lanka played in improving NATA act implementation at national and community level?	
Sub-Questions	Evidence
	<ul style="list-style-type: none"> Developed manuals and curriculums for government structures and this has been effective for achieving a community change through them.
Has did the community members contribute to the proper implementation of NATA act in the communities?	<p>Ensures that no tobacco and alcohol is provided to those below 21 years; cigarette selling has reduced and in many villages stopped; a few clergymen use scientific knowledge as a basis for religious sermons but more needs to be done as emphasis is still on moral aspects; establishment of CSO and sensitizing social group, child clubs to carry on these activities.</p> <p>Community understands role of government as duty bearers. ADD, CR, GBV; that advocacy necessary to achieve results and change. influencing govt structures is important for sustainability; that social milieu and social norms can be changed with collective efforts; involvement in alcohol tobacco and drug prevention activities is advantageous for politicians; using evidence based methodologies for advocacy is effective; can spread in wider area, community change to social change.</p> <p>At funerals and weddings, community members are willing to abstain from alcohol.</p> <p>By integrating CR and GE, it is easier for community to enforce NATA. However, community understands that results dependent on interest of government officers and interest of the head of the department. Sometimes frustrated by slow progress.</p>
How effective is it?	Satisfactorily in HL communities.

KEQ 4: How does the Healthy Lanka alcohol and tobacco prevention programme integrate the CR and GJ component?	
Sub-Questions	Evidence
<p>How has the ADD programme benefited the women?</p> <p>How do women understanding of alcohol-induced misbehaviour being done under volitional control changed the way they manage violence?</p> <p>How does this knowledge help to prevent gender-based violence?</p>	<p>AEM worked well: “Traditional prevention methods have been replaced by the expectancy challenge model. By using our manuals, the expectancy challenge has become a part of the community’s activities”</p> <p><i>Challenges include:</i> Healthy Lanka’s manual should become the primary source of information for prevention work in Sri Lanka – Session plans should be included (at least as a supplement)</p> <p>Happy Family Model worked well: The Happy Family model has proved to be a useful approach in preventing alcohol use within the family but the Happy Family model needs to be taken up with the community as a separate topic instead</p>

KEQ 4: How does the Healthy Lanka alcohol and tobacco prevention programme integrate the CR and GJ component?	
Sub-Questions	Evidence
	<p>of a part of alcohol prevention – use the Happy Family concept as an entry point (for more sustainability).</p> <p>Challenges related to gender include: How to address alcohol related gender based violence? How does CSO report violence in the community? What do we do for women who have been beaten up? Gender training, peer support for abused women is required; Expand the community module to include these issues</p>
How has the ADD program benefited children? How this programme improved child protection?	<p>Child Clubs and Youth Groups Worked well:</p> <ul style="list-style-type: none"> • Children and youth have processed the expectancy challenge model well • Media literacy and awareness on company strategies – highly satisfactory. Children are able to react to subtle promotional strategies of alcohol and tobacco. E.g.: Beer cans disposed in public places to indicate high use of beer subtly sanctioning use • Knowledge on luring factors to consume alcohol– highly satisfactory • All child clubs/youth groups follow manuals (Nipuna Lama Lowak for child clubs and 4U manual for youth groups) • Children write letters to mass media companies and the Minister of Mass Media • Editorials in newspapers mention that there are requests from children to prevent promotion of alcohol/tobacco in the media. <p>Challenges include:</p> <ul style="list-style-type: none"> • Add more well-designed activities (to the existing activities) that are interesting to children/youth – more child friendly activities that encourage child participation • Peer education – Further integrate the peer educator programme into youth settings • Strengthen the existing youth network

Indicative Findings

1) Programs

HL has used its implementation experience and strong evidence to influence communities, local government and policy makers. Their presence on various committees both in ADD (health) as well as education sectors is remarkable. They influence capacity building, research and

implementation at national and local levels. Their voice is heard because of their strong evidence based knowledge through their implementation experience. At implementation, government officials at the divisional and community level look for expertise, guidance and training from HL – HL villages are considered as ‘model’ villages. The problem is whether the government will take over and expand to the other villages – officials mention resource and expertise lacunae to do so. Child rights and gender issues have been integrated in Samurdhi, the poverty alleviation flagship govt. program. These were part of the Samurdhi mandate, but government did not have the expertise to do so. Within this govt. program ADD issues were added seamlessly – the AEM model was found useful because it integrated gender issues as well and provided an alternative to implement the NATA at the community level.

As one govt. official said, “HL has taken 50% of the government’s responsibility”.

2) Advocacy

Overall, HL has sensitized ALL officials responsible from a person’s birth to death on ADD – including e.g. correctional officers, Buddhist officers and so on. They believe that all must understand the importance of ADD so as to create widespread awareness and support within the govt.

AEM enables discussion on a wide range of issues not just abstain from alcohol. So, the model is acceptable to government officials and understandable at the community level. Some specific examples are as follows:

Healthy Lanka Advocacy with Samurdhi

- Largest poverty elevation programme of the government integrates alcohol and drug prevention, child rights programme and happy family concept;
- HL introduced manuals, trained officers, included topics in official circulars;
- Samurdhi supports Healthy Lanka community and district activities; allocates their funds.

Ministry of Education

- Healthy Lanka in the advisory board – this is very important because few organizations are allowed to be included in the education system; they are on the Steering Committee of Drug Prevention School Program; on the Task Force with President’s Secretariat, a high-level committee
- Influenced to incorporate alcohol and drug prevention activities in school system
- Initiated development of a manual on drug prevention.
- Teacher training and master training programme
- Allowed Healthy Lanka to enter schools for prevention work
- Advantage for the school system is that HL also has expertise in working with families and community so their work in schools is more effective.

NGO Secretariat

- Influenced to establish 24 district councils and 335 divisional councils of civil society organizations. HL led the process of developing the constitution;
- Establish alcohol and drug prevention sub committee, CR sub committee and gender subcommittee in each council and develop outcome indicators for each sub committee;
- Developed training materials for each area.

Social Services Department

- Integrated expectancy challenge model and advocated for community interventions through social service officers.
- Supported and developed change theory for their model village programme.
- Trained the officers.

National Authority on Tobacco and Alcohol

- HL demands implementation of regulations with the support of research and surveys.
- Advocated for funding allocations for NATA
- Worked with authorized officers to implement regulations.

Related to Integration: Please see consolidated note with other partners
Related to FORUT KEQ: Please see consolidated note with other partners

RAHAMA SUMMARY REPORT

Aug. 18 AND 19, 2017

Country: Sri Lanka
Partner: RAHAMA

What is RAHAMA?

RAHAMA was registered under the company act in 2012, July and was approved by the government NGO secretariat in 2013, after FORUT's pulled out from Sri Lanka. The agency has to work under demanding conditions by the government regulations, and must accept the fact that programs cannot be implemented without the approval of the authorities, unlike in the other areas.

RAHAMA works in the Northern districts of Sri Lanka that were affected by war. Program focus is related to resettling displaced families with a focus on women headed households. Landlessness and the military presence affects the overall resettlement program. All activities by NGOs have to be approved by the government and are closely monitored by them. After the 30-year war, it has been a challenge to settle families and help them return to the land from where they were displaced. Most families do not have necessary documentation for the land they have lost and much of the land is unsafe because of the mines. The families are resettled as and when the government releases the land that has been cleared of mines. In the resettlement process, RAHAMA also aims for communal harmony in order to build sustainable communities.

RAHAMA's efforts relate to building organizations that can be self-managed. Since the focus is on women, the aim is to build strong women led and managed organizations. Problems in the area include – safety, security, mines along with various economic problems as the area lacks major economic investment and poor livelihood opportunities. Children have missed their education during the war years. Women who head their homes do not know about their spouses – are they dead or missing – and suffer from both psychological trauma and economic stress. RAHAMA also works with youth to enable them to be economically independent. In order to work in the area, RAHAMA has to have close, cooperative ties with the military government in the area.

USES	KEQ	DATA EVIDENCE
Redefining strategy Quality improvement Informing theory of change	To what extent have women's lives changed (in the post-conflict context) with reference to a) their economic status, b) ability to do and manage c) inter-community relationships and d) Collectivization?	See Aug. 9 Summary Note

USES	KEQ	DATA EVIDENCE
	To what extent have youth's a) livelihood opportunities b) ADD knowledge on prevention and risks and c) contribution to the social and economic activities of the community changed?	
	To what extent have children demonstrated change in behaviour in relation to their rights for education, play, participation?	

Data Collection

Tool	Remarks
FGD with participatory tools	Women Group 1 (17) Women Group 2 (30) Youth Group (11)
Children PRA	Children's Group Boys (7) Girls (6)
In depth Interview	Government Agent (head of all programs in conflict zone) Mrs. Rupawathi Ketheeswaran
FGDs 4 evaluation topics; included group discussion, presentation and analysis with the group	With FIRD staff (13)
Observation	MWDCS (Mullai Women Development Cooperative Society) Livelihood Project – Ice Cream Parlor, Mullaitivu

See Participant List Note 1

Agenda: Aug. 18, 19, 2017

See Note 1

Data Collection Details

For the FGD with the team – The time was too short although the questions were asked in small groups. Similar to the data collection experience with other partners – staff have less experience in analysis (more of outputs) and so they begin to provide a list of achievements without addressing the how and why.

General

The number of children who came for the PRA activities was manageable. I had asked for an independent translator and that was arranged. However, since we were handling both the adults and the children's groups in adjoining rooms because of the tight schedule, I had to

include a staff member to help me with the children. This turned out well as she had some experience with PRA activities and could provide simple instructions to the children.

For the youth group – The group did complete the group-work but I could not be present for the debrief as I had an appointment with the topmost bureaucrat in the district and therefore could not ask critical questions during the debrief with the youth group.

Evidence

KEQ 1: To what extent have women's lives changed (in the post-conflict context) with reference to a) their economic status, b) ability to do and manage c) inter-community relationships and d) collectivization?	
Sub-Questions	Evidence
What is the change in women's confidence and competence to be able to take decisions regarding livelihood, savings, children's education etc.?	High The community has been displaced several times due to war, tsunami – relatives and family have been lost as well as their livelihood. Resettlements started in 2010-11. Most women had not been involved in any economic activity during the war. <i>Change perceived:</i> Women are able to now take decisions, have confidence and are very articulate.
What have women contributed to the inter-community harmony? What is different in what they do now compared to what they did during conflict period? How is women's contribution different from that of men? What difference did women's contribution make to the family and community?	Medium to High The women are aware of RAHAMA's policy of inter-community harmony and value their own contribution. They are aware that overall inter-community harmony after the war is about average. According to the women in the FGD, women, rather than men, like to contribute to community activities. 11 CIVIC (Community Integrating and Value Infusing Coordination Centre) centers at the village level work towards developing community harmony. The government is aware of this concept and appreciates it, and have invited representatives to government meetings. In addition, alcohol consumption has reduced, and 90 families reported change. However, more involvement of the village leaders and knowledge about problems regarding alcohol usage is needed. About 55 Domestic violence against women/Alcohol issues/Child abuses were identified by the civil society Organizations and referred for counselling and referrals to the government departments.
What are your achievements with reference to economic status? What difference has this made in your family and community?	Medium to High Women see their lives as a double burden. They have to be economically independent as their husband are missing. Plus, they have to take care of the emotional and social needs of the family members. RAHAMA's business development guidance and training in collaboration with relevant government resources has helped to access marketing opportunities locally for the products and quality

KEQ 1: To what extent have women's lives changed (in the post-conflict context) with reference to a) their economic status, b) ability to do and manage c) inter-community relationships and d) collectivization?	
Sub-Questions	Evidence
	<p>improvements. (E.g.: turmeric pilot project, milk production, paddy, handicraft products, etc.).</p> <p>Establishment of micro-enterprises has promoted utilization of locally available resources and value-addition. (E.g.: dry food production center, milk collection and sales centre, paddy storage building, etc.).</p> <p>Women need more capacity building in competitive business models.</p> <p><i>Change perceived:</i> Being able to economically manage their family has reduced stress as needs of children and family are being satisfied</p> <p>Worked well: 10 organised women collectives are functioning with a membership of 1400 resettled women; selected leaders have been trained to manage the societies; 869 employed and have increased income, and also using saving and credit services; 465 women/youths in production units have accessed market; women participate in the policy development forums (instructional development, finance planning; regular annual audits and annual general meetings are in place; Most Vulnerable Families (women headed/above 03 children/Disable people have been targeted for increased income.</p> <p>What needs to change: Government monitoring and audit systems need to be more responsive to women's needs; women need to strengthen their financial skills to manage the competition; more women need to be involved in the meetings held by the cooperative societies.</p>
What difference has collectivization made? What did you achieve through it?	<p>High</p> <p>Very much appreciated as their circle of friends has increased their influence as well. They are connected to each other easily for business, income generation and for other support.</p> <p>Strengthening of civil society organizations (CSOs) through capacity building. (Leadership, organizational management, etc.).</p> <p>Formation of women cooperatives (MWDCS) and reactivation of CSOs was time consuming and slightly delayed but possible</p> <p>Created networking and linkages with relevant stakeholders.</p>

KEQ 1: To what extent have women's lives changed (in the post-conflict context) with reference to a) their economic status, b) ability to do and manage c) inter-community relationships and d) collectivization?	
Sub-Questions	Evidence
	Micro credit including revolving loan funds, Self-help group formation contributed towards bringing community members together, and women able to voice their concerns and act collectively.
Rate: How secure do you feel as a result of these efforts? Rank 1-5 and explain.	Medium to High During the war, the law and order was very well enforced. After the war, many men try and take advantage of single women and their children – so women do not feel safe and are worried about their children as well.
Alcohol and drug use change	Medium to High Earlier, there was a problem of both alcohol and drug use. There are no liquor shops now and drug use is also reduced after RAHAMA's interventions. As much as possible all the programs encompass the alcohol and tobacco reduction programs in the project areas. There are units called CIVIC (community Integration and value infusion coordination) centres established to help and support the work.
Children's safety	During the war, children had to leave school. Now they have their own space 'to belong' (Children's Resource center) and they are back in school with RAHAMA and govt. support. Schools dropout rates were high in area and the action has been taken to reduce and reintegrate them to the primary education.
ECD	The quality of ECD has been improved with the involvement of the policy makers and duty bearers. Preschool teachers given diploma level training – women had lost their certificates and documentation, nor could they complete their education. Preschool quality guidelines developed with RAHAMA and accepted by govt.

KEQ 2: To what extent have youth's a) livelihood opportunities b) ADD knowledge on prevention and risks and c) contribution to the social and economic activities of the community changed?	
Sub-Questions	Evidence
What difference has the training helped in increasing skills? How has this changed your economic opportunities? How has your social status changed? Also, with special reference to the girls and young women?	FGD with the youth indicated that they had learned specific vocational as well as 'soft' workplace skills (mentioned by the girls) e.g. to work in teams and so on. Clearly, the job opportunities that opened up because of increased skills are valued. Youth are worried about economically supporting their families and siblings. Quantitative data indicates the number of youth who have obtained vocational skills. Challenges are finding or creating jobs, and to ensure that girls get these economic opportunities. Government vocational institute standards are not

KEQ 2: To what extent have youth's a) livelihood opportunities b) ADD knowledge on prevention and risks and c) contribution to the social and economic activities of the community changed?	
Sub-Questions	Evidence
	up to the mark, but the existing infrastructure and the resource centres are, utilized by the strategic partnerships.
What did you learn about prevention of ADAT and how have you used this knowledge in practice? (Mullaitivu DVTC)	Youth are aware of the harmful and economic cost of ADAT and spread awareness in the community and with friends. The girls during the FGD mentioned that they counselled families with addicted families. However, it appears that the 'counselling' work is mainly providing information. There was no time to assess ADAT knowledge specifics with the boys and girls.

KEQ 3: To what extent have children demonstrated change in behaviour in relation to their rights for education, play, participation?	
Sub-Questions	Evidence
To what extent have children understood their rights to education, play and decision making? How have they exercised these rights in the family, with peers and their community? With special reference to the girl child	<p>Both girls and boys are aware of their right to education, that the govt. provides free education and RAHAMA, the school supplies ensuring that no one leaves school for economic reasons. Children have had an opportunity to represent at the national level through youth parliaments and federation type structure of the child resource centers.</p> <p>RAHAMA has strengthened ECD centers with teacher's training. Attendance of children has increased with the improved quality of preschool teachers. Close partnership with the educational authorities has been established.</p>
How have child resources centres contributed to children's participation and activities? (CRDC Poonery)	<p>11 Child Centers with over 1000 children benefiting from these safe spaces. The Centers have been built on donated land from the government and children see it as 'their' space – this is important according to the team because of the displacement of these children who grew up in the conflict zone.</p> <p>Regular attendance is a problem since children are busy with studies or if older, leave for work. There is also the need to tailor the activities with reference to the age groups. Child Centers have libraries which are run by the children – need to be strengthened in terms of management, number of and use of books. The centers promote dance, music, drama, etc. – which are very popular.</p> <p>Not sure if there is a defined curriculum for the children's resource center, tailored to children's needs and context. Staff did mention that gender issues and participation of children need to be strengthened.</p> <p>Children's PRA indicated that the girls have a heightened sense of insecurity and safety and are aware of 'bad touch'. The boys on the other hand are worried about what is right and wrong and</p>

KEQ 3: To what extent have children demonstrated change in behaviour in relation to their rights for education, play, participation?	
Sub-Questions	Evidence
	how to choose (make decisions). There was no mention of gender related issues by either boys or girls – the omission is significant.
Has there been any change in children's continuing school and reducing the child labour?	Children go to school as they are supported both by govt. and RAHAMA for fees, school supplies, etc. This has increased enrolment and reduced dropout
How are children's groups advocating to adult groups e.g. women's groups, youth groups for their rights?	Children attending the Resource Centers are confident and talk about their rights and ADAT to others in the community. Children feel that the Resource Centers have helped them build leadership roles, confidence, able to communicate their thoughts. Formation of Network Forum of Child resource development centres (CRDC)

Indicative Findings

1) Programs

Most of RAHAMA's programs are related to Gender Economic Empowerment as they work with mostly women headed homes. Related issues are ensuring children go to school and older children obtain vocational skills. The sense of community was destroyed over a 30-year war and there is a conscious effort to involve women from different communities. RAHAMA has experience in GEE and there are successful examples. It must be noted that it is not easy to involve women in business and that too successfully as most women had been confined to the home during the war. RAHAMA may want to expand their reach and strengthen GEE groups that are less successful. There appears to be a broader vision regarding the rehabilitation work that RAHAMA undertakes.

No activity can take place in the conflict zones without the approval of the Government Agent of that area. RAHAMA has a good rapport with the Agent and is able to 'fill in the gaps' that the government is unable to do. GEE success is recognized by the government as is the support to education and vocational training. One of the women's collectives has received awards for their business enterprise. RAHAMA has been involved in the long-term rehabilitation of the war returnees although with shrinking funds. Many NGOs have ceased operations in the area. The post conflict reconciliation and reconstruction demands are high in the area.

2) Advocacy

The nature of the work in the conflict area restricts advocacy since government resettlement guidelines have to be strictly followed. Plans are presented and approved by the government agent. RAHAMA ability to secure land from the government for women's cooperative activities and for the children's resource centers indicated their influence and credibility. Strategic partnership with Government and institutions have been cultivated such as implemented housing project with National Housing Development Authority. However, overall, there needs

to be more involvement, recognition and support from the government for the community level work initiated by RAHAMA.

S/N	Who	What	Lessons Learnt (LL)
01	Women Rural Development Society (WRDS) and Rural Development Society (RDS) of Iranaimathanagar village.	Right based advocacy-Action was taken to stop toddy tavern that was to be opened at Irranaimathanagar village in Poonagary Division in Kilinochchi.	<ul style="list-style-type: none"> The community is empowered especially women groups aware of malpractices and ready to raise their voice against social issues. People able to overcome political pressures
02	RAHAMA & Resettled community	RAHAMA with resettlers coordinated with Government departments and land mines clearing agencies to acquire the land to the landless population	<ul style="list-style-type: none"> This resettlement process helped the resettlers to relocate to their native places. Ensured the land rights of landless population.
03	RAHAMA, Farmers Organizations (Muthaiyankaddu, Mulliwakkal and Pandiveddykulam)	Advocacy to get the land rights of local farmers organizations	<ul style="list-style-type: none"> The political agenda of colonization of non-native people was defeated and ensured the rights of the native people through RAHAMA's advocacy
04	RAHAMA, WRDSs, relevant Government authorities	Assisted to obtain the legal documentation (Birth certificates, death certificates and marriage certificates) to resettled communities in Poonakary Division	<ul style="list-style-type: none"> Difficulties faced by the community without legal documentation (School drop outs, no proper marriage registration). Ensured the rights of education and legal status of citizenship.
05	RAHAMA	Advocacy to negotiate with Governments to get permanent land to Women group (MWDCS).	<ul style="list-style-type: none"> Formation of Sustainable registered women groups (MWDCS) through strengthening women's capacity building and leadership. Longer process than expected to mobilize women's groups from different locations/ villages in Mullaitivu.
06	RAHAMA, CRPO, Education Department	School Drop outs reduced	<ul style="list-style-type: none"> 175 school children from 7 school rejoined in schools
07	RAHAMA and WRDS (Women Rural Development Society)	No community centre in Gowtharimunai village for women to gather. So, WRDS negotiated with Government authorities and got a permanent place for their meetings.	<ul style="list-style-type: none"> Strengthen WRDS women's leaders' capacity, enhance their skills to network with stakeholders and get their rights.

Note: Table prepared by RAHAMA team

Related to FORUT KEQ:

1. What has FORUT learned from your work

- 1) Among the three major cross cutting issues RAHAMA selected only one area (which is gender economic empowerment) for its resettlement and rehabilitation work in the post conflict areas. Therefore, it is to be noted that RAHAMA programs are focused on rebuilding and recovering the asset bases destroyed during the war and displacement. Those who lost their assets are provided an opportunity to build the base for normalization.
- 2) The Child Rights and the ADD are recognized as issues affecting the targets of Livelihood assets building. Therefore, RAHAMA acted with a strong emphasis on the said two issues, to reduce the negative impact on women and children. It should be noted that the women headed households are given priorities and included in the process of resettlement.
- 3) RAHAMA has been recognized as a Humanitarian Action Management Agency. The stake holders (government and non-government) and donor agencies including FORUT have learned from the experiences created by RAHAMA projects and includes learning from the policies and guidelines. Therefore, the government agencies are regularly consulting RAHAMA for policy discussions.
 - Organizing affected communities after disasters and conflicts.
 - How to strengthen the communities and link them to the government support services, to recover from the effects of disasters and conflict. (i.e.: land rights, ownership)
 - Improving access to services and supplies for the resettler to rebuild and achieve normalcy (educational services in the settlement areas, education for children etc.)
 - Privacy and protection for women and girl children (i.e.: individual shelters and toilets with water supply in the new locations)
 - RAHAMA's contribution to FORUT to learn more about the disaster management and response is notable.
 - Close coordination and relationship with the embassy in Colombo.

2. What was FORUT's

a. Contribution to your capacity building and on what issues?

- 1) Project designs in the form of Results Based Management. Planning and reporting model using the RBM results chain.
- 2) Corruption control, improving transparency and accountability among the stake holder, a model to eradicate corruption and educate the stake holders.
- 3) Education and skills building on prevention of Alcohol, drug and tobacco (ADAT) Gender and child abuse programs.
- 4) FORUT sponsored External Evaluation, both program & financial to assess the performance and improve our work based on the recommendations.
- 5) Regular visit move the study groups helps the fund raising issues.

b. Explain how it influenced your service delivery?

- 1) RBM is a better planning and monitoring tool, to assess the changes on time and take adequate action to improve or deviate, based on the results created by our intervention. (specifically measuring the reachable targets on time)
- 2) Educating the target groups on how to resist corruption and malpractices.
Ex1: Selection of beneficiaries for land ownership to avoid political influence.
Ex2: the beneficiary groups are controlling and identifying supplies and services and they raise quotations in the resettlement areas.
- 3) ADD is destroying the livelihood economy, thus the ADD programmes are integrated into the livelihood economic development process by implementing them at the community level. In addition, we educate the government staff and policy makers in the ADAT concept to reduce alcohol distribution and provision of licenses for bars and Alcohol outlets. (Example: 150 government officials trained in ADD concept. Community groups advocating to eradicate an alcohol sales outlet which was located close to the school).
- 4) The evaluations which are generally oriented as participatory models will critically analyse the roles of the donors, mediating agencies, and bring about clarity about our performance for learn lessons. This also helps to increase links between the government agencies and us because our programmes are closely linked to the local government working partners and the people. Moreover, these opportunities are creating better transparency and accountability among all the stakeholders.
- 5) Measuring the change process through the results monitoring systems and setting bench marks for future follow up.

c) What Skills and competencies have you/org gained during this project?

- 1) Better result management and documenting skills in a transparent and accountable manner.
- 2) Thirty years of war has made people dependent; RAHAMA's strategies of mobilization and organizing people are an attempt to make them less dependent.
- 3) Transforming dependency oriented war affected communities to change over to more self-dependent and independent communities to build them up for normalisation through right based approaches (E.g.: Securing land right for the landless people)
- 4) Value for money program by developing strategy partnerships among the stakeholders (Ex: Government agencies contributing towards houses in the resettlement projects.)
- 5) Converting rural development organisations to develop micro business through cooperative and business oriented organisations. (E.g.: women producers' group sell their own products individually and collectively and supply to national and international markets. And also provided with international trading on production based entities.
- 6) Networking with government and non-governmental agencies, to improve and strengthen the links between agencies. (example: RAHAMA has been chosen as the

- agency supporting the secretary role in the NGO council authorised by the Government in the Kilinochi District)
- 7) Government invited RAHAMA to train government officials in a) participatory development processes b) ADD work, providing an opportunity to introduce people oriented planning and understanding regarding need for government intervention in ADD related issues such as loss of assets.

d) What role did the inter-partner collaboration play?

a. Advantages

- 1) Networking and Sharing the experiences and skills between the partner organizations and implementing partners at the national and international level (i.e.: international partner consultations and Asian Partner consultations, sharing the notes and information using electronic media, disaster management and preparation for recovery for partners in the region)
- 2) Providing professional services (E.g.: disaster management and immediate humanitarian assistance)
- 3) Workshops through webinar in different issues to improve the work. (E.g.: governance, policy formulations, Sustainable development goals (SDGs), etc.)
- 4) Linking partners with the Norwegian Embassy in Sri Lanka

b. Disadvantages

Unlike in the other regions and project locations, our area is a highly sensitive area, and the government expects the NGOs to always support some kind of delivery or to achieve tangible results, by undermining software programs. Therefore, we are not that free to work like the others in the normal areas. (Example: all our programs have to be approved by the government and the program will be closely monitored by the authorities)

Related sustainability

1. How would you rate your sustainability – ability to continue the program in terms of?

a. Increased technical and human skills.

In the post conflict region, it is not possible for a newly created organisation to reach its targets in the given four-year time period. In addition, financial reduction by the donor agency has affected some other planned activities toward organisational sustainability. Although we have created required technical and human skills there is no guarantee for us to retain them within the organisation due to financial constraints. Despite the constraints the organisation has taken steps to raise funds but reaching the breakeven is not possible immediately.

b. Because you have created systems to support sustainability. Explain.

New business ventures, export production and microfinance programmes which make efforts to create profit for financial sustainability. (Ex: Production units / Microfinance/ Export marketing)

Examples:

- a. Production units – establishing cement clay block making unit to reduce the cost of construction by the resettlers.
- b. Micro finance of livelihood development: 334 clients reached by the program targeting the resettled women.
- c. Export marketing: 11.80 metric tons of turmeric produced, dried and exported to India.

Related to Integration: Please see consolidated note with other partners.

MAGGA SUMMARY OF FINDINGS

Draft 23 Aug. 2017

Country: Malawi

Partner: Malawi Girl Guides Association (MAGGA)

Introduction and background

The Malawi Girl Guides Association (MAGGA) is the national association in the country and a member of the World Association of Girl Guides and Girl Scouts. The Association is “a voluntary, non-political, non-religious and self-governing” organization for “all girls and young women” (MAGGA 2016 Strategy). Those who are members are expected to accept the “Guide Promise” and “The Guide Law” of the Girl Guides Movement which are based on spiritual and moral values, personal development and commitment to helping others. MAGGA works with both boys and girls although their main focus is girls. The Association staff (workers and volunteers) mentor the girls by giving them life skills to enable them to develop good character and stable values. MAGGA empowers the girls to help them make independent and positive decisions.

MAGGA has been in partnership with FORUT (Campaign for Development and Solidarity) since 2007. The Association has used that support in implementing an Alcohol Drug and Development (ADD) program. Currently, the Association is implementing a project aimed at *‘Safeguarding Girls and Young Women from Drug and Alcohol Use and Other Related Harm’*. The project is implemented in phases. A first phase that ran from 2007 to December 2010 it was in 5 educational zones of Lilongwe district, which included Chiwoko, Likuni, Kaufulu, Mbvunguti and Mitundu. In the second phase (July 2011 to June 2014) 9 zones were being targeted. These were Chimutu, Ching’ombe, Nkhoma and Njewa.

Currently, the project is in its third phase of implementation, where it has been scaled up to 13 zones in Lilongwe district. The phase started in July 2014 and is expected to run until June 2018. The expansion came after the project was evaluated and identified the need to incorporate other social factors affecting young people, for example the role of peer pressure versus that of the family on influencing youth to engage in drugs and alcohol. The added zones include Balang’ombe, Malikha, Mchemani and Mteza, with the project covering a total of 172 schools. It is estimated that at the end of the project in 2018, 12,000 girls and young women would be reached with project interventions.

The project's primary target (beneficiaries) are in-and-out-of-school youth, and particularly girls and young women (10-24 years). The following factors have been proven critical in controlling drug and alcohol use: HIV/AIDS prevention, training in life skills, character building, child rights (protection) and prevention of gender based violence and masculinity. The secondary targets are community/religious leaders, parents, teachers and boys (the girls' male counterparts). The goal of the project is to increase knowledge on individual effects and prevention strategies of

girls and young women in targeted communities and equip them with Life Skills that will enable them to shun peer influence.

MAGGA Evaluation Uses and Key Evaluation Questions

KEQ's	Evidence/Data needed:
MAGGA Evaluation USE #1: <i>To develop MAGGA's institutional capacity building (increased visibility, attract donor funding, partnerships/collaboration, program management)</i>	
1.1 KEQ: To what extent did the project contribute to MAGGA's organizational capacity	<ul style="list-style-type: none"> - Organizational personnel and skills (and particularly advocacy, communication and monitoring) changes (supported by FORUT) to date. - The supporting capacity building activities by FORUT. - Level of asset acquisition.
1.2 KEQ: What institutional gaps, weaknesses remain to be developed?	<ul style="list-style-type: none"> - Challenges MAGGA has faced in advocating their issues of interest. - Weaknesses in MAGGA's project implementation. - Additional asset support MAGGA requires. Specifies and explained.
1.2 KEQ: To what extent has working with local partners increased the program impact?	<ul style="list-style-type: none"> - Key stakeholders have worked with MAGGA for the implementation and ownership of the ADD program. Those that are local, international, government, and others. - How MAGGA has worked with or coordinated the (listed) stakeholders. - How MAGGA has participated in the revision or development of any policies. - Policy revisions that MAGGA has participated in and MAGGA's role.
MAGGA Evaluation USE #2: <i>To assess impact of the ADD program</i>	
2.1 KEQ: To what degree did the ADD program address GBV and CR issues?	<ul style="list-style-type: none"> - The most significant problems facing girls and young women in the (target) areas. The common cases that occur to girls and young women as a result of drug and alcohol abuse. - Ways in which the mentioned problems are related to each other. - How MAGGA has tackled those problems. - Community member participation in Happy Family Program activities. The activities specified. - What they have learned from the program/activity (name activity here) mentioned. Probed further for GBV, ADD, CR incidents. - How they have changed their personal life. How they have used what they have learned their personal life. Family? Friends? Other families?

KEQ's	Evidence/Data needed:
<p>2.2 KEQ: To what extent has the project involved these stakeholders (beneficiaries, community leaders, parents etc.)?</p>	<ul style="list-style-type: none"> - What target stakeholders (community members) know about the drug and alcohol abuse prevention project that is being implemented by MAGGA? What activities are carried out in the project? - The extent to which they have been involved or participated in the implementation of the project activities? Explanation. - What has MAGGA done in order to ensure community ownership of the project? Give specifics and/or examples - Material that have enabled them to learn something on the drug and alcohol abuse prevention project activities that is being implemented by MAGGA. Give specifics and/or examples - The extent to which they think the project has been able to provide information in order to promote positive behavioral change and sustain good behaviors amongst girls and young women in as far as drug and alcohol abuse is concerned. Give specifics and/or examples
<p>2.3 KEQ: What are other noticeable impacts of the program are in the communities</p>	<ul style="list-style-type: none"> - The extent to which people have benefited from the project? Give specifics and/or examples. - The impact of the project? Describe any positive and negative impacts. - How the project has covered human rights, including the rights of people with disabilities, women's rights and gender equality.

Data collection

The data for all the evaluation questions above was obtained through information from the following sources:

Tool	Remarks
<i>Literature and data review</i>	1. MAGGA Strategic Plan (the SWOT Chapter)
<i>In-depth interviews</i>	2. With MAGGA National Coordinator (Ms Mphatso Baluwa Jim) - At the organization's Lilongwe offices on Aug 25 th .
	3. With District Youth Officer (Ms Allida Mazunguwi) - At the District Youth Development Offices, Lilongwe on August 21 st
	4. With Primary School Education Advisor, Mitundu Zone (Mr Backson Sogolum) - At Mitundu Teachers Development Center on August 21 st .
<i>Focus groups</i>	5. With MAGGA staff members - At the organization's Lilongwe offices on Aug 21 st and 25 th . - Participants: National Coordinator (Ms Mphatso Baluwa Jim), Administrator (Ms Dinara Kaliwa), M&E Officer (Ms Isabel Kang'ombe), District Coordinator (Mr Madalitso Maonga) and Lilongwe MAGGA District Commissioner (Ms Ida Mlenga)
	6. Khoma Community meeting. - At Khoma on Aug 22 nd . - Participants: Bar Owners Committee, comprising 5 village headmen, 3 local brewers, and 3 bar owners. Accompanied by MAGGA Assistant Centre Coordinator (Richard Fukizi) and MAGGA Zonal Commissioner (Ms Annie Kuntona)
<i>Town hall meeting</i>	1. With Patsankhondo Village Happy Family Couples - At Patsankhondo Primary school, Mitundu, on August 21 st . - Participants: About 120 participants (50 couples and their children). Among the couples were community leaders who are part of the Happy Families.
	2. With Girl Guides and Boy Scouts - At Kamuzu Baracks Secondary School on Aug 22 nd - Participants: 20 girl guides and 20 boy scouts, accompanied by their patrons (Paul Kamanga and Aaron Chipiko) and a Girl Guide Leader (Mercy Mandhlopa)
<i>Participant observation</i>	Observed the Happy Family couples present a sketch on community alcohol and drug use challenges, the program education and the benefits. They have used the sketches in information and education campaigns in the community.
<i>Sample: survey</i>	No survey was conducted for data collection

Data summary (grouped by each KEQ)

KEQ	Data summaries
<p>MAGGA Evaluation Use 1: <i>To develop MAGGA's institutional capacity building (increased visibility, attract donor funding, partnerships/collaboration, program management)</i></p>	
<p>1.1 KEQ: To what extent did the project contribute to MAGGA's organizational capacity</p>	<ul style="list-style-type: none"> - The MAGGA program has grown. They started with 5 zones and now they are in 13 zones, surpassing their original target. However, limited resources both financial and human resource means they are not able to expand to other districts. They are currently in 17 out of the 28 districts. - MAGGA is supported by various donors. These include UNFPA, UNICEF, and Christian Aid (under the Global Fund). The donors have varying interests: UNICEF targets only secondary schools and UNFPA targeting only primary schools. FORUT funds are only allowed for activities in Lilongwe. - Lilongwe being a capital city, most donors feel it is "over developed" and are reluctant to fund programs there. However, MAGGA staff report that the city still has many issues that need to be attended to. FORUT funds have been used to pay for some staff time, but the total remuneration budget is also covered by the other donors. - Inadequate staff funding has meant that they use of the administration costs, and this hinders desired organization growth because funds meant for such are spent on salaries. - MAGGA has 21 staff members with time fully dedicated to the organizational activities with only two funded by FORUT (100%, though has also dropped but due to fund constraints). Not all donors allow their funds to be used for staff remuneration. They have used FORUT funding to develop personnel skills (hence organizational) skills. However, they expressed a need for support in communication. An example is given their interest in documenting achievements of the Happy Family initiative. This would enable them to replicate to other districts. MAGGA works with volunteers whose capacity they would like to continue building, had it not been for lack of resources. When preparing their budgets some of the training needs are not considered budgeted they are not immediately obvious at the planning stage; it is only at the implementation stage that they come up. - The integration of ADD³⁹ with the other themes (CR and GBV⁴⁰) is also considered a growth. However, MAGGA⁴¹ feel that they would have liked more tacit for this integration (by FORUT which is only interested in funding ADD). They have used funds meant for ADD to develop and publish brochures on CR and GBV because these aspects are strongly connected. This means that they are limited on what they can do for CR and GBV since they are not able to report this in the provided RBM framework (by FORUT).

³⁹ ADD = Alcohol Drugs and Development

⁴⁰ CR = Child Rights, GBV = Gender Based Violence

⁴¹ MAGGA views and answers come from individual interviews and focus group discussions with staff members

KEQ	Data summaries
	<ul style="list-style-type: none"> - On capacity development, MAGGA has been able to learn from others through their joint meetings. Most of what MAGGA has learnt has been through the conferences that FORUT has been able to organize for them. At national level, MAGGA staff have also interacted through South-to-South collaborations with partners from Sri Lanka. - At community level they have been able to organize peer training among the volunteers. In August 2017 they organized a training camp to which volunteers were invited to learn about sexuality education. - There are training gaps in M&E and financial management that they would like addressed. They would require to update the information in booklets they use for trainings (i.e. the training manuals are outdated). - MAGGA took part in the development and passing of the newly launched Malawi National Alcohol Policy (NAP). FOURT funded ADD works in Lilongwe, where MAGGA used the girls and their communities to contribute their ideas. They organized forums and dialogues for increasing awareness and influencing stakeholders on pertinent alcohol issues, especially the implication on the girls. - MAGGA requires capacity in communication skills and an effective communication strategy. This will help to not only publicize MAGGA but to also demonstrate to others their outputs. The (FORUT) annual review meetings have been useful because they are attended by people from different countries and MAGGA uses them as a platform to share their experiences and success. Their website was developed by a girl guide with IT experience who volunteered to do so, but it has been a while since the website was updated. The staff have expressed interest in training to be able to update their website – either one staff is trained or somebody with the capacity to be employed. - MAGGA does not currently have a strategic plan for their advocacy – an advocacy strategic plan – and would want their staff and volunteers to be trained (<i>in developing such strategies?</i>). This will help to undertake their advocacy objectives more efficiently and be able to document and report on progress and performance. - MAGGA also described their infrastructural capacity and requirements for their next phases. - <i>Office space:</i> MAGGA operates from rented premises but they have their own land. They request (FORUT) to assist in building new office blocks to accommodate staff increase. OR assist in paying rent as the organization fund-raises funds for the office construction. - <i>Office facilities:</i> FORUT has assisted in procuring office desks and cabinets. There is a wish to change from desktops computers to laptops for their ease of doing their very mobile field work. They do not have a scanner for documents that need to be send signed. They would also like digital cameras for profiling evidence and a photocopier for production of distributable copies. - <i>Electricity:</i> The office suffers frequent black outs, and there is request for a back-up generator/invertor.

KEQ	Data summaries
	<ul style="list-style-type: none"> - <i>Transport</i>: FORUT has not supplied MAGGA with any car but their funds have been used for maintenance of those available. They had two motorcycles, but one was involved in an accident the other one written off due to depreciation. There is need for extra transport because MAGGA has expanded to 13 zones. - With FORUT's support, MAGGA has been linked to various useful partnerships. The (FORUT) annual review meetings MAGGA that are attended by people from different countries have been helpful in disseminating information - MAGGA uses them as a platform to share their success. <p><u>MAGGA SWOT analysis:</u></p> <p><u>Strength:</u></p> <ul style="list-style-type: none"> - The organization has well established structures at grassroots levels, and is able to create linkages with relevant stakeholders. They are the biggest organization in Malawi that targets only girls and they seek to maintain this strength by expanding coverage to the other districts. They have a strong grassroots approach, working at community level, where they provide voice to the young girls to express their interest. - They use participatory project implementation approaches. An example is working with female teachers as volunteers from who girls and young women learn. - MAGGA has competent staff, able to advocate for policies and laws which favour girls and young women. They have (e.g. they <i>contributed to? supported?</i> the Marriage Age Act and Gender Equality Act.). Their community level (grassroots) connections gives them a strength in advocacy because they are able to present issues girls, while creating a link to policy makers. <p><u>Weakness:</u></p> <ul style="list-style-type: none"> - They have limited in resources (human and financial) for reaching out to majority of girls in Malawi. Dependent on donor funding which affect projects and programs. - They do not have their own premises. The office where they are currently housed is rented. They are not as well spread out as they would like to be. They do not have regional offices in the Northern and Central regions. - They are still inadequate in required staff capacity, and program staff <i>are not based on core services</i> and activities e.g. health, education. - The staff are able to monitor but the RBM only allows quantities and that limits for qualitative reporting. ("<i>Inadequate tools for monitoring and evaluation systems</i>"). - They work with partners but report of '<i>inadequate coordination and communication with other stakeholders</i>'. As a result, they have not been able to publicize they well ("<i>inadequate publicity and visibility</i>"). <p><u>Opportunities</u></p> <ul style="list-style-type: none"> - MAGGA's has a positive reputation with donors. Many are interested to support programs which target girls and young women. - There are young women achievers who can act as role models.

KEQ	Data summaries
	<ul style="list-style-type: none"> - There are increasing interest by community volunteers who are committed and hardworking, and several stakeholders are willing to work with MAGGA. - The country has policies and laws which protect girls and young women that MAGGA can use. <p><u>Threats</u></p> <ul style="list-style-type: none"> - Donor dependency. - There are other NGOs targeting girls and young women, with some even using MAGGA methodologies. Some trained volunteers are being used by other organizations. Some of these organizations provide 'working incentives' but MAGGA does not. - Cultural beliefs and practices which promote early forced marriages, teenage pregnancies and school dropout e.g. <i>Lobola, hlazi, chokolo, kupimbira, kusasa fumbi, fisi, and chinamwali.</i>
<p>MAGGA Evaluation Use 2: <i>To assess impact of the ADD program</i></p>	
<p>2.1. KEQ: To what extent has working with local partners increased the program impact?</p>	<ul style="list-style-type: none"> - By 2015, MAGGA had more than 125,000 registered members⁴². MAGGA staff also report that they have reached (directly) a total of 12,623 girls with the ADD program. MAGGA also works with other Girl Guide units, not targeted by the FORUT program. These include those in private schools. They started in 5 zones but now they are in 13 zones. - When MAGGA started the project, they were only focusing on primary schools but during the second phase they have expanded to secondary school. In the current third phase, project activities are being implemented in 187 schools (148 primary and 39 secondary schools).
<p>2.2. KEQ: To what degree did the ADD program address GBV and CR issues?</p>	<ul style="list-style-type: none"> - MAGGA came up with activities where girls expressed effects of alcohol abuse in their families; this helped to show the government and other stakeholders the negative effects it has on youth and community at large thus the importance of the policy. - The Happy Family initiative started as a pilot in Patsankhondo village, and has been in operation for about two years, and proved successful. Through this, MAGGA has been able to address the relationship between ADD, CR and GBV and, together with the community, found ways of minimizing their impacts on women and children. - There is increasing demand for the Happy Family intervention, i.e. its replication in other areas. - MAGGA has also been instrumental in the achievements of certain advocacy ADD, CR and GBV initiatives. These include <ul style="list-style-type: none"> o Change in the Malawi Marriage Act. An increase in the marriage age from 16 to 18 years and conducting awareness campaigns about this. o School re-admission policy: advocating for the re-admission to schools for girls who have dropped out of school because of early marriages or pregnancies.

⁴² Question to MAGGA: this refers to the girls registered with MAGGA?

KEQ	Data summaries
	<ul style="list-style-type: none"> ○ Limiting sales of alcohol to under-ages: i.e. no sale of beer to persons under the age of 18. ○ Development of community by-laws: MAGGA assists by facilitating the development of community bi-laws by community members and their (the laws') dissemination. MAGGA has also provided guidelines for enforcement and implementation of the bi-laws. <p>- Thus, through MAGGA, FORUT has played a big role in especially the alcohol control policy (ADD) and indirectly for the girls (GBV) and CR.</p>
<p>2.3. KEQ: To what extent has the project involved these stakeholders (beneficiaries, community leaders, parents etc.)?</p>	<ul style="list-style-type: none"> - MAGGA has achieved this by working through various local and sustainable approaches with partners. Some of these include <ul style="list-style-type: none"> ○ <u>Social mobilization</u>: Where community-based Peer Educators are encouraged to work with their supervisors (<i>"Guiders"</i>), community/religious leaders and parents in their respective communities. ○ <u>Open days and community awareness campaigns (advocacy)</u> where the girls show case activities that they are involved in, enabling parents and community leaders to appreciate knowledge and skills gained. ○ <u>Community dialogues</u> with girls, community leaders and parents. Boys are also engaged during these dialogues as they have a hand in as far as gender based violence against girls. ○ <u>Project progress review meetings</u> with project implementers such as Guide Leaders (volunteers) and Patrol Leaders (Peer Educators) for networking and information sharing. - A Happy Family project starts by understanding the community cultures i.e. roles of the men and women, and how they affect them. It is an approach through which ADD, GBV and CR issues are attended to by involving local leaders and beneficiaries. - The benefiting Happy Family couples in Patsankhondo have been able to procure their own resources to support other (non-registered) families. This is done as per fundamental principles of girl guides (<i>"a guide is considerate"</i>) which encourages importance of being passionate. Through this the Happy Families is also helping communities to be united and strong. - Using ADD funding, MAGGA has also supported the establishment of Village Bar Committees in some parts of Lilongwe. Through this committees, brewers and bar owners set operation rules and monitor each other for any violation. MAGGA together with the bar committees developed the ToR of the bar committee. The bar committees started in 9 zones but currently they are in all the 13 zones; some of the zones have developed sub-committees in the villages. However, the Bar Committees formation and follow up was not in the project budget and MAGGA has only been able to allocate limited resources. <i>"If there was were funds ... there would be many and stronger Village Bar Committees"</i>.
<p>2.4 KEQ: What are other noticeable impacts of the</p>	<ul style="list-style-type: none"> - MAGGA staff reported that they have been able to link girl to supportive assistance without direct financial support. They give examples of being able to convince early-age married girls to go back to school under bursary

KEQ	Data summaries
program are in the communities	programs offered by government (through the Department of Social Welfare) as well as other organizations.

Indicative findings (per each evaluation USE)

MAGGA Evaluation Use 1

To develop MAGGA's institutional capacity building (increased visibility, attract donor funding, partnerships/collaboration, program management.

The MAGGA program has developed its operational capacity and operations. They started with 5 zones and now they are in 13 zones, and in 17 out of the 28 districts of the country. They have been able to achieve such growth due to the support they get from a number of resource providers, including UNFPA, UNICEF, and Christian Aid (under the Global Fund), beside what they have got from FORUT.

They have been able to recruit and work with dedicated staff and community volunteers. The staff have required skills obtained from learning and sharing forums. They have been able to establish adequate working space and facilities. However, their interest in expanding their operations gives them a justification to request for support in growing these capacities. Apart from their interest in expanding their geographical coverage, their interest in being more comprehensive in their support to the girls adds to that justification. This is seen in the inclusion of broader societal issues in their activities, issues they feel contribute to what they do to support the girls' well-being and protection. FORUT's funding of their ADD activities is a good example because several respondents report of a strong relationship between alcohol and drug problems and its effects on CR and GBV.

Advocacy

Their role in the next stage of the country's alcohol policy, and particularly its implementation, will be critical. They already have working community level operations, where they have effectively reached out and worked with community leaders, parents, volunteers (who are mostly female teachers), and the girls themselves to support their development. They have taken part in building social welfare local systems, as exemplified by their support to the Happy Family project and Bar Committees. This will become even more critical when strategies and plans are laid out for the national policy's implementation. It is the stage of the policy that will require a varied range of stakeholders to carry out educational or informative campaigns about the policy, whose implementation will be accompanied by regulatory, enforcement and monitoring functions. For MAGGA to be involved in such space, as they serve their mandate of protecting young girls and women, their request for **capacity development** is indeed justified. The interest by FORUT in integrating ADD, CR and GBV is in line with this expansion, and very relevant in the next phase. And MAGGA's role in the revision of the country's Marriage Age Act and Gender Equality Act is demonstration of their potential.

Core support

From a working space perspective, the organization feel that their working premises and facilities are inadequate and need boosting. This includes moves to their owned premises, as well as having offices in the all the zones or regions they cover. In this way they will be able to expand their successful Happy Family and Bar Committee initiatives. They will also be able to deepen the communities' interest in economic empowerment based on the family's interest in oncome generating activities.

Capacity building needs

They have expressed the need for knowledge and skills, for both staff and volunteers, in their core business. They have also expressed development in communication capabilities so as to be able to make themselves more visible for easier resource mobilization. A specific interest is documenting the Happy Family success for promotion in other areas. Their approach in this next phase is not quite clear yet but since it will largely be an advocacy role, they have expressed interest in developing a communication and an advocacy strategy. These will help them develop relevant goals and means of achieving them as they carry out their mission for girls and women. It will also help in analyzing and agreeing on shared roles with other stakeholders, especially CSOs serving similar mandates for girls. The expressed need for training gaps in M&E and financial management will contribute to how the project analyses progress, achievements and impacts.

MAGGA Evaluation Use 2:

To assess impact of the ADD program

As a Girl Guide Association, MAGGA's objectives describe the kind of changes they support in the girls (and young women) they serve (registered with them). This includes giving them opportunities for self-training in the development of good character and service to others, skills training for economic independence, fostering love of their country and interest in vocational activities, strategies for prevention of HIV/STIs and other SRH, and protecting them against all forms of discrimination and exploitation/abuse. When probing the extent to which they had achieved this, the staff reported that by 2015, **MAGGA had reached more than 125,000 members, with the assumption that those outcomes had been realized with that number. MAGGA staff also report that the FORUT-funded ADD program had reached (directly) a total of 12,623 girls.** Output really

The other ways that MAGGA had made impact is through the Happy Family initiative started as a pilot in Patsankhondo district, which has successfully been in operation for about two years. Through this, MAGGA has been able to address the relationship between ADD, CR and GBV with the community. They have been able to minimize related negative effects on women and children. Based on testimonies shared by benefitting families, there is an increasing demand for the intervention, i.e. its replication in other areas.

Advocacy

MAGGA contribution to changes in the Malawi Marriage Act (increase in girl's marrying age from 16 to 18 years), the school re-admission policy (for girls who have dropped out of school because of early marriages or pregnancies), limiting sales of alcohol to under-ages, and the development of community alcohol by-laws. MAGGA has also supported the establishment of Village Bar Committees were in parts of Lilongwe, where brewers and bar owners set operation rules and monitor each other for any violation. The success and benefits of the Committees is also triggering interest and request for expansion to other areas. These processes are expected to add to impacts of MAGGA's ADD program.

Annexes

Annex 1: Names of participants in FG with Nkhoma Community meeting (including the Bar Owners Committee)

(Held August 21st at Nkhoma).

<ul style="list-style-type: none">○ <i>Village Headman Dzuwa</i>○ <i>Village Head Isaac</i>○ <i>Village Head Makwinja</i>○ <i>Village Head Thope</i>○ <i>Village Head Dzimba</i>○ <i>Local brewer: Eniya Tshale</i>○ <i>Local brewer: Magwire Josam</i>○ <i>Local brewer: Zione Sandikonda</i>	<ul style="list-style-type: none">○ <i>Bar owner: Davies Siliya</i>○ <i>Bar owner: Beniwel Maunde</i>○ <i>Bar owner: Robert Zamena</i>○ <i>Assistant Centre Coordinator: Richard Fukizi</i>○ <i>MAGGA Zonal Commissioner: Annie Kuntona</i>
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DFM SUMMARY REPORT

Draft 19 Sept.2017

Country: Malawi

Partner: Drug Fight Malawi (DFM)

Introduction and background

Drug Fight Malawi (DFM), is a non-profit local NGO that was registered on December 4th, 2002, under the Trustee of Incorporation Act Cap 5.03 of the Republic of Malawi. DFM was initially established in response to the social and economic problems arising from use of alcohol, tobacco, marijuana and other substances of abuse especially among youth. These include gender based violence, unemployment, marriage breakdown, school dropouts, early marriages, violence, poverty, HIV and AIDS just to mention a few. DFM also extends its work to all other issues that affect the development of the nation due to use of alcohol and substances of abuse such as human rights violations, climate change and human trafficking. The organization is non-partisan and works with everyone regardless of religious and political affiliations, gender, sex, age, literacy and economic status and physical ability.

DFM is a paid-up member of Council for Non-Governmental Organizations in Malawi (CONGOMA), NGO-Board of Malawi, Malawi Alcohol Policy Alliance (MAPA) NGO-Gender Coordinating Network (NGO-GCN) and Civil Society Education Coalition (CSEC) at local level. Internationally, Drug Fight Malawi is a member of World Federation against Drugs (WFAD), Africa Tobacco Control Alliance (ATCA), Southern Africa Alcohol Policy Alliance (SAAPA), Framework Convention Alliance (FCA) and Drug Policy Futures (DPF).

The organization collaborates closely with the government – the ministries in charge of Health (and in particular the Non-Communicable Diseases (NCD) Unit), Gender, Home Affairs, among several other strategic agencies. In its programs, DFM has partnered with faith-based organizations, community based organizations, the media and other local/international NGOs on all issues related to the use of alcohol, tobacco and drugs for sustainable development of the country.

The primary purpose of the organization is to promote sustainable development by preventing and reducing prevalence of the use of alcohol, tobacco and other drugs of abuse particularly among young people. Its vision is to have citizens who do not abuse alcohol and other substances of abuse for sustainable development. Its mission statement is *“to work with all stakeholders at local and international level, in reducing harmful effects of alcohol, tobacco, marijuana and other drugs of abuse for the betterment of all Malawians and sustainable development”*.

DFM Evaluation Uses and Key Evaluation Questions

KEQ's	Evidence/Data needed:
DFM Evaluation USE #1: <i>To learn the extent to which the program structure/process has impacted on men, women and children</i>	
1.1 KEQ: What has been the outcomes, impacts of the DFM Program on men, women and children?	<ul style="list-style-type: none"> - Alcohol-related challenges targeted by the program, and target outcomes (as improvements in the lives of men, women and children). The extent these outcomes have been achieved, i.e. transformation at policy, community and household levels. - DFM's activities and outputs aimed at the target outcomes. - The combination of project and non-project factors and linkages that have contributed to those changes. - What outcomes (behavioral change at community and household levels) remain unachieved.
1.2 KEQ: What capacities has the DFM Program built?	<ul style="list-style-type: none"> - DFM's capacity building activities and outputs. - The capacities that have been developed. - Capacity gaps that remain to be addressed, if any?
1.3 KEQ: To what extent have DFM activities added value to gender equality and women empowerment?	<ul style="list-style-type: none"> - The gender equality and women empowerment issues - What has been achieved in gender equality and women empowerment - What remains to be addressed, if any Gender
1.4 KEQ: To what extent has DFM work influenced alcohol-related programs in Malawi?	<ul style="list-style-type: none"> - Other alcohol-related programs operational in Malawi - How has DFM worked with these programs and its influence - The relevance and/or relationship of DFM's work to (the stakeholders' partners') work - The extent to which DFM has engaged (the stakeholders' partners') in their activities Partnership and networking
DFM Evaluation USE #2: <i>To analyze and develop a strategy for DFM's influence on (alcohol) policy (policies)</i>	
2.1 KEQ: To what extent has DFM influenced national policy?	<ul style="list-style-type: none"> - The importance of the National Alcohol Policy (NAP) and others. - The extent to which these have been achieved - DFM's role/contribution to the development of NAP. - The extent NAP has contributed to changes in existing legislation - Liquor-related acts and regulations that need to be reviewed and why Advocacy
2.2 KEQ: How can DFM further influence related policies?	<ul style="list-style-type: none"> - Any remaining policy gaps/targets to be achieved - The gaps/areas remain that DFM should plan for? (targets partners, processes and outcomes) Policy
2.3 KEQ: What does DFM require to support those policy changes?	<ul style="list-style-type: none"> - DFM's SWOTs in influencing those policy changes - How can DFM's SWOTs be best managed and achieve those policy changes

KEQ's	Evidence/Data needed:
DFM Evaluation USE #3: <i>To secure funding for future work</i>	
3.1 KEQ: To what extent has the program been efficient (in resource use)?	<ul style="list-style-type: none"> - If the project delivered on budget - What has been done to cut costs yet deliver what was achieved - The importance of volunteers to DFM.
3.2 KEQ: How can we learn from how we have secured funds?	<ul style="list-style-type: none"> - If and where DFM (or others) have secured resources for its work - What has worked in securing these resources - The capacity gaps remain in (such) resource mobilization
3.3 KEQ: What will be the next funding requirements?	<ul style="list-style-type: none"> - DFM future work that requires funding
DFM USE #4: <i>To guide policy work in terms of – research, communication, advocacy, etc.</i>	
4.1 KEQ: How has the program learned from South-South collaboration?	<ul style="list-style-type: none"> - The nature of any of DFM's South-South collaboration/interactions. - How these relationships have helped DFM in undertaking policy work. - Outcomes that can be linked to these South-South relationships. - The areas where DFM's work (and specifically Alcohol and Drugs) require further South-South collaboration for policy change, and why
4.2 KEQ: How has South-South learning been of importance to DFM work?	<ul style="list-style-type: none"> - Lessons and recommendations DFM has drawn from the South-South interactions - How these lessons/recommendations have been used by DFM to improve its work and target outcomes

Data collection

The data for all the evaluation questions above was obtained through information from the following sources:

Tool	Remarks
<i>Literature</i>	<ul style="list-style-type: none"> - FORUT Policy Document 2016 - The Malawi National Alcohol Policy, 2017
<i>In-depth interviews</i>	<ol style="list-style-type: none"> 1. With DFM Executive Director (Mr Nelson Zekeyu) <ul style="list-style-type: none"> - At the organization's Lilongwe offices on Aug. 23rd and 25th. 2. With DFM Senior Project Officer (Ms Kulimba) <ul style="list-style-type: none"> - During data collection week, between Aug. 22nd and 25th. 3. With Deputy Head NCD, Ministry of Health (Dr. Jones Kaponda Masiye) <ul style="list-style-type: none"> - At the NCD Offices, Ministry of Health, Lilongwe on Aug. 24th.
<i>Focus groups</i>	<ol style="list-style-type: none"> 4. With DFM staff members <ul style="list-style-type: none"> - At the organization's Lilongwe offices on Aug. 23rd and 25th. - Participants: 10 in total (7 males and 3 females). Full list in Annex 1 5. With Mgt staff of Knoma Synod <ul style="list-style-type: none"> - At Nkoma Synod offices - Participants: Leader of Programs (Goerge Angusa), Program Manager (Fred Matigete), and Admin Assistant (Sibando) 6. With Project Volunteers from Traditional Authority Kalolo <ul style="list-style-type: none"> - At the Naliranji Community Day Secondary School, on Aug. 24th.

Tool	Remarks
	<ul style="list-style-type: none"> - Participants: Total 29 (22 males and 6 females). Among them were local leaders, namely the Nyanja Ward Councilor, Mr Fernando Zulu. Full list in Annex 2.
	<p>7. With representatives from the Norwegian Church Aid (NCA)</p> <ul style="list-style-type: none"> - At NCA Offices, Lilongwe, on Aug 25th. - Participants: Country Director (Stanley), Project Officer (Lawrence), Head of Programs (Esther Mange), M&E Manager (Paul)

Data summary (grouped by each KEQ)

KEQ	Data summaries
<p>DFM Evaluation USE #1: <i>To learn the extent to which the program structure/process has impacted on men, women and children</i></p>	
<p>1.1 KEQ: What has been the outcomes, impacts of the DFM Program on men, women and children?</p> <p>1.2 KEQ: To what extent have DFM activities added value to gender equality and women empowerment?</p>	<ul style="list-style-type: none"> - DFM's⁴³ broad objective has been the reduction of harmful consumption of alcohol and the effect they have on the lives of men, women and children. - DFM's work has been directed at related policy changes and they have led a successful campaign that has resulted in the launching of the National Alcohol Policy (NAP, launched on August 15th, 2017)⁴⁴. However, the impact of the policy at household level (outcome and impacts on men, women and children) will only be possible following its implementation. In Malawi, there a strong correlation between alcohol and drug abuse and violation of child rights and gender based violence. By controlling excessive use or abuse of alcohol, use of the newly launched policy will be supporting the well-being of men, women and children. - DFM has also worked at community level, though at a smaller scale, working directly with the Kalolo Traditional Authority⁴⁵ community. They have established a Happy Family program⁴⁶ in Kalolo. Through this initiative DFM has helped address high school drop outs, marriage break-ups. The end is to try and build up the social economic status of the target communities

⁴³ DFM views and answers come from individual interviews and focus group discussions with staff members

⁴⁴ <https://www.nyasatimes.com/muluzi-launches-malawi-national-alcohol-policy/>

⁴⁵ Traditional authority = geographical administration unit in Malawi.

⁴⁶ There is a brief explanation in the FORUT Policy Document, 2016 (<https://forut.no/wp-content/uploads/2017/04/FORUT-Policy-Document-Final-version-English.pdf>).

KEQ	Data summaries
<p>DFM Evaluation USE #1: <i>To learn the extent to which the program structure/process has impacted on men, women and children</i></p>	
	<ul style="list-style-type: none"> - DFM is also a partner of a FORUT-funded program on Masculinity, Alcohol and HIV/AIDS, led by the Norwegian Church Aid (NCA).⁴⁷ The project's objective is <i>"to motivate and inspire men to actively be involved in the fight against HIV and AIDS"</i> and one of the drivers it seeks to address is alcohol consumption. Some of the empowered women have been (s)ected into area development committees, through which they address GBV issues.
<p>1.3 KEQ: What capacities has the DFM Program built?</p>	<ul style="list-style-type: none"> - DFM has indicated that it has developed capacities at various levels of its operation. This was acknowledged by various partners interviewed. Based on the organization's time and experience on alcohol controls, it has introduced relevant information for education and advocacy. - The Ministry of Health (Department of NCD⁴⁸) has been working with DFM in developing policies against alcohol and drug abuse. The aim is to improve population health and their productivity. The Nkhoma Synod received information on (alcohol and drug issues) through visits, sharing of brochures and interactions with DFM. The Synod has used this information to enact (or support the implementation?) of alcohol by-laws in Younde and Ntchisi districts. The by-laws were to help regularize or control selling and use of alcohol in the villages. - By establishing partnerships and networks, DFM has developed advocacy capacity that was significant in the development and passing of the national policy. According to NCA, DFM has been a knowledge and resource base of best practices from other countries that have developed their own alcohol policies. - The partners continue to express need for more capacity along the same lines. The Nkhoma Synod seek education for their community-based educators on the NAP to support policy implementation at community level. They also requested for assistance in developing Theories of Change (ToC) for the next phases of their programs.
<p>1.4 KEQ: To what extent has DFM work influenced alcohol-related programs in Malawi?</p>	<ul style="list-style-type: none"> - DFM has set up and facilitated dialogues for the processing and development of the alcohol policy and were at the forefront of presenting the same to the cabinet. - The organization has also been involved in reviewing liquor related acts and regulations. They have advocated for the regulation (adherence and enactment) of age limitations, access times and location of bars. The organization also advocated against inappropriate alcohol packaging (that made it more accessible, available and portable), e.g. in sachets and plastic bottles).

⁴⁷ Book: The Link between Masculinity, Alcohol and HIV/Aids in Malawi. By Aid Norwegian, 2016. (<https://muse.jhu.edu/book/46250>).

⁴⁸ NCD = Non-Communicable Diseases

KEQ	Data summaries
<p>DFM Evaluation USE #2: <i>To analyze and develop a strategy for DFM's influence on (alcohol) policy (policies)</i></p>	
<p>2.1 KEQ: To what extent has DFM influenced national policy?</p>	<ul style="list-style-type: none"> - One major achievement by DFM and partners is the final passing of the National Alcohol Policy (NAP). They started working on the policy since 2006 and it was launched in August 2017. - Beyond this, DFM is working with the Ministries of Home Affairs and Health to build capacity building and educate people on the effects of alcohol abuse. - DFM has been the 'mouth piece' for the partners talking to government about the effects of alcohol and drug abuse. - According to the NCA DFM was the guiding institution in terms of advocacy and best practices. This is because of its role as the secretariat of the Malawi Alcohol Policy Alliance (MAPA)⁴⁹. They helped coordinate activities and stakeholders and engaging stakeholders.
<p>2.2 KEQ: How can DFM further influence related policies?</p>	<ul style="list-style-type: none"> - The NCD and DFM are planning to develop policies that deal with other substance abuse e.g. tobacco. Policy reform should now include other drug and substance abuse, especially tobacco (cigarette smoking) and cannabis. - DFM should consider working with other including the Malawi Health Equity Network, MAGGA, Ministries of Home Affairs, Health, research institutions (such as the Lilongwe University of Science and Agriculture), and the MAPA alliance. - Policy targets that remain to be achieved include supporting enactment of the newly passed policy (NAP), which will include working with relevant stakeholders in government, the legal structures regulators and communities. DFM plans to engage its advocacy partners for this new phase. - According to DFM Staff, there is already a community perspective project called "Reducing alcohol harm" which aims to reduce excessive alcohol consumption and associated problems. Their next efforts will bet supporting this process.
<p>2.3 KEQ: What does DFM require to support those policy changes?</p>	<ul style="list-style-type: none"> - Given that the next phase of the alcohol policy is its enactment into laws and regulations, followed by enforcement, we analyzed DFM's requirements using a SWOT analysis. The information was collected from DFM staff (developed during the FGD with them) and other respondents. <p><u>Strength:</u></p> <ul style="list-style-type: none"> - DFM a set of determined personnel (a total of 13 staff and 25 volunteers working in targeted impact areas) for the project management. Working with community volunteers which assures continuity of the project. The volunteers are non-DFM staff working with DFM on various community activities (like mobilization, awareness and education). They are not paid

⁴⁹ The Malawi Alcohol Policy Alliance (MAPA) is a Network of NGOs that have come together to advocate for the passing and implementation of National Alcohol Policy. <http://www.add-resources.org/the-malawi-alcohol-policy-alliance-established.5049738-79090.html>

KEQ	Data summaries
	<p>any salary (hence 'volunteer') but some of their work expenses are covered. It is a common strategy by NGOs and CBOs in Malawi to reduce personnel costs.</p> <ul style="list-style-type: none"> - DFM is consistent and persistent in its mission to reduce alcohol harm. The focus on alcohol as their major issue is a strength for the policy and its implementation. They are well informed on alcohol issues and provide technical expertise. DFM is knowledgeable about other best practices from other countries that have gone through the alcohol policy. DFM also receive reliable technical input from FORUT, who have been advising them on what to do and works with the Malawi WHO country office. - DFM has a cordial relationship with government, especially the Ministry of Health, and attention is duly given to its advocacy messages. The organization is capable of developing supporting partnerships. And as the secretariat of MAPA they have been able to engage stakeholders and coordinate activities across the country. <p><u>Weakness:</u></p> <ul style="list-style-type: none"> - For the next phase (policy implementation), DFM does not have adequate staff and skills. Policy implementation will require delivery in authorized institutions and community levels and DFM will be too stretched to be effective at all those levels. They do not have enough staff for such stakeholder engagements. They also do not have adequate resources (funds, transport, office facilities, etc.) for its operations. The organization staff expressed need for need training in resource mobilization (e.g. proposal development). They are limited in communication capabilities, and rely on media partners for their exposures. Their website does not effectively communicate the kind of work they are capable of doing. On the other hand, there are respondents who felt that DFM (and similar organizations) are not open about the resources at their disposal. <i>"It is hard to know what they are or not capable of doing hence making it hard to plan"</i>. - Their role as secretariat for MAPA does not give them adequate presence in communities where effects of alcohol abuse are most felt. They will have to continue working through partnerships with others who have more effective reach. For example, through their relationship with the Ministry of Health for national level objectives and through CSOs like MAGGA for community level transformation. - On the other hand (and according to the NCA), it is difficult to distinguish between MAPA and DFM. NCA thinks MAPA will be more effective in policy implementation and should have its own staff and budget. MAPA (with DFM as the Secretariat) needs to organize a range of interactions for various stakeholders and member organizations to support the policy's implementation. This includes identifying them and developing their respective roles, as well as keeping track of progress.

KEQ	Data summaries
	<p><u>Opportunities:</u></p> <ul style="list-style-type: none"> - The passing of the National Alcohol Policy presents DFM (and its partners) the entry point for following up on its mission of managing abusive alcohol consumption. - Another opportunity is government support, as demonstrated by the passing of the policy. The Policy (and DFM's mission) is contributing to the global Sustainable Development Goal 3.5. There is also Malawi Growth and Development Strategy No III, which was under devolvement (at the time of the data collection). It is a government Working Paper where DFM has been invited to provide inputs - As an organization DFM is recognized (in its fight against alcohol and drugs) and heeded by the government and many other stakeholders. As a result, DFM has an interested partnership, composed of government agencies (Ministry of Health), and several faith-based organizations. These include the NCA, MAGGA, the Nkhoma Synod, Church and Society Commerce Synod (<i>correct name?</i>), and several others. The faith-based partners also run the Masculinity, Alcohol and HIV/AIDS project whose objectives are in line with those of DFM. Together with similar MAGGA, they also have more grassroots reach than DFM, where they will be capable of engaging local leaders and communities for successful implementation of the policy. - At community level there are zonal (<i>check correct administrative name</i>) and community level by-laws which, though outdated and largely un-applied, the NAP seeks to re-ignite for enactment and enforcement. Along with this, there is a growing community interest in controls of alcohol and drug uses which DFM and partners have (and will continue) to support. <p><u>Threats:</u></p> <ul style="list-style-type: none"> - Most of DFM operational are at national policy level and the organization's grass roots activities are in one specific impact area – Kalolo TA. This will mean well planned stakeholder arrangements for supporting implementation at community levels - The alcohol industry is of commercial interest by the government (as a revenue earner through taxation), and private enterprises. These two powerful actors may delay or impede total control or minimize regularization to the extent that does not affect their interests. Hence, political may not be fully supportive of the policy's enactment. - Corruption was also mentioned as a way interested actors may hinder the policy. Commercial corporations (e.g. distillers) have the means to influence politicians and authorities at district level. In addition, corruption is also behind inadequate enforcement by the assigned regulators and police. - Cultural traditions and practices may resist application. Alcohol consumption has, for long, been a normal way of life for some of the communities, e.g. the Ngoni. - Inadequate management and coordination of the MAPA alliance partners were also considered threats. There is likely to be occasional duplication of interest and conflict of interest.

KEQ	Data summaries
DFM Evaluation USE #3: <i>To secure funding for future work</i>	
3.1 KEQ: To what extent has the program been efficient (in resource use)?	<ul style="list-style-type: none"> - The Exec Director reports that DFM has been efficient in resource use. They delivered their objectives within the budget, though funding was not sufficient and have had to ask for additional funds from FORUT. - They have made efforts to cut down expenditure using participatory approaches. Working with volunteers has helped reduce the budget because they work without pay. They have played a big role in the development of NAP, with most of the work done by volunteers
3.2 KEQ: How can we learn from how we have secured funds?	<ul style="list-style-type: none"> - So far (up to the time of this evaluation) DFM was solely funded by FORUT. They have not been successful in getting such support from any other source in ways that could be used as lessons. - MAPA has no finances of their own, and their operations depend on tasks carried out or supported by DFM, and the other partners (MAGGA and the Church Society Commercial).
3.3 KEQ: What will be the next funding requirements?	<ul style="list-style-type: none"> - DFM is going to require resources to support its contribution to the new policy implementation (NAP). The organization needs technical capacities and knowledge on how to handle the government to ensure policy implementation. The resources will be for implementation of the policy: how it should be implemented, who should be involved and in what way. The organization is reaching fewer people due to financial constraints at community level thus small impact. DFM will require mobilization of stakeholders and relevant actors to enhance awareness and community action. This includes establishing structures at local level for actual policy implementation. This involves community leadership working hand in hand with traditional leaders. - Given that they should not only rely on FORUT, resources will be required to support them (and their working partners) in developing strategies and developing implementation projects that can attract funds. - Members of MAPA should be trained to enable them work on their own to ensure the policy is being implemented in all the 29 districts. DFM would like to have closer collaboration with research partners. The research partners include the University of Malawi (for social research) and Bunda College (of Lilongwe university of Agriculture and Natural resources, LUAN). - DFM needs funding for continuous advocacy to ensure that government entities take up the NAP implementation - They have approached AWDF (Africa Women Development Fund), the National Endowment for Democracy, and the Drug Abuse Prevention Program (DAP of UNODC).

KEQ	Data summaries
DFM USE #4: <i>To guide policy work in terms of – research, communication, advocacy, etc.</i>	
4.1 KEQ: How has the program learned from South-South collaboration?	<ul style="list-style-type: none"> - DFM is a registered NGO that has been spearheading the development and passing of the National Alcohol Policy through MAPA. MAPA is a member of the Global Policy Alliance (GAPA⁵⁰; http://globalgapa.org/). - The DFM Executive Director has taken part in several GAPA forums discussing national alcohol policies and ways of mitigating against effects of abusive use. During the GAPA forums participants update themselves and share information on experiences in different countries throughout the world. Closer home, DFM has worked with the South African Alcohol Policy Alliance – the relevant GAPA regional platform. - DFM is in close partnership with WHO (the Africa and country offices) which recommends that each member country should have national alcohol policy linked the DFM to useful information and it is through that DFM was encouraged by achievements of the East African Alcohol Policy Alliance (EAAPA). Kenya was the first African country to get a national alcohol policy (GoK, 2011⁵¹). - With the support of FORUM, DFM has also interacted with similar programs in India and Sri Lanka, DFM. This interaction has been a major learning experience with some of the approaches (the Happy Family Initiatives) being taken up in Malawi. There should be more conferences involving many countries to help share experiences. FORUT's ADD bi-annual conference has given DFM a platform where they have been able to interact with other colleagues doing the same from around the globe. The conferences were held in Edinburgh in Scotland, India, Uganda, Malawi, and Sweden
4.2 KEQ: How has South-South learning been of importance to DFM work?	<ul style="list-style-type: none"> - Kenya was the first to have an alcohol policy in the region. In the Southern African Alcohol Policy Alliance (SAAPA; http://saapa.net/), Malawi has become the first and took part in the launch of the country's NAP. Botswana does not have a national policy but has effective laws and DFM intends to borrow how that has worked for that country.

Indicative findings (per each evaluation USE)

DFM Evaluation USE #1:

To learn the extent to which the program structure/process has impacted on men, women and children.

DFM's broad objective has been the reduction of harmful consumption of alcohol and the effect they have on the lives of men, women and children. DFM's work has been mostly

⁵⁰ (From GAPA Website): The Global Alcohol Policy Alliance is a network of non-governmental organizations and people working in public health agencies who share information on alcohol issues and advocate evidence-based alcohol policies, "free from commercial interests."

⁵¹ <http://ilakenya.org/wp-content/uploads/2015/01/NATIONAL-ALCOHOL-POLICY-FINAL-COPY-30TH-JUNE-2011.pdf>

directed at related policy changes their campaigns have led to the passing of the country's National Alcohol Policy. The impact of the policy at household level (outcome and impacts on men, women and children) will only be possible following its implementation. This is quite possible given the reported association between alcohol and drug abuse and violation of child rights and gender based violence. By controlling excessive use or abuse of alcohol, use of the newly launched policy will be supporting the well-being of men, women and children. DFM's impact at community level is more felt at one mandate (impact) area (Kalolo Traditional Authority) where they helped establish the Happy Family program. Through this initiative DFM has helped address high school drop outs, marriage break-ups. The end is to try and build up the social economic status of the target communities.

DFM's impact on men, women and children has been also indirect through the work of close partners whose knowledge and advocacy supporting. Through information sharing and capacity building, the Nkhoma Synod involved DFM staff in enacting or supporting the implementation of the by-laws. The by-laws regularize or control selling and use of alcohol in the villages. DFM's role in advocating for the reviews of liquor-related acts and regulations contributes to proper regulation (adherence and enactment) that restricts access through age limitations, open times and location of bars. It has also advocated against inappropriate alcohol packaging (that made it more accessible, available and portable for men and youth This DFM has contributed to the impact it sought on men, women and children.

DFM Evaluation USE #2:

To analyze and develop a strategy for DFM's influence on (alcohol) policy (policies)

The passing of the National Alcohol Policy of was one major achievement by DFM and partners (the Malawi Alcohol Policy Alliance (MAPA) membership). Policy targets that remain to be achieved is enactment of the newly passed policy (NAP), which will include working with relevant stakeholders in government, the legal structures regulators and communities.

DFM's SWOT shows area that require management and exploitation in this strategy. The set of determined and informed personnel is a powerful feature that the organization is likely to use. Next is its recognition and, as a consequence, the partnership DFM has built. The organization has developed cordial working relationship with government, especially the Ministry of Health. The other is its role as the secretariat of MAPA whose members include government agencies and similar CSOs. DFM will also have to find ways of linking with research institutions (such as the Lilongwe University of Science and Agriculture) to help analyse status and progress of the policy's implementation. The NCD is also planning to develop policies that deal with other substance abuse e.g. tobacco and cannabis, through DFM and its alliance partners.

Given that DFM works more at national policy level, its relationship with more community-based partners will be crucial. The NCA, MAGGA, the Nkhoma Synod, Church and Society Commerce Synod who have more grassroots reach and are more capable of engaging local leaders and communities for successful implementation. In addition, there are zonal and community level by-laws which need to be reviewed for enforcement.

However, DFM will, in its strategy have to address its weakness and threats. For policy implementation, the roles of DFM and MAPA members (singly and as a network) will require review and re-alignment. Despite their determination in managing alcohol and drug abuse, DFM staff are few and their skills in addressing implementation need support. In supporting the policy's implementation, DFM and partners will also have to heed interests by the economic and commercial interests by government and private sector actors interested in its revenue. And in supporting enforcement, that partners will have to find ways of managing corruption (among regulators) and alcohol drinking cultures among some communities.

DFM Evaluation USE #3:

To secure funding for future work

So far DFM has solely been funded by FORUT and has not been successful in getting such support from any other source in ways that could be used as lessons.

The organization has a strategy for cutting down expenditure using participatory approaches (e.g. working through MAPA), and using community volunteers. MAPA has no finances of their own, and their operations depend on tasks carried out or supported by DFM, and the other partners.

DFM is going to require resources to support its contribution to the new policy implementation. Funds will be required for mobilization of stakeholders and relevant actors to enhance awareness and policy level as well as community level action. The organization needs technical capacities and knowledge on how to handle the government to ensure policy implementation. The resources will be for implementation of the policy: how it should be implemented, who should be involved and in what way. In particular, DFM needs to closer collaboration with research partners for such support, as well as continuous advocacy that ensure that relevant actors do their part in NAP implementation.

DFM Evaluation USE #4:

To guide policy work in terms of – research, communication, advocacy, etc.

DFM has been spearheading the development and passing of the National Alcohol Policy through MAPA, a member of the Global Policy Alliance (GAPA). The DFM Executive Director has taken part in several GAPA forums discussing national alcohol policies and ways of mitigating against effects of abusive use.

DFM also works in close partnership with WHO (the Africa and country offices) which recommends that each member country should have national alcohol policy linked the DFM to useful information and it is through that DFM was encouraged by achievements of the East African Alcohol Policy Alliance (EAAPA).

To guide the country's policy work (and implementation) DFM requires to continually analyze its own experience, local and national achievements and impacts for sharing in in such forums for feedback and recommendations. This means DFM develop its own research capabilities or partnerships and communication strategy.

Annexes

Annex 1: Names of participants in DFM staff FG

(Held August 23rd at DFM Offices Lilongwe and later (August 25th) at MAGGA offices.

○ DFM Senior Project Officer, Kulimba P Chiotcha	○ DFM Human Resources Manager, Ishmael Lwanja
○ MAPA Project Officer, Gladys Thorn	○ MAPA Acting Program Officer, Jorge Thawe
○ MAPA Administrative Assistant, Darlina Muonthe	○ DFM Executive Director, Nelson Zekeyu
○ DFM Project and Resource Mobilization Officer, Precious Chakunkhula	○ MAPA Project Officer, Austin Kalini
○ DFM Accountant, Fiskani Gondwe	○ MAPA Resource Mobilization Officer, Richard Phiri

Annex 2: FGD Participants (Volunteers) from Traditional Authority Kalolo

(Held August 24th at the Naliranji Community Day Secondary School (CDSS), Namitete, Lilongwe).

1. Dorata Welemani (F)	11. Joseph Manda (M)	21. Siniwala Zaipa (M)
2. Caroline Mandala (F)	12. Brevasio Stiphano (M)	22. Namon Nyalundi (M) – Vice ADC Chair
3. Mwambire Edward (F)	13. Chrispine Manda (M)	23. Lefati C Chwanda (M) – ADC Kalolo
4. Irene Katenje (F)	14. Billia Banda (M)	24. Siveliano G Kamkwamba (M)
5. Sofilia Banda (F)	15. Symon Mgawi (M)	25. Alfred Kamanga (M)
6. Zelina Kaponda (F)	16. Madalisto Kenesi (M)	26. Fenrando K Zulu (M)
7. Grant Chikunga (M)	17. Daudi Mpasanje (M)	27. Kanyanda Lamson (M)
8. Taulino Sinoya (M)	18. Filimon Baito (M)	28. Zulu Kaliyen (M)
9. Selemani Henry (M)	19. Jemus Kaipa (M)	29. Mr Kumbukilani (M)
10. Velentino Miwa (M)	20. Charles Samison (M)	